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# Examining the Effects of Policies on the Delivery of Shelter Services to Women Who Have Experienced Intimate Partner Violence

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A thesis submitted in partial fulfillment of the requirements for the degree in Doctor of Philosophy

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EXAMINING THE EFFECTS OF POLICIES ON THE DELIVERY  
OF SHELTER SERVICES TO WOMEN WHO HAVE EXPERIENCED  
INTIMATE PARTNER VIOLENCE

(Spine Title: Exposing Policies Affecting Shelter Services Delivery)

(Thesis Format: Integrated Article)

by

Camille Joy Rhodell Burnett

Graduate Program in Nursing

A thesis submitted in partial fulfillment  
of the requirements for the degree of  
Doctor of Philosophy

School of Graduate and Postdoctoral Studies  
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Examining the Effects of Policies on the Delivery of Shelter Services  
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is accepted in partial fulfillment of the  
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## ABSTRACT

**Problem:** Although the impact of shelter services has not been extensively studied, there is some evidence that shelters may improve women's safety, mental health, agency and self-esteem. However, shelters for abused women function within a broad context that includes intersecting social structures, policies and resources, which may constrain and limit the options available to abused women and tacitly reinforce the cycle of abuse. Furthermore, how shelter services are shaped by policies, and their impact on women, have not been systematically studied. The purposes of this study were: a) to identify the salient policies and structures that affect the delivery of services by shelters for women who have experienced abuse; and, b) to understand how those policies and structures shape shelter service delivery and may indirectly contribute to the health and quality of life of women who access services.

**Method:** This feminist, qualitative study combined in-depth interviews and focus groups conducted with 37 staff and 4 executive directors from 4 shelters in Ontario, Canada, along with a discourse analysis of policy texts. Shelters were selected for diversity in size, geographic location and population served. Drawing on Chouliaraki and Fairclough's (2004) framework for discourse analysis, a three-phase study was conducted: 1) an interpretive description of the day-to-day reality of delivering shelter services from the perspectives of staff and Executive Directors (EDs) (Phase 1); 2) a critical discourse analysis of salient policy texts, identified in Phase 1; and, 3) an integrated analysis of the dialectic between policy as written and enacted, drawing on the results of Phases 1 and 2.

**Findings and Conclusions:** The study findings showed that shelters staff often framed their reflections about structures and policies and the challenges they encountered

in relation to the women who use their services. From staff interviews, four themes were identified that address the services offered by shelters and how service delivery is impacted and shaped by structures and policies: 1) *Trying to respond to layers of need* which addresses shelters' struggle to deal with complex needs of many women; 2) *Making something out of nothing* which speaks to day-to-day reality of delivering services amidst numerous insufficiencies, system challenges and scarce resources; 3) *Accessing services within a fractured system* recognizes the complexity shelters face in navigating and advocating for women at multiple system points of contact while grappling with a system that is dysfunctional in its approach to helping abused women; and, 4) *Holding it together* captures the experiences of shelter workers as they attempt to fill gaps in the system by providing services which fall outside of their mandate in order to ensure that women and children are supported. These themes illuminate the complexity of the system and its impact on women, shelters and the community, and briefly highlight how specific types of policies, particularly those related to housing, income support and the welfare of children, are enacted at the frontline of shelter service delivery and shape daily work within the shelter.

Building on these findings, an in-depth examination and critical discourse analysis of income support (Ontario Works Act, 1997), child welfare and protection (Family and Children's Services Act, 1990) was conducted with particular emphasis on the Social Housing Reform Act (2000), given the prominence of housing challenges. The findings showed that the overall social service system, and its various sub-systems and structures, particularly policies, resources and system configuration, shape the day to day reality of shelter service delivery and impact outcomes for abused women and their children. Staff held fast to their desire to support women, which highlighted the agency of

the staff within the structural constraints of the system. Critical discourse analysis of the policies points to areas where these policies have significant negative consequences for shelter service delivery, and illuminated unintended consequences for women that include reinforcing their vulnerability, rather than enhancing their sense of competence.

In particular, the discourse within the Ontario Works Act (OWA) is directed toward assisting those in need to “achieve self-reliance”. However, insufficiencies within this policy actually perpetuate reliance on the system by limiting women’s access to options and resources which could enhance self-reliance and diminish poverty. Furthermore, access to Ontario works services was reported as untimely and jeopardized women’s ability to move forward.

Within the Family and Children’s Services Act, there is conflict between the custody and access portions of the policy and the reality women face regarding how best to balance required access of partners to children and preserving safety. In addition, the Eligibility Spectrum, which is used to make a determination as to whether or not a child is in need of protection, posed many concerns to staff particularly related to variations in its interpretation, the lack of a clear definition of child maltreatment and whether exposure to IPV constitutes child maltreatment, and implication of forced shelter stays.

Lack of access to affordable housing was identified as the key obstacle to women’s ability to move on with their lives and the most significant structural challenge facing shelters; lack of housing options for women keeps shelters at capacity, reducing their responsiveness to other women in need. The requirement that women obtain supporting documentation to verify the abuse in order to qualify for social housing was identified as particularly problematic since this sends a message that, in addition to giving up her privacy, the woman is not to be believed.

Collectively, these findings reflect a general lack of understanding about intimate partner violence that creates monumental barriers and obstacles for shelters in delivering their services. These challenges are compounded by the fact that social structures, policies and resources intersect, resulting in system complexity, structural violence, and unnecessary strain on the day-to-day delivery of shelter service. These findings offer direction regarding where these policies could be improved, and provide a basis for shelters, policy makers, advocates, and the community to strengthen current services and policies, potentially enhancing outcomes for women.

**Key words:** Intimate Partner Violence, Violence Against Women, Abused Women's Shelters, Safe houses, Women's refuges, Public Policy, Systems, Social Housing, Child Welfare Policy, Income Support Policy, Giddens' Theory of Structuration, Feminist Research, Critical Discourse Analysis, Interpretive Description.

## **CO-AUTHORSHIP**

Camille Burnett performed the work for this dissertation under the supervision of Dr. Marilyn Ford-Gilboe, Dr. Helene Berman, Dr. Cathy Ward-Griffin, and Dr. Nadine Wathen who will be co-authors on publications resulting from Chapters Three, Four and Five.



## **DEDICATION**

This dissertation is dedicated to my family and all others who suffer and prevail against systemic injustice.

This dissertation also stands as a living testament of the work shelters do, tirelessly, day in and day out, in order to support abused women and their children. It is through their efforts that challenges faced by abused women are made real and visible in hopes of creating a better, more compassionate and sensible system.

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## **CHAPTER ONE**

### **INTRODUCTION AND OVERVIEW**

This dissertation is organized in an integrated article format containing six chapters. Chapters One and Two provide an overview of the study in terms of providing the background, highlighting the approach taken, and reviewing the literature. Chapters Three, Four and Five are written as stand alone articles and therefore each introduces the methods used and discusses the different aspects of the study. In light of this, there may be noticeable repetition and areas where the methodology may not be presented in the same detail as in more traditional thesis formats. Chapter Six provides a synthesis of findings as a whole and suggests implications for policy makers, shelters service providers and women who use shelter services.

#### **Introduction**

Violence against women is a violation of human rights rooted in discrimination against women, male dominance, and unequal power relations between men and women (UN, 2006) and which takes a toll on the lives and health of women in every country throughout the world (UN, 2009). It is manifested in various forms and acts, which can be categorized as physical, sexual, psychological and economic violence and results in extraordinarily high personal and social costs (UN, 2009; WHO, 2006).

The most common form of violence against women is intimate partner violence (IPV) (Statistics Canada, 2008; Watts & Zimmerman, 2002). IPV, a pattern of physical, sexual and/or emotional violence by an intimate partner in the context of coercive control (Tjaden & Thoennes, 2000), is a serious health and social problem affecting seven percent of Canadian women each year (Statistics Canada, 2008). Based on a review of 50 population-based surveys conducted in over 36 countries, it has been estimated that

between 10 and 50% of women worldwide experience physical abuse by an intimate partner at some point in their lives (Heise, Ellsberg, & Gottemoeller, 1999). More recently, in the WHO multi-country study (2006) of 24,000 women from 10 countries, rates of lifetime exposure to physical violence by an intimate partner ranged from 13% to 61%. Globally, women exposed to violence face many challenges including impoverishment, lowered productivity and an inability to be gainfully employed (WHO, 2006). In the midst of existing inequities derived from classism, poverty and racism, the effects of violence are compounded (Humphries, 2007). Thus, IPV is “an obstacle to the achievement of equality, development, and peace” (UN Declaration, 1994).

The enormous health consequences that women exposed to IPV face include physical injuries and a wide range of chronic mental and physical health problems (Campbell, 2002; Golding, 1999; Tomasulo & McNamara, 2007). Not surprisingly, intimate partner violence poses significant costs to the healthcare system (Bent-Goodley, 2007; Campbell, 2002; Tomasulo & McNamara, 2007) and to society (Tjaden & Thoennes, 2000). In Canada, the costs associated with violence against women in Canada after separation have been estimated at 6.9 billion dollars in expenditures, including those “private and public health-related costs beyond the health care system, intangible costs, and the costs of a range of social resources that influence health” (Varcoe, Hankivsky, Ford-Gilboe, Wuest, Wilk, & Campbell, 2011, p. 360).

Most women eventually leave their abusive partners or find a way to end the violence (Campbell & Soeken, 1999). However, inadequate finances (Sullivan, 1991), difficulty obtaining safe, affordable housing (Howarth, Stimpson, Barran, & Robinson, 2009), problems accessing legal assistance and lack of social support (Sullivan, Tan, Basta, Rumptz, & Davidson, 1998) are some of the barriers that undermine women’s

ability to break free of the abuse (Sullivan, 1991). There is evidence that women often seek help from health (Campbell, 2002; Ford-Gilboe, Wuest, Varcoe, & Merritt-Gray, 2006) and community services (Hamilton & Coates, 1993), including women's shelters, to help them deal with IPV and its consequences.

Since the early 1970's abused women's shelters have provided emergency services for women and their children who have been exposed to violence (Cannon & Sparks, 1989; Chanley, Chanley, & Campbell, 2001; Panzer, Philip, & Hayward, 2000). According to the recent Federal Transition Home Survey (THS), there are 569 residential facilities for abused women in Canada, 160 of which are in Ontario (Suave & Burns, 2008). Often described in the literature as a place of safety (Panzer et al., 2000; Tutty, Weaver, & Rothery, 1999) and respite (Krishnan, Hilbert, McNeil, & Newman, 2004), shelters also offer advocacy in the form of counselling, legal advice, crisis intervention and system connection and navigation to help women who are attempting to leave an abusive partner restore their lives (Bennett, Riger, Schewe, Howard, & Wasco, 2004). Thus, shelters provide vital, supportive, temporary services to women and their children and are thought to be the primary source of protection for women who have experienced intimate partner violence (Tutty, 1999).

Although the impact of shelter services has not been extensively studied, there is evidence that women find shelters helpful in coping with abuse (Gordon, 1996; Tutty et al., 1999) and in improving their mental health (Chanley et al., 2001), sense of agency (i.e. control and personal power) and self-esteem (Cannon & Sparks, 1989). Intensive post-shelter "advocacy" has been shown to improve women's access to services, quality of life, mental health, and social support and to protect women from re-abuse in several well controlled efficacy studies (Sullivan, 1991; Sullivan, Campbell, Angelique, Eby, &

Davidson, 1994; Sullivan, Tan, Basta, Rumpt, & Davidson, 1992) conducted under ideal conditions. Furthermore, a systematic review of the effects of advocacy interventions identified that advocacy increases women's use of safety behaviours (Ramsay et al., 2009).

However, women's shelters function within a broader context which shapes the ways in which services are delivered and how these are delivered. This broader context includes the gendered nature of society and the social location of women; societal values, issues and systems; and determinants of health (poverty, homelessness, race, gender and socioeconomic status). Structures, defined here as sets of rules and resources (including policies) which actors draw on and reproduce (Shilling, 1992), are shaped by context and are powerful influences on service delivery. Public policies, a set of interrelated decisions made by government to do something or nothing (Howlett & Ramesh, 1995) are one type of structure that may play a particularly important role in both enhancing and limiting the options available to abused women, potentially reinforcing the cycle of abuse (Gordon, 1996).

In Canada, provincial level policies that prescribe funding formulas and address social services and housing may be among the most influential in determining shelter service delivery options and processes. However, the range of shelter services available to women within the current system, how these services are shaped by policies, and their impact on women, have not been systematically studied. Chouliaraki and Fairclough (2004) suggest that analysis in social research should involve reflexion, being able to understand not only the texts, but also 'the position from which it is carried out'. Therefore, gaining a better understanding of how policy as written and enacted shapes

shelter service delivery may help to illuminate both the intended and unintended consequences of policies and services derived through policy and its directives.

Understanding the role that policy plays in shaping the delivery of shelter services is an important consideration for policy makers in light of the multitude of international conventions and declarations on the elimination of violence against women. Canada, as a ratified partner in these agreements and commitments, has put forth provincial policies as evidence of achieving our commitments. Written provincial policies have been identified as helping to eliminate violence against women. Taken a step further, these same policies when enacted could look very different and may or may not be consistent with their intended purposes. Therefore, it behoves us to discern the degree our evidential policies are meeting commitments related to violence against women and what that might look like at a practical level. Any insights that shed light on potential unintended consequences of policies can serve as an opportunity to improve these policies and, thus, preserve the integrity, credibility and accountability of our policies and our international commitments. Moreover, such understanding may assist shelters, policy makers, advocates, and communities to strengthen current services and policies, potentially resulting in more positive outcomes for women exposed to violence.

### **The Study**

This study was part of a larger mixed methods study of all violence against women shelters in Ontario funded by the Ontario Trillium Foundation. The purposes of the larger study were to survey shelter services across Ontario in order to: 1) identify indicators of “success” as perceived by those providing the services, and, 2) describe contextual factors which influence service delivery and efficacy. Insights gathered during the larger study will be later used to design a provincial shelter service evaluation. The

study reported in this dissertation builds on and extends the larger study by exploring the broader service delivery context using a combination of in-depth interviews with shelter directors, managers and frontline staff and analysis of policy documents. It was undertaken to better understand how public policy shapes the delivery of shelter services in one Canadian province (Ontario). The specific purposes of this study were: a) to identify the salient policies that affect the delivery of services by shelters to women who have experienced abuse, and, b) to understand how those policies shape shelter service delivery and may indirectly contribute to the health and quality of life of women who access services.

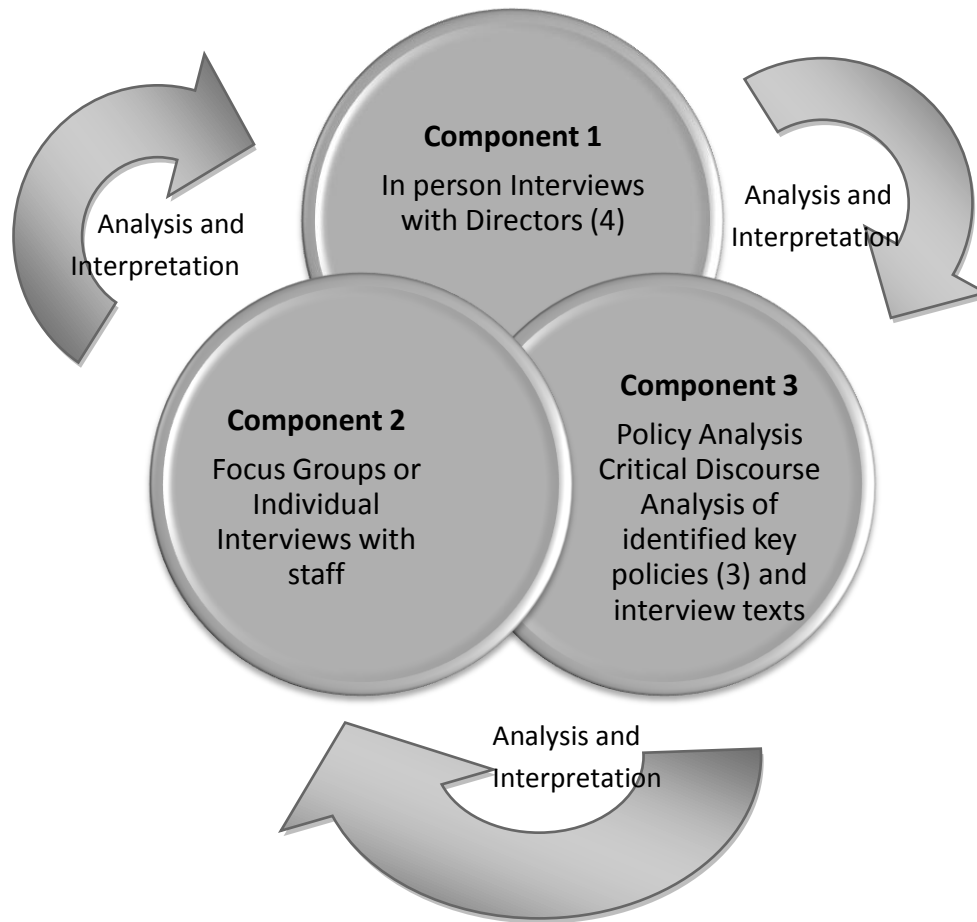
Informed by feminist theory and Giddens' Theory of Structuration, this qualitative study drew on in-depth semi-structured interviews and focus groups with 41 shelter staff and executive directors from 4 shelters in Ontario, Canada. These four shelters served as the study sites and were selected for diversity in size, geographic location and population served. At each site, semi-structured interviews and focus groups were conducted with executive directors and staff to explore the day to day "reality" of delivering services, including supports and barriers, as well as to identify, from the perspective of those who provide services, policies that affect service delivery, how these policies affected the work that shelters do and the potential impacts for women. Pertinent policy texts and relevant supporting documentation such as policy statements, policy related announcements and policy regulations identified through the interviews with executive directors and staff were retrieved for further assessment. Using policy effectively requires that critical scrutiny and interpretation is applied to the discourse within policy (Fallon, 2006). Therefore, an in-depth review and critical discourse analysis of policy was conducted using the Chouliaraki and Fairclough's



(2004) discourse analysis framework using a template created to systematically and consistently review policy documents. The Chouliaraki and Fairclough (2004) framework takes into account the written discourse and acknowledges that there is dialectical relationship between social practices and discourse. This view is consistent with the theoretical assumptions of Giddens' (1983) Theory of Structuration. The social practices that reflect broader social biases (such as gender, class) and inequities, according to Giddens, take place at the hands of 'actors' who reproduce society and its practices. Therefore, drawing on both interpretive description of interview data and critical discourse analysis of policy documents using this framework, produced an integrated analysis that reflects the dialectic between discourse and social practice.

A visual representation of 3 interrelated study components is provided in Figure 1. The first component involved one-to one interviews with shelter directors and staff designates with roles involving operational/managerial type decision making. These persons helped to explain how context, structures and policies affect shelter operations and service delivery decisions. Questions posed to these individuals resulted in data that: 1) identified the "what" and "how" of shelter service delivery, including everyday challenges, barriers and supports; 2) unearthed their perspectives about key policies which support or undermine service delivery and how this works; and, 3) unpacked the complexities of delivering shelter services, including the potential contribution of these services to women's health and quality of life. The second component shows focus group interviews held where possible, at the larger shelters and the one-to-one interviews for staff at smaller shelters that helped to reveal the up close impact that structures and policies have on delivering services and what the day to day realities of delivering services looks like. The third component involved the critical discourse analysis of

policies that were deemed through interviews and focus groups as relevant in shaping service delivery and of the transcribed texts derived from components one and two. In the diagram the arrows show the ongoing analysis of texts and interpretation that occurred during data collection and analysis that created an iterative process revealing through discourse and how structures are enacted, and the nuances of the context that shape service delivery. As a result of this iterative process, I was able to move work back and forth between collection and analysis of interviews. Findings from both individual and focus group interviews were analyzed using thematic analysis within the context of the larger critical discourse analysis framework. Although the study components are described separately in actuality they formed part of the whole and informed each other by pulling together both the data from the interviews and policy documents into a coherent account. Together, these data were used to explore the impact of policy and structures on the agency, functioning and capacity to deliver services and to examine the complexity and breadth of inherent injustices or unintended consequences resulting from policies and structures.



*Figure 1.* Components of the Impacts of Policies on Shelter Services Study

### **Significance for Nursing**

Examining the complexity and breadth of inherent injustices or unintended consequences resulting from policies and structures is an important role for nurses who often witness first-hand biases and inequities or lack even lack of congruence between policy as written and enacted. Nursing has an obligation to address inequities and promote social justice (Reimer-Kirkham & Browne, 2010). Within a health promotion framework, attention is directed toward improving peoples' access to the social determinants of health by creating supportive environments; building healthy public

policy; strengthening community action; developing personal skills; and reorienting health services (Ottawa Charter, 1986) . The social determinants of health are embodied within a health promotion framework, where there is a focus on health as a basic human right and on achieving health equity (Bangkok Charter, 2005; Ottawa Charter, 1986). The Ottawa Charter for Health Promotion (1986) emphasizes the development of public health policy and engaging of sectors beyond health, such as government, nongovernmental and voluntary organizations, as key health promotion strategies. Furthermore, the health sector plays a leading role in building health promotion policy (Bangkok Charter, 2002).

Nurses are positioned to see not only the impact of the violence in the lives of women and their children, but also to identify ways in which the system can better support these families, making a Nursing voice instrumental in building health promotion policies. Adequate investment in the development of effective policies directed at improving access to the determinants of health can improve the health and quality of life of those who are most marginalized, including women who have experienced IPV. Nurses have an important role to play in influencing the development of policies to support trauma-informed care for survivors of IPV as well. Nurses and other healthcare professionals involved with trauma-informed interventions are challenged in this work to critically reflect on their understandings and assumptions about IPV and the health consequences of IPV, social factors that affect IPV and societal responses to it (Ford-Gilboe, Merritt-Gray, Varcoe, & Wuest, 2011, p. 15).

The social determinants of health are linked to Canada's political, economic and social environments. Social determinants of health, according to Raphael (2004), are "the economic and social conditions that influence the health of individuals, communities and

jurisdictions as a whole” (p. 1). The impacts of violence on the social determinants of health are complex and have not been fully articulated in the literature. However, there is some evidence that violence erodes the social determinants of health (Ford-Gilboe, Wuest, Varcoe, Davies, Merritt-Gray, Campbell, & Wilk, 2009; Gill & Theriault, 2005). It could be argued that many of the services that shelters provide are geared toward improving women’s access to some key social determinants of health, specifically, early childhood development, employment, food, peace, security, income and its distribution, housing, social inclusion, education, health services, social justice and equity (Ottawa Charter for Health Promotion, 1986; Toronto Charter, 2002). However, structural complexities and systemic challenges make it difficult for shelters to improve women’s access to these social determinants. Since most of the social determinants of health lay beyond any one sector, and health promotion programs or policies are more likely to be carried out in sectors such as education, housing or employment (Hawe, 2009), addressing violence requires across- sector collaboration.

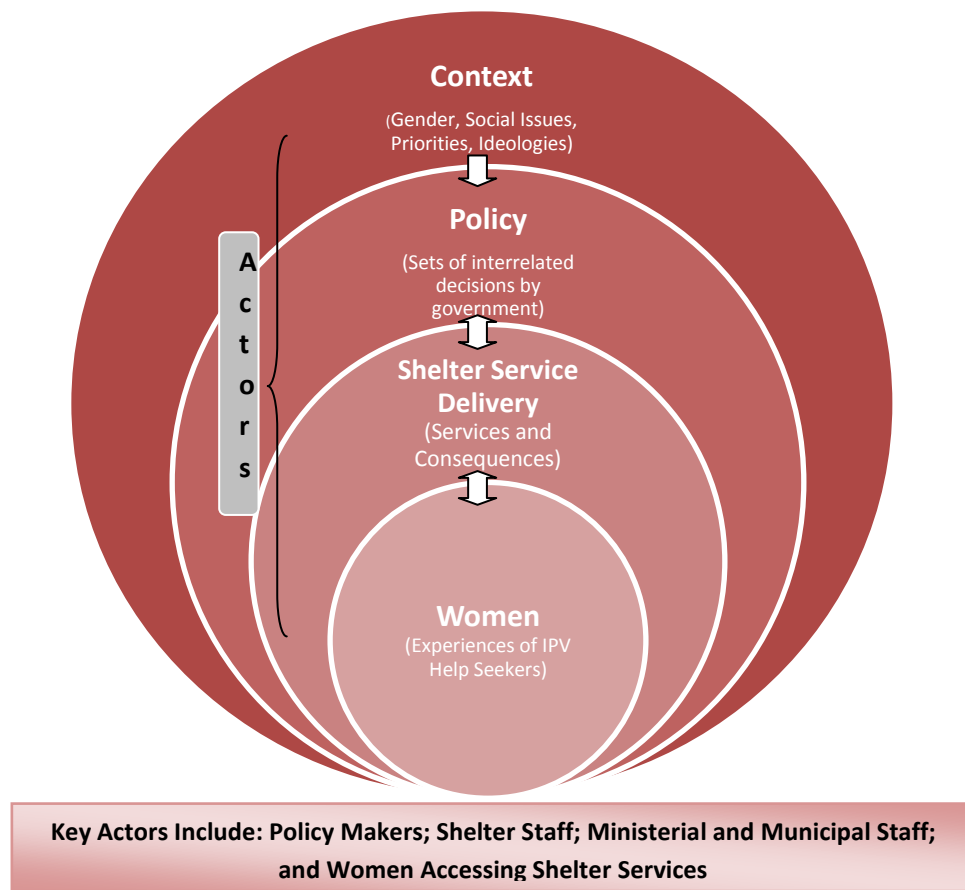
Historically, nursing has had an interest in intimate partner violence that includes a legacy of leadership in both research and practice. More recently, there are emerging nursing interventions related to supporting nursing practice in working with women exposed to IPV (Ford-Gilboe et al., 2006; Ford-Gilboe et al., 2011; McFarlane, Soeken, Reel, Parker, & Silva, 1997; Tiwari, Fong, Yuen, MSoSc, MSoSc, Humphreys, & Bullock, 2010). Nursing interventions have attempted to improve the health and quality of life of women within the broader context which shapes their everyday lives. Knowing that this broader context is not only complex, but also dynamic and constantly changing, helping women to rebuild their lives and improve their health becomes increasingly challenging. Therefore, knowledge that increases awareness about current structural

complexities, contextual barriers and issues facing women exposed to violence may open space for dialogue that can reform and improve these conditions and the health of women. This philosophical understanding is consistent with health promotion principles and the historical roots of nursing socio-political action. Health promotion is “linked to a reformation of the social structures, conditions and policies that contribute to illness and disease in communities” (Whitehead, 2003, p. 670). Falk-Raphael (2005) suggests that socio-political action to improve health outcomes and quality of life is at the root of the professional nursing action. The study reported here seeks to yield knowledge needed by nurses and those who are interested in engaging in policy reform, advocacy, and across sector change to more effectively address IPV and the complex health and social problems which are consequences of intimate partner violence.

### **Theoretical Orientation**

This study is guided by two complementary theoretical perspectives: a feminist perspective and Giddens’ Theory of Structuration. First, a feminist perspective provides a broad lens for understanding gender-based inequities, the causes of intimate partner violence and the role of gender, social class, race and other social locations in shaping both women’s and broader social responses to IPV. Second, Giddens’ Theory of Structuration provides more specific direction in understanding the impact of social structure and policies on the delivery of services by shelters. Both perspectives emphasize the link between structures (policies in this study) and agency. In combination, these lenses help to explain why IPV occurs, how diverse women are affected and respond to IPV, how structures including policies, developed within a particular context, may affect women’s health seeking and how shelters deliver their services.

The Contextual Shelter Services Delivery Model (see Figure 2) developed for this study visually depicts the situatedness of women's experiences of IPV incorporating both a Feminist lens and Giddens' Theory of Structuration (1979). What is evident from the model is that women's help-seeking experiences are influenced by many factors shown as concentric rings surrounding the woman. These influences are facilitated through actors whose actions shape and help determine outcomes for women using services.



*Figure 2.* The Contextual Shelter Services Delivery Model

Using Giddens' Theory in this study helped to illuminate how structures can influence human actions and thinking (Fuchs, 2003) and produce and constrain human

agency (Barley & Tobert, 1997). An intersectional feminist lens critically recognizes the interrelatedness of societal power imbalances and patriarchal influences while acknowledging the multiple social locations of women. The wider context, reflecting the feminist lens, societal values, systems, and the determinants of health, is positioned on the outer ring to visually demonstrate its far reaching effects on policy, shelter service delivery and, ultimately, the lives of women. This context also contains social priorities and ideologies formed from the historical and the structural underpinnings that influence and perpetuate societal violence against women. Directly beneath context is policy, intentionally located here to show that policy is shaped by context while playing central role in the delivery of shelter services. At the center of the concentric circles, are the women whose lives are affected by context, policy and shelter service delivery.

Ideologically, Feminist Theory and Giddens' Theory of Structuration (1979) are both critical in their paradigmatic location and, as such, share several common interests. Together, these theories helped to unpack the systemic interface between service delivery, structures and context and to shed light on the potential consequences that these dynamics have on service providers and the women using services. Of particular importance, they work in conjunction to illuminate the socio-political elements which influence intimate partner violence service providers, in addition to considering the backdrop of how policy is enacted and written. Moreover, elements of power, power processes and the allocation of values implicit in policy (Fyffe, 2009) are illuminated with this combined approach. As a result, these theories created a robust theoretical framework for further the understanding of the expression of policies on multiple levels, how they are rooted within the broader context and, subsequently, re-enacted on the human stage, resulting in intended and unintended consequences.



According to Guba and Lincoln (1994), within the critical paradigm, the ontological stance is one of historical realism where it is assumed that social, political, gender, cultural and economic factors have been shaped and crystallized over time creating existing structures and understandings. The epistemological position emphasizes the interactive linkage between the investigator and participants where investigator values influence or shape research findings. As such, the methodological principles of the critical paradigm require dialogue between the researcher and the participant that connects historical understanding with a newly informed consciousness. From a critical perspective, research seeks to be a vehicle of response to the life experiences, needs and desires of those who are oppressed and a vehicle to critique and transform those structures that constrain and oppress humankind through confrontation by means such as activism and advocacy (Lather, 1991). Critical inquiry strives to expose patterns of domination of individuals and groups. It assumes that there is an issue of concern to a group that is disadvantaged, oppressed or marginalized. Central to this paradigm is a “shared interest in socio-political or structural change” with the “goal of knowledge generation which contributes to emancipation, empowerment and change” (Berman, Ford-Gilboe & Campbell, 1998, p 3), thus, making this both a perspective and a call to action. The action orientation of all critical work is what contributes to its uniqueness.

### **Dissertation**

Chapter One (this introductory chapter) provides a brief orientation to the study as a whole, and to the organization of this thesis. In Chapter Two, an in-depth review of both empirical and theoretical literature relevant to understanding intimate partner violence and the delivery of shelter services is provided. The review is organized according to the four rings of the shelter service delivery model, beginning with the

micro concepts at the inner core and moving toward the macro concepts of the most outer ring. Consistent with the shelter service delivery model, the literature is summarized and critiqued in four major areas: a) women's experiences of intimate partner violence; b) shelter service delivery; c) policy as written and enacted; and, d) the broader context laden with social practices, gender inequities, and ideology. A search of literature published between 1990 and present was conducted using CINAHL, Scholarsportal, SAGE Fulltext Collections, PROQUEST, and SOCIndex databases to access literature from a wide range of disciplines including nursing, psychology, social work, sociology and political science. Hand searching of classic references relevant to the topic area was also conducted. Key search terms included: violence against women, intimate partner violence, domestic abuse, intimate partner violence and health effects; IPV and shelter services; abused women shelter services; policy and service delivery; policy and intimate partner violence; policy and IPV services; abused women and theory; abused women and leaving; and abused women and help seeking. Combined, Chapters One and Two introduce the issue of intimate partner violence and women's experiences of intimate partner violence, laying the foundation for understanding the needs of women and the importance of shelter services in being able to address their needs. The delivery of shelter services to women who have experienced violence is explored within the context of what is known about IPV and the critical role that shelter's play in helping women rebuild their lives and health outcomes for women and their children.

In Chapter Three, I introduce the theoretical basis of this study an integration of Giddens' Theory of Structuration (1979) with a critical feminist perspective, and demonstrate how it was used in this study. I review existing frameworks and theories used in nursing's to address policy and socio-political engagement to determine what has

been used and how it has been used to guide practice. Against this backdrop, Giddens' Theory of Structuration is posed as a possible alternative lens to guide nurses in their understanding of how policy is shaped through actors. This theory is examined in detail and its usefulness in understanding the complexities of how social structures can influence human actions and thinking (Fuchs, 2003) and produce and constrain human agency (Barley & Tobert, 1997) is discussed. The critical feminist perspective is also explored, highlighting its importance in bringing attention to the gendered nature of society and its contribution in introducing issues of imbalances in power into the dialogue. Chapter Three shows how these two important perspectives were integrated into the shelter services delivery model (a visual depiction of the integrated theoretical relationship of Giddens' Theory of Structuration and a critical feminist perspective) and used to inform the design of this study. I describe how together, these theories help to unpack the systemic interface between service delivery, structures and context and to shed light on the potential consequences that these dynamics have on service providers and the women using services. Moreover, I reflect upon the importance of nurses understanding of policy for socio-political engagement and where policy fits as a structure within the broader context that is shaped by agency.

Chapter Four is the first of two articles in which study findings are reported. In Chapter Four, findings are presented revealing the results of interpretive description derived from interviews and focus groups with shelter staff including Executive Directors. Themes emerged capturing the reflections of shelter staff about structures and policies in relation to women's experiences in accessing the shelter and other systems. Four emergent themes were identified that address how the delivery of shelter services are impacted and shaped by structures: 1) trying to manage layers of need; 2) making

something out of nothing; 3) access and connecting the dots in a fractured system; and 4) holding it together. Trying to manage layers of need spoke to the recurring message heard from shelters about the complex needs of women that in turn add to the many service needs they face. Making something out of nothing reflects the day to day reality of shelters trying to sustain their existing level of services while encountering numerous system challenges that impact the scarcity of their resources. Access and connecting the dots in a fractured system, recognizes the plight of shelters advocating for women's access to multiple system services at multiple points of contact amidst a broken system somewhat dysfunctional in its approach to helping abused women. Holding it together captures the shelters role of filling system gaps beyond their mandate to ensure that abused women and children are supported.

Hence, findings in this Chapter when examined through these themes to help contextualize the broader overarching system that influences and impacts the delivery of shelter services for women exposed to intimate partner violence in Ontario.

In Chapter Five presents an integrated analysis of findings from the examination of problematic policies and the interpretive description which emerged through the interview data. The Critical Discourse Analysis Template which I created using the principles from the Chouliaraki and Fairclough (2004) is introduced. The principles of the Chouliaraki and Fairclough (2004) framework takes into account the written discourse and acknowledges that there is dialectical relationship between social practices and discourse. It is consistent with Giddens' (1983) Theory of Structuration that assumes social practices which emulate broader social biases (such as gender, class) and inequities take place at the hands of 'actors' who reproduce society and its practices. Application of the Critical Discourse Analysis Template and its utility to conduct the critical discourse

analysis of 3 key policies: the Social Housing Reform Act, the Ontario Works Act, the Child and Family Act (Ontario Child Welfare Eligibility Spectrum), is detailed. These policies and some of their supporting policy texts emerged from focus group and interviews as particularly problematic influences on the delivery of shelter services. By integrating the interview text with the insights gained using the critical discourse analysis template to extract pertinent information, to discuss the policy issues in relation to the dialectic between policy as written and policy as enacted. The integrated findings presented in this chapter make visible the complexities and challenges of shelter service delivery and to shed light on the inherent injustices that present themselves within the day to day reality of the delivery of shelter services.

In the concluding chapter, Chapter Six, I reflect on the findings of this study by engaging in discussion which synthesizes the key findings from each of the manuscripts and considers the implications for nursing practice, education and future research. Opportunities for moving forward with policy reform, and suggested recommendations for action consistent with our international policy commitments, are identified. Policy gaps and implications for future shelter service delivery in Ontario are also addressed. There is a general discussion of research findings that summarize what is now known about the dialectic between policy as written versus policy as enacted and how this against the backdrop of the theoretical framework fit together.

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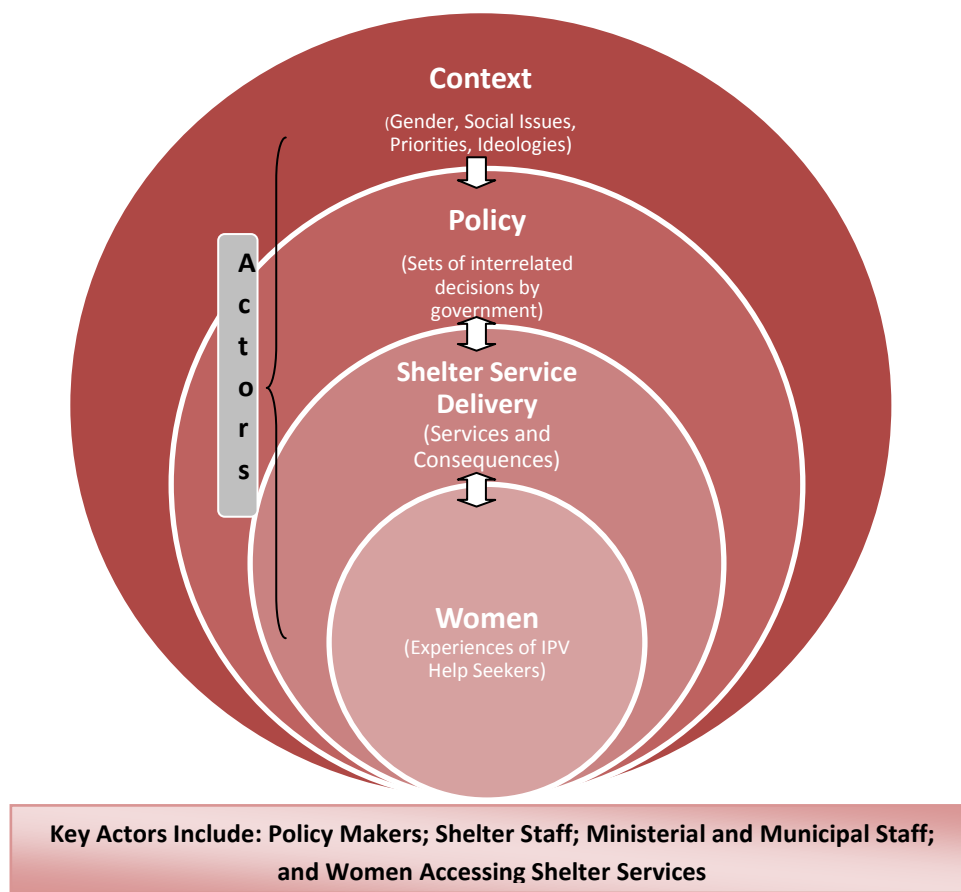
## **CHAPTER TWO**

### **REVIEW OF LITERATURE**

A search and review of empirical and theoretical literature published between 1990 and present that is relevant to understanding the context of delivering shelter services was conducted and is presented here. Key search terms included: violence against women, intimate partner violence, domestic abuse, intimate partner violence and health effects; IPV and shelter services; abused women shelter services; policy and service delivery; policy and intimate partner violence; policy and IPV services; abused women and theory; abused women and leaving; abused women and help seeking; Databases including CINAHL, Scholarsportal, SAGE Fulltext Collections, PROQUEST, and SOCIndex were used to access literature from a wide range of disciplines including nursing, psychology, social work, sociology and political science. Manual retrieval of classic references relevant to the topic area was also done.

This review is organized according to the four rings of the shelter service delivery model. This model (Figure 1) was developed to help explain through the use of both Giddens' Theory and a feminist perspective, the various dimensions that help contribute to intended and unintended consequences of policies. Furthermore, the shelter service delivery model illustrates the interconnectedness of various influences that shape shelter services to women who have experienced intimate partner violence.

Specifically, the literature is summarized and critiqued beginning with the micro concepts at the inner core and moving toward the macro concepts of the most outer ring, in four major areas: a) women's experiences of intimate partner violence; b) shelter service delivery; c) policy as written and enacted; and, d) the broader context laden with social practices, gender inequities, and ideology.



*Figure 2.* The Contextual Shelter Services Delivery Model

### **Women’s Experiences of and Responses to Intimate Partner Violence**

In Canada as in other parts of the world, intimate partner violence is both a health and human rights issue. According to the 2004 General Social Survey, 7% (653,000) women reported at least one episode of spousal violence in the previous five years (Statistics Canada, 2006). However, the actual rates of spousal violence are believed to be much higher due to underreporting of this ‘private’ crime. There is evidence that women are at greater risk of intimate partner violence than their male counterparts (Ansara & Hinton, 2011; Tjaden & Thoennes, 2000). The risk of violence to women stems from

societal gender attitudes and power and control. Johnson and Leone (2005) uses the term ‘intimate terrorism’ to attempt to dominate one’s partner and to exert general power and control over the relationship, domination that is manifested in the use of a wide range of power and control tactics, including violence (p. 323).

In every province in Canada, eight out of ten victims of intimate partner violence are women, accounting for 83% of all victims (Health Canada, 2002). According to Statistics Canada (2008), intimate partner violence (IPV) is the most common form of violence against women. IPV and terms such as spousal assault, wife abuse, partner or spouse abuse, and wife battering (Hart & Jamieson, 2002) are used to describe the abuse of women by a current or former marital, common-law or dating partner, including same-sex partners. IPV involves a spectrum of abuses by an intimate partner ranging from physical abuse to emotional, sexual, economic and spiritual abuses in the context of coercive control (Tjaden & Thoennes, 2000).

### **Health Effect of IPV**

There is substantial evidence that IPV leads to poorer physical and mental health, and quality of life among female survivors (Campbell, 2002; Ford-Gilboe et al., 2006; Gillum, Bybee, & Sullivan, 2003; Golding, 1999; Goodkin et al., 2002). When compared to women in the general population, those exposed to IPV are more likely to experience specific health problems (Campbell 2002; McNutt, 2002; Campbell & Soeken, 1999; Kendall-Tackett, Marshall and Ness, 2003; Wilson, Silberberg, Brown & Yaggy, 2007) such as chronic pain, gastrointestinal symptoms/irritations, headaches, depression (Campbell, 2002; Campbell et al., 1999; Wilson et al., 2007; Wuest et al. 2007) and diminished self-esteem (Forte, Cohen, DuMont, Hyman, & Romans, 2005; Johnson, 2001) and to engage in unhealthy behaviours, including substance use (Eby, 2004;

Hathaway et al. 2000; Tomasulo & McNamara, 2007). Eby (2004) found that women exposed to IPV had higher levels of stress than non-abused women and it has been proposed that chronic stress, traumatization and injuries are all responsible for poorer health among abuse survivors (Campbell, 2002, Wilson et al., 2007). Woods (2005) conducted a review of literature related to IPV and PTSD that supports Eby's (2004) findings. Woods (2005) shared insights regarding traumatization as a consequence of IPV and its relationship between poorer physiological and psychological outcomes.

Further, rates of service use are higher amongst women who have experienced IPV than in the general population (Coker, Reeder, Fadden, & Smith, 2004; Duterte et al., 2008; Ulrich et al., 2003), resulting in increased healthcare and other system costs (Plitcha, 2007; Varcoe, Hankivsky, Ford-Gilboe, Wuest, Wilk, & Campbell, 2011). Clearly, violence significantly impacts health in the lives of women. Therefore, it is no surprise that women often access health (Campbell, 2002; Ford-Gilboe et al., 2006) and community services (Hamilton & Coates, 1993) to help them deal with IPV and its consequences. Many of these consequences of intimate partner violence contribute to poor health outcomes, poor quality of life (Campbell, 2002; Ford-Gilboe et al., 2006), and frequent use of health services (Coker, Reeder, Fadden, & Smith, 2004; Macy, Nurius, Kernic, & Holt, 2005; Tomasulo & McNamara, 2007; Shannon et al., 2006; Ulrich et al., 2003), which often continue well beyond the period of abuse exposure. Given the nature and the far reaching effects of IPV, it is evident that IPV is a complex issue of particular relevance to the health care system and to Nursing.

### **Challenges Associated with IPV**

Women who leave abusive relationships have been found to face “a constellation of challenges” such as poverty, financial strain, unemployment, and housing limitations

(Sullivan, 1991; Sullivan et al., 1992; Sullivan et al., 1994), often against the backdrop of past abusive histories. In a grounded theory study, Ford-Gilboe, Wuest, and Merritt-Gray (2005) characterized the central problem for women who have left an abusive partner as “intrusion”, unwanted external interference which diverts energy and resources and limits choices. Intrusion includes ongoing harassment and/or abuse from the abuser, chronic illnesses, negative lifestyles changes and the ‘costs’ of getting much needed help (Ford-Gilboe et al., 2005). IPV erodes women’s resources, making it difficult to leave and sustain separation from an abusive partner.

After separation from an abusive partner, many women struggle to obtain the resources needed to live independently and face economic pressures (Moe & Bell, 2004; Sullivan, 1991; Sullivan, Campbell, Angelique, Eby, & Davidson, 1994; Swanberg, Logan, & Mackie, 2005). In Sullivan’s (1991) pilot study, 41 post-shelter women were given paraprofessional advocate services for 10 weeks to assist them in obtaining needed resources. Of the numerous unmet needs of these women, Sullivan found that most required material goods or services, followed by education and transportation. Furthermore, over half were in need of resources in the areas of finances, legal assistance, health issues, social support, employment and childcare (Sullivan, 1991). In a 6 month follow-up of a two year longitudinal study of 141 post shelter women, Sullivan, Campbell, Angelique, Eby, and Davidson (1994) found that finances were a problem for 87% of the sample, suggesting that it is “important to understand that many women are choosing poverty for themselves and their children should they leave their abusers” (p. 117). In another six month follow-up to the original Sullivan et al. (1994) study, Tan, Basta, Sullivan, and Davidson (1995) found that poverty related problems such as inadequate housing, poor medical care, dangerous neighbourhoods and financial



uncertainties, were key stressors confronting these women. Ford-Gilboe, Wuest, Varcoe, Davies, Merritt-Gray, Campbell, and Wilk (2009) analyzed data from a community sample of 309 Canadian women who had left abusive relationships. They found that women were still experiencing negative physical and mental health consequences on an average of 20 months after having left an abusive partner and that health was impacted by the severity of past abuse (Ford-Gilboe et al., 2009).

In a systematic review conducted by Walker, Logan, Jordan, and Campbell (2004), women who separated from abusive partners were found to face psychological adjustments (e.g. coming to terms with how the relationship ended, re-establishing identity and friendships), social support changes (e.g. loss of social supports) and other experiences (such as new jobs, housing and legal issues) in addition to economic changes and health/mental health issues, including substance use. Women who are attempting to leave abusive relationships endure fear of retribution from the abuser (Krishnan et al., 2004; Tutty, 1996), and often face limited community resources (Krishnan et al., 2004), financial constraints (Bostock, Plumpton, & Pratt, 2009; Tutty 1996; Tan et al., 1995), lack of housing (Ham-Rowbottom, Gordon, Jarvis, & Novaco, 2005; Sullivan et al., 1994; Tutty, 1996), difficulty securing employment (Ham-Rowbottom et al., 2005; Tutty, 1996), the disruption of moving (Bostock et al., 2009), “losing their home and all their possessions” (Bostock et al., 2009, p. 102) and the loss of social support (Bostock et al., 2009; Tutty 1996).

Thus, the evidence shows that intimate partner violence compromises multiple aspects of women’s well-being and health and erodes her access to the social determinants of health.

### **The Process of Leaving an Abusive Partner**

Based on an integrated review of literature, Anderson and Saunders' (2003) found that income variables were the most consistent and powerful predictor of stay/leave decisions. Still, most women eventually leave abusive relationships in order to live free from abuse, and turn to women's shelters or other social supports for assistance through the leaving process. The leaving process for abused women has been conceptualized through several process theories (Enander & Holmberg, 2008; Khaw & Hardest, 2007; Landenburger, 1989; Merritt-Gray & Wuest, 1995; Wuest & Grey, 1999) which identify stages or phases that women transition through in attempting to end abuse in their lives.

The Transtheoretical Model of Change identifies ten change processes which occur through five stages of change based on individual readiness (McConaughy, Prochaska, & Velicer, 1983; Prochaska, Diclementi, & Norcross, 1992) and has been expanded or evolved by researchers for use to understand the process of leaving for women exposed to IPV. In a qualitative study Burke, Gielen, McDonnell, O'Campo, and Maman (2001) of 78 women who were either in an abusive relationship or had left an abusive relationship, the women identified five behaviours changes consistent with the Transtheoretical model of change. These findings confirmed the notion proposed by Burke (2001) that the Transtheoretical model of change is "conceptually promising" for use with abused women.

More recently, Khaw and Hardesty (2007) conducted a secondary data analysis of interview data with 19 women who had left abusive relationships and found that the transtheoretical change model 'fit' with women's leaving process and encouraged an expanded model that incorporated various trajectories and turning points of change. This way of thinking had led to an enhanced version of the model that examines the stages of change specific to the leaving process for women exposed to violence. In this evolved

version, women move through five stages of change in order to end abuse in their lives, eventually increasing self-efficacy and agency (Burke, Gielen, McDonnell, O'Campo, & Maman, 2001; Khaw & Hardesty, 2007).

According to this theory, the process of leaving begins with precontemplation where the women neither recognize the problem of abuse nor seek change. Contemplation occurs when the woman begins to recognize and acknowledge the abuse as a problem and has increased awareness of the pros and cons of change. During the preparation stage, the woman intends to change and starts to consider options to end the abuse. The action stage involves developing a plan, selecting options and actively being engaged in making changes to end the abuse. In the final stage, maintenance, the woman takes measures to prevent returning to the abuser. According to Khaw et al. (2007), within these stages, women encounter critical turning points (transitional life events) and trajectories (pathways between turning points), which affect their movement through the stages of change. This model situates the leaving process exclusively within the individual woman's control and fails to consider how past abuse history and other factors contribute to her capacity to leave. There is an inherent assumption that women progress in a stepwise manner through change with limited consideration of external circumstances that affect her ability to transition out of her abusive relationship, such as income, housing, or her children.

Chang, Cluss, Ranieri, Hawker, Buranosky, Dado, McNeil, and Scholle (2010) interviewed 21 women who had currently or previously experienced IVP to determine which interventions women wanted and the usefulness of these interventions. These women described what Chang et al. (2010) later termed a readiness which speaks to "women's willingness to seek change" and they also emphasized facing complex and

“coexisting issues” issues (p. 26). According to Chang et al. (2010), these issues “may create logistical barriers to accessing services such as childcare concerns or transportation difficulties, or they may be coexisting problems that perpetuate a sense of powerlessness and/or entanglement that keeps them in an abusive relationship (p. 26).

The Domestic Violence Survivors Assessment (DVSA) also conceptually evolved from the Transtheoretical model of change (Dienemann, Campbell, Landenburger, & Curry, 2002; Dienemann, Glass, Hanson, & Lunsford, 2007). The DVSA integrates terminology that is consistent with women’s experience with violence and appropriately re-titles the change stages for women exposed to IPV as follows: Committed to Continuing [the relationship with an abusive partner], Committed but Questioning [the abusive relationship], Considers Change: Abuse and Options [ending relationship or partner ending abuse], Breaks Away or Partner Curtails Abusiveness, and Establishes a New Life—Apart or Together (Dienemann, Glass, Hanson, & Lunsford, 2007).

Landenburger’s (1989) developed the Theory of Entrapment and Recovery based on qualitative and quantitative data from 30 women who had experienced current or previous IPV. Landenburger identifies four phases in the process of leaving an abusive relationship that emerged from her analysis: a) *binding*, which reflects the initiation of abuse and the woman’s reaction to the abuse during the developmental phase of the relationship; b) *enduring*, during which the woman recognizes that the abuse is occurring but is committed to continue the relationship; c) *disengaging*, which begins when the woman begins active help seeking and identifies with other women who are abused; and, d) *recovering*, the phase when the woman permanently leaves the relationship and begins to find new meaning and balance in her life. This theory has significantly contributed to work in the area of violence, where it has been used as the theoretical framework guiding

the development of the Domestic Violence Survivor Assessment (Dienemann, Campbell, Landenburger, & Curry, 2002 ; Dienemann, Glass, Hanson, & Lunsford, 2007), a tool developed to support counselling of women who seek help for IPV and which was previously described.

Merritt-Gray and Wuest's (1995) Counteracting Abuse and Breaking Free Theory was developed in a feminist grounded theory study of 15 Canadian women exposed to intimate partner violence. Wuest and Merritt-Gray (1999) evolved this theory to reflect the later stages of leaving; *not going back* and *moving on*. They conceptualize the process of leaving as occurring in four stages: *counteracting abuse*, *breaking free*, *not going back* and *moving on*. *Counteracting abuse* is the woman's resistance to abuse that entails relinquishing parts of self, minimizing abuse, and fortifying defences (Merritt-Gray et al., 1995; Wuest et al., 1999). *Breaking free* involves disengaging from the abusive relationship by stepping outside of the relationship, pulling back and even moving out in order to assess the impact of their actions. *Not going back* involves claiming and maintaining territory and establishing a safe place (Merritt- Gray et al., 1995; Wuest et al., 1999) in order to gain control and take charge of her life and harnessing supports to finally *Move on* (Merritt- Gray et al., 1995; Wuest et al., 1999). This theory illuminates what can be expected as women seek to remove themselves from abusive relationships and emphasizes the need for helpers to move beyond facilitating access and system navigation. Women should also be shown how to use the resources in ways that allow them to be able to reclaim themselves. More importantly, unlike other process of leaving theories, this one emphasizes the critical use of language by women when they first start to articulate their abuse. When helper's listen to what women say in the words that they choose, they need to respond in a way that creates space and opportunity for expansion

and “comparative feedback” since the messages women receive from helpers influence their continuing to seek solutions and share experiences (Merritt-Gray et al., 1995)

Collectively, these theories emphasize that leaving an abusive relationship is a complex process rather than a single, isolated event. Insights provided by these theories highlights the critical role of social support, such as shelters, in helping women to deal with and transition through the ongoing and complex challenges encountered while leaving abusive relationships. These theories not only address and explain the internal struggles faced by women leaving abusive relationships, but also refocus our attention to their transitional needs as being an equally important consideration when working with or providing support to these women. This is consistent with the placement of women at the visual centre within the contextual shelter services delivery model. Reviewing these theories also reminds us of women’s role as actors throughout the entire leaving process, and that their behaviours are, in part, influenced by internal phases and stages detailed in these theories. Although not stated in any of the theories identified above, the behaviour of women as actors is also shaped by ideology and social practices, which can impede women’s progress. Therefore, an important limitation of these theories is their tendency to focus on the individual woman as the agent of change, while paying less attention to the role that structures, other actors and ongoing harassment and intrusion play in influencing women’s ability to move through the leaving processes to eventually end the abuse. Wuest, Ford-Gilboe, Merritt-Gray, and Berman’s (2003) grounded theory study of 36 single-parent mothers who had experienced IPV and their 11 children identified ongoing harassment and abuse by the former partner as one type of interference in women’s lives. Furthermore, we also know that women reported harassing behaviours that include stalking, threatening suicide, begging, and hassling children for information

(Wuest & Merritt-Gray, 1999) which further complicates the leaving process and illuminates the need for safety.

### **Women's Help Seeking**

As women transition through these complex processes and challenges, they engage in numerous help seeking behaviours to increase their safety and to make changes in their lives. Survivor theory embraces the notion that women exposed to IPV are active help-seekers (Cattaneo, Goodman, Stuewig, Kaltman, & Dutton, 2007; Gondolf, 2002; Humpreys & Campbell, 2004; Weisz, 2005) who become increasingly active in their attempts to stop violence as it grows more frequent or severe (Goodman, 2003). Help seeking behaviour has been associated with an increased chance of ending abuse (Sabina et al., 2008). Most women eventually leave their abusive partners or find a way to make the violence end (Campbell & Soeken, 1999), but, as previously noted, this process is complex. Frameworks for understanding help seeking behaviour identify that initiating help seeking requires the existence of two internal conditions: 1) the person must recognize that there is an undesirable problem, and; 2) see the problem as unlikely to go away without the help of others (Liang et al., 2005, p. 77). Liang et al.'s (2007) conceptual framework of help seeking and change views the help seeking process as a set of three phases (defining the problem; deciding to seek help; and selecting a source of support), with each phase of this process influenced by individual, interpersonal, and sociocultural factors. Cauce, Domenech-Rodríguez, Paradise, Cochran, Shea, Srebnik, and Baydar (2002) propose a similar 3 phase mental health framework for understanding the contextual and cultural factors that impact help-seeking behaviour but emphasize how culture is highly influential in the help seeking process. According to Cauce et al. (2002), culture is a complex notion and, therefore, they use the term culture "for the sake of

clarity” in order to “elucidate ethnic group differences in the process of help seeking” (p. 45).

As women transition through the processes of help seeking, they may make several attempts to leave their abusive partners (Krishnan et al., 2004), often returning for many reasons. In a recent study conducted with 19 women in a shelter for abused women, findings revealed that women often returned to abusive relationships due to finances, love for the abuser, ongoing harassment, or encouragement by family, and feeling lonely and guilty (Moe, 2007). Thus, the “women’s help seeking efforts occurred amid the realization that ending their abusive relationships was not as simple as leaving a physical residence” (p. 684). More recently, research has identified the process by which some abusive relationships becoming nonviolent as a result of a woman’s transition through many stages which includes building personal power from help seeking behaviour (Wuest & Merritt-Gray, 2008).

Goodman, Dutton, Weinfurt, and Cook, (2003) developed the IPV strategies index which lists strategies used by abused women to keep safe and administered it to a sample of 406 urban women who were in the process of help seeking as a result of IPV exposure. The findings led to the finalized index of 33 strategies which were later grouped into 6 categories. Participants rated safety planning, informal, and legal strategies as most helpful, although strategizes it through placating (intending to change batters behaviour without challenging) and resistance challenging the abuser’s sense of control were most commonly used (Goodman et al., 2003). In another study (Riddell, Ford-Gilboe, & Leipert, 2009) the IPV strategy index and qualitative interviews were used with a sample of 43 rural women who had left abusive partners. These researchers found that key factors of rural life such as “physical and social isolation, patriarchal attitudes, economic



stress, and public visibility, factor heavily in men's domination of women and women's ability to respond to IPV" (p. 151). Given these contextual considerations, it is not surprising that Riddell et al., (2009) found, similar to Goodman et al. (2003), that rural women reported using placating and safety strategies the most but that these strategies were least helpful.

Help seeking theories and theories related to the process of leaving are interconnected in that both emphasize the women's attempts to end the violence in their lives and acknowledge that women go through a process of change in order to achieve this end. However, the theories differ in their focus on: 1) those internal mechanisms that not only trigger but also determine a woman's readiness to leave, and, 2) how women work through the decision to leave an abusive relationship.

**Factors Influencing Women's Help Seeking Behaviour.** There is evidence that women's help seeking behaviour is shaped by several factors including the severity and frequency of abuse (Sabina et al., 2008; Waldrop & Resick, 2004; Yoshioka, Gilbert, El-Bassel, & Baig-Amin, 2003), ongoing abuse or harassing behaviours (Sabina et al., 2008), availability of personal resources (Waldrop et al., 2004; Yoshioka et al., 2003), and sensitivity of formal support system (Liang et al., 2005, Yoshioka et al., 2003).

Culture and values have been found to play a role in shaping women's help seeking behaviours (Liang et al., 2005; Yoshihama, 2002; Yoshioka, 2003). Liang and colleagues (2005) propose a conceptual framework for understanding help seeking behaviour as more than internal individual internal processes (i.e. problem recognition, deciding to seek help, and selecting support). Instead, in addition to the individual and the relational, Liang et al. (2005) identifies sociocultural influences that determine women's help seeking behaviours to include: her socioeconomic status; immigration status;

cultural institutions that reinforce power imbalances between men and women; and cultural traditions that focus on family privacy, male superior social status and lack of acceptance of divorce as an important role in the women's decision to seek or not seek help.

According to Caucer et al. (2002), sociocultural norms related to help seeking can facilitate or inhibit the health seeking process. In a study of 15 Haitian women's access to IPV services, Latta and Goodman (2005) found that these women felt marginalized by services which were culturally insensitive to their needs and by their experiences of racism. Understanding the influences of sociocultural norms on help seeking behaviours further illuminates the importance of knowing how structures are reified through actors whose actions reproduce sociocultural norms. At the service delivery level, this recursive action impacts how shelter services are delivered and may shape health outcomes for women and their children.

**The Role of Formal Support in Help Seeking.** The role and nature of delivering shelter services involves creating a healthy and safe space for very vulnerable women and families to seek help and formal support. People seek help and social support from individuals, groups or organizations to deal with life's challenges (Pearlin, Menaghan, Lieberman, & Mullan, 1981). In the context of IPV, this includes both informal supports (family and friends) and formal supports (professionals, agencies and shelters) that women perceive may be helpful (Rose, Campbell, & Kub, 2000; Gordon, 1996). Many move from private/informal help-seeking attempts to more public/formal help-seeking to deal with the abuse, accessing more support/resources, which enhances personal safety (Goodman, 2003; Liang et al., 2005). Goodman (2003) showed that women rated external sources of support as more helpful than internal strategies (i.e. resisting abuse and

placating the abuser) in challenging their partners' control and, therefore, in assisting them to end abuse in their lives.

There is also evidence that informal and formal sources of support protect women from abuse (Bybee & Sullivan, 2005; Sullivan & Bybee, 1999), function as a stress buffer (Carlson, McNutt, Choi, & Rose, 2002) and are crucial to women's health and well-being (Ford-Gilboe, Wuest, & Merritt-Grey, 2005; Ford-Gilboe et al., 2009). Moreover, emotional support provided by service providers has been found to enhance women's sense of self-worth and their ability to cope with the abuse (Harris, Stickney, Grasley, Hutchinson, Greaves, & Boyd, 2001).

Researchers concur that the availability of social support predicts increased quality of life among women exposed to IPV (Bybee & Sullivan, 2005; Goodkind, Gillum, Bybee, & Sullivan, 2003; Sullivan & Bybee, 1999). In Thompson, Kaslow, Kingree, Rashid, Puett, Jacobs, and Matthews' (2000) study of 138 women exposed to IPV, low social support was associated with higher levels of psychological distress. Coker, Smith, Thompson, McKeown, Bethea, and Davis (2002) conducted a cross-sectional study of 1152 women who had been screened for IPV through family practice clinics and found that social support reduced "almost one half of the risk of adverse mental health outcomes among abused women" (p. 473), substantiating that social support buffers the negative effects of IPV on mental health. Furthermore, in a longitudinal study of 406 African American women, Goodman, Dutton, Vankos, and Weinfurt (2005) found that accessing social support through help seeking protected women against future violence. In light of these findings related to the positive health impacts of social supports, it is clear why women might choose to access some sort of formal support. Women, according to Bybee and Sullivan (2002), turn to community

organizations, including women's shelters and other domestic violence services, to help mitigate the effects of violence in their lives.

### **Shelter Service Delivery**

A 'shelter' broadly includes second stage housing, transition homes/shelters, family resource centres, women's emergency centres/shelters, emergency shelters, and safe home networks (Suave & Burns, 2008). For the purposes of this study, a shelter is defined as an organization or agency that provides emergency shelter and short-term respite, along with other services, and has a primary mandate to support women and their families who have experienced violence. In the annual Federal Transition Home Survey (2008) developed to gather information about the characteristics of these shelters in Canada on a specific "snap shot day", 3 out of 4 women sought shelter due to abuse, most often from a spouse or partner; 8 in 10 women in shelter were under 45 years of age; and 65% of the women who were fleeing abusive relationships did so to escape situations of psychological abuse (Sauve et al., 2008).

Historically, shelter services evolved out of the need to respond to violence at a time when many formal networks and systems were unresponsive (Panzer et al., 2000). In the early 1970's, the grassroots feminist movement helped to create shelters as places of safety and a refuge for women (Cannon et al., 1989; Donnelly, Cook, & Wilson, 1999; Krishnan et al., 2004; Murray, 1988). However, as the demands on shelters grew, shelters evolved into to a formal system with a more complex organizational structure that required enhanced resources to sustain services (Donnelly et al., 1999). In response to this new reality, many shelters began to receive some government funding.

Currently, Canadian shelters primarily receive operating funds from provincial and territorial governments, with capital funding contributions provided through the

Canada Mortgage and Housing Corporation special purpose non-profit housing program (Goard & Tutty, 2002). In Ontario, women's shelters receive funding through the Ministry of Community and Social Services, a branch of provincial government, for services which the Ministry deems to be "*core services*" (OAITH, 1998). The definitions of core services held by the ministry and shelter sector may differ substantially. A 1996 report by The Ontario Association for Interval and Transition Houses (OAITH, 1996) draws attention to this difference of opinion, quoting the then Minister of Women's Issues comments pertaining to core services:

"In today's announcement, we were referring to cuts in programs that did not affect the core necessary services for women who have been violated, who need shelters and second-stage housing. What we did take away were some counselling programs for women and their families that relate to psychological counselling, opportunities for finding new places to live, opportunities for discussing their concerns about child care, opportunities for returning to school, opportunities for getting a job, as all those programs exist in communities across Ontario..." (October 4, 1995).

In contrast to the government's definition of core services, shelters surveyed by OAITH at the time of the Ministry statement described a wide range of direct services which they defined as 'core', including 24 hour secure shelter and crisis line; individual and group counselling; emergency transportation to shelter; acting as advocates for women and children in accessing community services; community coordination, education; prevention and consultation (OAITH, 1996). Similar categories of service have been identified in the small body of research (Macy, Giattina, Montijo, & Ermentrout, 2010; Newman, 1993; OAITH, 1998; Tutty et al., 1999; Zweig & Burt,

2007) in which shelter services have been examined. Moreover, within this very limited body of research, it is important to point out that very few Canadian studies were found. The services offered by shelters vary based on funding, resources, special populations and location. Most shelters provide a core set of services which include: individual counselling (Chanley et al., 2001; Ham-Rowbottom, Gordon, Jarvis, & Novaco, 2005; Panzer et al., 2000; Tutty, 1999); food and safe housing (Cannon et al., 1989; Chanley, 2001; Haj-Yahia & Cohen, 2009; Newman, 1993; Panzer et al., 2000); crisis line (Panzer et al., 2000; Tutty, 1999); legal assistance (Bennett et al., 2004; Cannon et al., 1989; Haj-Yahia et al., 2009; Krishnan et al., 2004; Newman, 1993); financial assistance (Newman, 1993) and financial information related to social assistance eligibility (Cannon et al., 1989).

Beyond delivering core services, there is evidence that some shelters provide other services including transitional support, outreach and/or counselling services for former or non-residents (Tutty et al., 1999), training for other professionals (Cannon et al., 1989; Newman, 1993; Panzer et al., 2000; Tutty et al., 1999) advocacy (Gordon, 1996; Panzer et al., 2000), health care support (Bennett, Riger, Schewe, Howard, & Wasco, 2004; Haj-Yahia et al., 2009), social support, and system navigation (accessing and connecting with external resources and supports). Furthermore, shelters also play a larger community role as a partner and prominent voice of change for issues of violence against women. These “non-core” services are typically funded through one-time grants, fundraising, and volunteers. Thus, fundraising (Goard & Tutty, 2002) and volunteers’ (Bennett et al., 2004; Chanley et al., 2001) are both critical factors in delivering services and in sustaining the day to day functioning of most shelters.

### **Impact of Shelter Services**

There is some evidence that shelter services are linked to enhanced feelings of safety and reduced risk of re-abuse. In both qualitative and quantitative studies, women have reported that shelters are places of safety (Bennett, Riger, Schewe, Howard, & Wasco, 2004; Newman, 1993) and were generally viewed as helpful (Bennett et al., 2004; Tutty, 1999). For example, in a comprehensive review of literature, Gordon (1996) concluded that shelters are “rated as the most helpful and effective means of coping with abuse” (Gordon, 1996, p324).

In a quantitative study of 155 abused women, Berk, Newton, and Berk (1986) found that, depending upon the attributes of the woman, shelter stay dramatically reduced the likelihood of experiencing new violence. Ham-Rowbottom et al. (2005) found that the majority of the 81 women in their study who had left shelters had been living in the community for 6 months to seven years, reported living violence free, and were satisfied with their lives. In a cost-benefit analysis, Chanley, Chanley, and Campbell (2001) found that shelters helped women avoid potential assaults, thus, contributing to reducing the number of violent crimes that occurred.

Shelters provide a much broader role than simply housing women who have experienced violence. They provide a host of services and supports already detailed, but more importantly they enhance women’s well-being (Itzhaky & Porat, 2005), and have been described by Goard & Tutty (2002), as “centres for dissemination on the issue of violence against women” (p. 1). Chanley et al. (2001) contend that shelters contribute greatly to society by improving the communities in which we live. This is achieved through community awareness activities that promote change in society’s tolerance of violence and within our institutions (Chanley et al., 2001). Newman (1993) describes the goal of many shelters being “to free those women of guilt and powerlessness so that they

can make choices in their best interests” (p 108). In essence, shelters support women by providing them with the necessary resources, information and supports to make a positive change in their lives. This support produces an opportunity for change (Panzer et al., 2000). It is not surprising that shelters, according to Krishnan et al. (2004) become “ a place of transition facilitating the process by which women may become independent and live away from their abusive partners” (p. 166).

Clear gaps in the literature were evident in the limited number of studies that examine women’s outcomes resulting from accessing shelter services, particularly in Canada. These gaps and the importance of shelters as “vehicles for changes in women’s levels of self esteem and self acceptance” (Cannon et al., 1989, p. 206) speaks to the need for additional research in this area. Although there have been very few studies that have examined the outcomes of accessing shelter services for women, a few of those that were found, including a Canadian study are detailed below.

In a qualitative study of 63 women living in an emergency shelter in Calgary, Alberta, Tutty, Weaver, and Rothery (1999) conducted semi-structured interviews with Canadian women who had been in shelter for at least one week and a follow-up interview four to six months later. The purposes of the interviews were to hear, through the women’s voices and their experiences as to what they found to be most helpful during their shelter stay. Tutty et al. (1999) also inquired as to the impact that their shelter stay had on any future decision related to their abusive partner. The main benefits of shelter stay reported by these women were: receiving emotional support from shelter staff; a safe haven; informal support from other residents; access to a child support program; access to information; and connections to community resources. The study also illuminated where of the challenges that women in shelter face such as communal living, busy staff, and



living with other residents who have complex issues such as homelessness and mental health issues. What was not mentioned is where opportunities might lay for enhancing current shelter services, or possible solutions for improving services.

Chanley et al. (2001) conducted a social cost-benefit analysis of domestic violence shelters. What they discovered was that the broader social benefits of shelters seen in averted assaults and improving mental health immediately, accrued to individual women, children, and society (Chanley et al. 2001). This study emphasizes the enormity of the social benefits of shelters by contending that shelters contribute greatly to society by improving the communities in which we live. This, according to Chanely et al. (2001) has been achieved through community awareness activities that “promote change in society’s tolerance” of violence and within our institutions.

Cannon and Sparks (1989) present a psychosocial case study with 19 residents of a shelter for abused women in the Northeastern part of the United States in order to understand the impact of shelter services on women over time. Data were collected when the woman entered the shelter (T1) and 4 weeks or just prior to women leaving the shelter (T2) via self-report questionnaire. Overall at (T1) 65% of women were ‘very satisfied’ with the shelter. The benefits of support provided by the shelter was described as ‘helpful’(95%), ‘encouraging’ (79%), ‘sincere’(53%), ‘trustworthy’(47%), less lonely (42%), made me feel better about myself (58%), helped me to feel accepted (63%), and reduced my fears (68%) (p. 210).

Haj-Yahia (2009), conducted a phenomenological study in Israel exploring abused women’s subjective experiences of staying in shelter. The analysis of the data from 18 participants generated “four main content areas: the woman’s perceptions of the shelter as a total institution (i.e. the environmental–institutional context); the woman’s

perceptions of herself and her life experiences; the woman's perceptions of her relations with other battered women at the shelter; and the woman's perceptions of her relations with the staff of the shelter" (p. 98). Findings from the study showed that: 1) shelters are seen as both institutions and places of rehabilitation; 2) women are still trying to define themselves and fluctuate in a state of 'ambivalence' in this process, but are still very capable of articulating those skills and abilities that define what they can do (i.e. coping, their strengths); 3) women in shelter develop feminine and instrumental solidarity i.e. accompanying each other when they go outside of the shelter, encouraging each other etc; and 4) women, for the most part, were satisfied with shelter staff (p. 106).

### **Models of Shelter Service Delivery**

Service delivery models determine how services are delivered and how structures influence the delivery of services. Shelter service delivery models have been shaped historically by the feminist movement. As a result, shelters initially adopted a "new social order" which minimized dominant-subordinate structures, and sought to "enhance the development of women's skills" (p. 276) and foster cooperative relationships (Riger, 1994). Tice (1990) describes the tenets of feminist practice to include "an emphasis on consensual decision-making rather than voting; a commitment to politicizing the personal; an empowerment model that sought to reduce asymmetrical power relations between staff and battered women; consciousness raising groups as a vital part of practice; and activists feeling that it is essential to preserve an autonomous women's space, separate from the control and influence of men" (p. 85).

As shelters struggled to gain legitimacy, they grappled with maintaining a feminist ideology which embraced autonomy and egalitarianism, while moving in a more conventional direction. Although this new direction helped shelters appear more

‘acceptable’ to institutions and individuals in order to acquire the necessary resources to survive (Riger, 1994), it also resulted in some shelters incorporating practices which seem contrary to their feminist tenets and diluted their feminist values. Therefore, shelters emerged from being small groups of women to larger organizations. The cost of this shift, according to Judge et al. (1998), is the concern that “greater political integration leads to de-radicalization” (p. 214). Shifting from ‘movement politics’ to ‘convention politics’ for many women’s organizations’ created internal change, such as power laden practices and adopting bureaucratic organizational structures which reproduced stratified structures contained within the larger social order (Tice, 1990). In a qualitative study in which semi-structured interviews were conducted with 19 women in shelter, Moe (2007) found that changes such as these “lessen the autonomy and control shelter residents have over their lives, slow their development of self-confidence and self-esteem, and impede their creation of supportive networks” (p. 679).

Based on the literature reviewed earlier regarding how shelters have evolved over time, I suggest that shelters tend to ascribe to a post-bureaucratic model of service. In the political science literature, post-bureaucratic organizational models are part of the new public management approach, which proposes a wide range of public sector reforms. Characteristics of post-bureaucratic models include being client-centred; having participative leadership; engaging in collective action; and being change and results oriented (Kernaghan, Marson, & Borins, 2002). In contrast, bureaucratic models are organization-centred (i.e. focussed on the needs of the organization); emphasize rules and positional power; have an independent action orientation; and are status-quo and process-oriented (Kernaghan et al., 2002). They have a centralized structure, use a departmental form and their market orientation is budget driven and monopolistic, meaning

government has monopoly' on program delivery (Kernaghan et al., 2002). These types of organizational models are of importance as they have a huge impact on governance and public sector management. Furthermore, they provide insight into the internal working of how services are delivered and explain one of many possible sources of values and culture within public sector organizations. In this study, recognition and identification of the type of model used within participating shelters fills a gap within the literature related to understanding the impact of structural influences (such as policy and its implementation) which reflects values and culture, on the delivery of shelter services.

Central to the new public management approach is implementation theory, the processes where policy becomes action. Along this policy action continuum, where policy is put into practice, decision making, communication, bargaining, negotiation, and compromise occur and the importance of actors and agents is emphasized (Schofield, 2001; Schofield, 2004). The actors and agents, often called lower-level bureaucrats, are professionals such as teachers, and healthcare or social work professionals who implement policy at the street-level and face the potential dilemmas of work autonomy, responsibility to clients, and duty to implement policy as directed by their superiors (Schofield, 2001). Actors engage in exercises of discretion where policy is implemented though hierarchical control with the possibility for creativity and innovation. To implement, according to Schofield (2004), implies the ability to convert the state's policy promises into policy products.

According to Krishnan, Hilbert, McNeil, and Newman (2004), shelters provide services based on their 'ideology', which is reflected in how shelter staff view women's reasons for using the shelter. If staff members see the shelter as a place of respite versus a place of transition, then their approach to service delivery will reflect this ideology

(Krishnan et al., 2004). Similarly the values espoused by the shelters which are reflected in their mission statement, and in the formal and informal policies, procedures, processes and decisions that influence how services are delivered also reflect their ideology. The role of street level bureaucrats is seen as more important to policy outcomes than the policies themselves (Schofield, 2001). Policy implementation studies have the potential to increase understanding of “the real problems” of applying policy (Schofield, 2001), yet little work has specifically addressed how policy is operationalized (Schofield, 2004). Implementation research has instead focussed on the original policy intentions, and the resulting policy, leading to an important research gap.

### **The Policy Context of Violence Against Women**

Violence against women is an international concern that has resulted in the introduction of several declarations and conventions over the past 30 years focussed on eliminating violence against women. The *Convention on the Elimination of All Forms of Discrimination Against Women* was first introduced and adopted by the United Nations General Assembly in 1979, and arose out of much work that had been started by the United Nations Commission on the Status of Women established in 1946 (Commission on the Status of Women; Office of the United Nations High Commissioner for Human Rights). In this landmark convention, women were brought into the discussion of human rights, establishing the international bill of rights for women and an “agenda for equality” that included thirty subsequent articles (Office of the United Nations High Commissioner for Human Rights). This convention framed the work of the United Nations Development Fund for Women, aimed at supporting international commitments to gender equality, in addition to the Beijing Platform for Action.

With an established focus on women, other declarations soon followed which attended to prominent issues affecting the lives of women, such as violence. In 1993, the *Declaration on the Elimination of Violence Against Women* was adopted by the United Nations in recognition of “the urgent need for universal application to women’s rights and principles with regard to equality, security, liberty, integrity and dignity of all human beings’ (United Nations, General Assembly Declaration 48/104). This declaration acknowledges that violence against women is an “obstacle to the achievement of equality, development, and peace”; and that some groups of women, such as minority, indigenous, refugee, and migrant women, are especially vulnerable to violence. The convention was ratified by 186 countries, including Canada, with parties agreeing to the obligation to respect, protect, and fulfil women’s human rights (United Nations Development Fund for Women, 2009).

In 1995, The *Beijing Platform for Action*, which emerged from the United Nations 4<sup>th</sup> World Conference on Women, reiterated much of what had been included in the Declaration on the Elimination of Violence Against Women and outlined specific actions that members of the international community could take to prevent and eliminate violence against women. The UN Security Council adopted additional resolutions on October 31, 2000 and June 19, 2008 reaffirming its commitment to the prevention of violence against women (United Nations Security Council, Resolution 1325; United Nations Security Council, Resolution 1820).

Canada responded to a call issued in the December, 2006, General Assembly Resolution for the “intensification of efforts to eliminate all forms of violence against women” (UN Secretary-General’s database on violence against women). Between 2006 and 2009, Canada engaged in numerous violence against women initiatives

encompassing: legal frameworks; policies, strategies, and programmes; services for victims/survivors; preventative measures and training; and research and statistics (UN Secretary-General's database on violence against women). Given Canada's demonstrated commitment and active participation in this most recent resolution and others in the past, it is evident that violence against women is a priority both internationally and nationally. Research which enhances understanding of the ways in which policies and services create support for, or undermine, the efforts of women who have experienced IPV is essential in achieving our national and international commitments related to violence against women.

### **Public Policy and Violence Against Women**

Public policies, sets of interrelated decisions made by government to do something or nothing (Howlett et al., 1995), are salient examples of structures that influence and shape the delivery of shelter services. Many of the policies affecting the delivery of shelter services for women exposed to violence originate from multiple levels of government. For example, at the federal level, the Canadian government has embraced a federal violence initiative intervention model where effective, efficient and coordinated policy development is a priority in relation to family violence (Health Canada, 2002). The goals of this initiative are to enhance prevention, and improve community response and the implementation of community activities by: strengthening ties with other players, influencing the development and adoption of effective family violence policies and programs, supporting community-driven action, and encouraging the allocation of resources to address family violence issues (Health Canada, 2002). The National Clearing House on Family Violence operates federally on behalf of 15 partner agencies, departments and crown corporations of the Family Violence Initiative, to provide information and resources on violence and abuse within the family to increase awareness

(National Clearing House on Family Violence, 2011). Both of these bodies are part of the overall Public Health Agency of Canada (PHAC) whose primary goal is to “strengthen Canada’s capacity to protect and improve the health of Canadians and to help reduce pressures on the health-care system” (The Public Health Agency of Canada, 2011). The Status of Women Canada is a federal agency with an overarching mandate to “advance equality for women and girls” (Status of Women Canada, 2011). The organizations has three key priority areas that include eliminating violence against women and assumes responsibilities to provide strategic policy advice, and support gender based analysis across the Federal government agencies and departments (Status of Women Canada, 2011).

Although federal policy in Canada has helped to identify violence against women as a priority, provincial governments are largely responsible for service delivery in areas that may be critical to the safety and welfare of women who have experienced violence. Therefore, provincial policies may have a more direct impact on service delivery and the activities that prevent and respond to family violence (Health Canada, 2002). Ontario’s *Domestic Violence Action Plan* identifies that government must take a leadership role in prevention, intervention, and protection using available legislation, policy, regulations, funding and programs to address violence against women (Ontario, Ministry of Citizenship and Immigration 2005). Furthermore, policies from various provincial government ministries related to funding, health, social programs and housing shape how shelter services are delivered. Ministerial funding transfer payments policies are likely to be identified by key stakeholders as those that influence the delivery of shelter services since these policies determine shelter funding allotments for capital and operational expenditures and what services are core funded. In a study conducted by The Ontario



Association of Interval and Transition Houses (OAITH) of its coalition member shelters, government funding cuts to social agencies, reduced transfer payments and the limited availability of subsidized housing were found to constrain shelter service delivery (OAITH, 2003). Furthermore, policies that affect women's ability to reconstruct their lives and possibly prolong women's stay in shelter, such as housing policies, social service policies and legal policies related to custody/access and support, may be key influences on the delivery of shelter services. Given the enormous array of health needs that result from women's exposure to violence, both Ministry of Health Promotion and Ministry of Health and Long-Term care policies related to onsite access to health and mental health service are also considered to be potential influences of shelter service delivery. The impact which public policies have on service delivery and women's ability to move on with their lives is important but poorly understood.

Political scientists have generally agreed that public policy making and public policies are about interrelated decisions, actions, inactions and choices of governments (Howlett & Ramesh, 1995). According to Raphael, Bryant, and Rioux (2006), public policy is a course of action that is anchored in a set of values regarding appropriate public goals and a set of beliefs about the best way of achieving those goals. Essentially, the idea of public policy assumes that an issue is no longer a private affair (Raphael et al., 2006). We know that there remain many opportunities for policy advancements in the area of violence against women and I acknowledge that several kinds of policies such as the conventions, declarations and charters at the highest levels of government are directed toward eliminating violence against women. Nonetheless, an overarching response to the epidemic of violence against women (i.e. response across sectors and intersectorally)

involves the use of healthy public policies at all levels as the springboard for moving towards a better future for women.

Bernier (2006) argues that violence against women is a health issue which should be addressed through healthy public policy, defined as “policies, programs and services that create, maintain and protect well being” (p. 23). However, many current policies address the issue of violence against women in a ‘balkanized’ manner which emphasizes specific issues but fails to consider violence in its complexity. This has created separate groups of stakeholders, each with their own issues and paradigms, who compete for scarce resources and public attention, limiting the coordination of violence policy efforts and the ability of the policy to be responsive to co-occurrence of violence (Gelles, 2000, p. 298). Tackling policy issues requires a recognition that policies are written, enacted and implemented within a particular context that shapes how the policy plays out. We are reminded by Judge, Stoker and Wolman (1998) that political activity and policy making occur within a context of political restructuring, processes of decentralization, devolution, privatization and re-entrenchment of the welfare state. This political context comes with its own set of consequences such as marginalization, exclusion, and inequity for those groups and social movements which seek to influence, reform, and change policy (Judge et al., 1998). Thus, maintaining a delicate balance between adherence to feminist values and goals and meeting bureaucratic expectations would seem to be essential to the survival of shelters. From a research perspective, this creates an opportunity to examine the impact that the broader context has in shaping the delivery of shelter services and reifying the inequities in society. Studies have not been found that address the complexities of policy making considering contextual influences on those policies through its policy actors. Furthermore, literature in relation to IPV specific services and

the impact that structures situated with the broader context have in shaping service delivery also has not been found.

Public policies have the potential to support shelters in effectively delivering their services by creating a stable and appropriately structured system of support for women which would help to alleviate the pressures of delivering services, minimize the re-victimization of women and improve women's well-being. According to Wuest, Merritt-Gray, Lent, Varcoe, Connors, and Ford-Gilboe et al. (2007), "systemic barriers often trigger emotional vulnerability and are frequently victimizing" (p. 131). In this regard, policy could help alleviate systemic barriers faced by shelters that interfere with their ability to optimally deliver services and improve health outcomes for women and their children. The position of OAITH (1998, 2003) is that government needs to be more responsive to women exposed to violence in social policies and prevention programs that affect the delivery of services to these women and their children.

What we do not know is how policy influences shelter service delivery and the extent to which it affects shelter services. We do not know what effective policies for delivering shelter services look like and how to best develop policies that better support shelter service delivery. The complexities created by cross-sectoral social policies, how they affect the reality of shelter service delivery, and the unintended consequences of policies on shelter serviced delivery are areas which have not been well studied and are poorly understood. Browne (1993) suggests that formal policies related to violence do not tell us much about the ways in which those policies are applied and should be evaluated.

Creating a bridge between research, policy and action has emerged as a priority in Canada (Ruggiero, Rose, & Gaudreau, 2009) as there are critical gaps and lack of congruence between research evidence, and policy and decision-making (Butler-Jones,

2009; Dobbins, Ciliska, Cockerill, Barnsley, & DiCenso, 2002) despite obvious imperatives to improve health decisions and systems (Bucknall, 2004). As well, there is a need for enhanced research dissemination and utilization for the purposes of health policy, clinical practice and decision making (Dobbins et al., 2002; Dobbins, Thomas, O'Brien, & Duggan, 2004). According to Pearlman and Waalen (2000), stronger linkages are needed between those working to prevent violence and policy makers. Researchers also need to examine how women's needs affect the development of policies (Goodman & Epstein, 2005).

There are many ways of thinking about policy, policy use and policy impacts. In this study, I am interested in those formal and informal policies that shape the delivery of shelter services, and the ways in which these policies they are written and enacted by 'actors' delivering IPV services to women and their children. In addition to this, I am also cognizant of the ways in which shelter workers' roles can influence policy as a result of witnessing women's efforts to rebuilt and restructure their lives and hearing about their various challenges and barriers they face during this process.

### **Factors Affecting Delivery of Shelter Services**

The delivery of shelter services is affected by many circumstances such as funding levels, availability of space for women, complexities of the women using the shelters, and systemic nuances including system navigation and the availability of affordable housing. In the past decade, shelters have faced serious funding cuts which have threatened to undermine their services. Furthermore, the variation in services offered and seeming instability across the province suggests little evidence of service standardization or consistency. This clear absence of services standards leaves shelters

without “a common frame of reference” or “standard of safe accountable services” (Goard et al., 2002), leading to inconsistencies which may affect service delivery.

In a study of 24 YWCA shelters for abused women across Canada (Goard & Tutty, 2002), shelters reported facing many constraints, but particularly inadequate funding, that affect all daily operations and significantly influence service delivery. For example, beds are often not core funded; women and children are frequently turned away due to a lack of funding and balancing the impact of diverse cultural backgrounds on delivering services is an ongoing challenge. Results of a 2003 survey of 28 OAITH member shelters of every size across Ontario indicated that shelters are experiencing difficulty in attending to diverse needs of women, with just over half reporting that they could not adequately address linguistic, cultural, racial and immigration needs of women (OAITH, 2003). In the same survey, slightly more than half of OAITH member shelters that were surveyed reported a decline in the use of shelter services by children, raising the question of whether government child welfare policies requiring reporting of intimate partner violence as child abuse may be contributing to the reluctance of women with children to access shelter services (OAITH, 1998; OAITH, 2003). Women’s fear of losing their children is a key barrier to accessing services (Fugate, 2005; Hyman, 2006; Plitcha, 2007). Yet, paradoxically women who leave abusive relationships primarily do so for the safety and mental well being of their children (Newman, 1993).

Many of the challenges faced by shelters have policy implications. However, empirical studies examining the effects of public policies on delivery of IPV shelter services are very limited. According to Goodman and Epstein (2005), “one of the key questions facing researchers regarding IPV in the coming decade is how the real-life contexts of victim’s lives, including their needs for security, advocacy and support,

should affect state policies” (p. 479). Judge et al. (1998) noted that those women’s groups who relied on external funds emphasized service agendas whereas those who relied on internal dues tend to focus on empowerment strategies. Therefore, sources of funding may not only affect the amount of available budget but also shape the orientation to service delivery, the type of services that shelters are able to offer, and consequently, the number of women who are able to access and receive services (Goard et al., 2002). Goard and Tutty (2002) found that, with scarce financial resources, capital budgets are almost non-existent, directly contributing to the lack of available shelter beds, which results in turning women and children away from shelters (Goard et al., 2002).

Geographic location of the shelter (rural/remote versus urban) significantly influences its service delivery. More remote and rural shelters face unique challenges, including transportation to shelter and minimal local resources to support women post shelter. Rural communities also experience higher rates of poverty and have fewer resources, shelters and services (Blaney, 2004; Krishnan et al., 2004). In a study by Hornosty and Doherty (2001), women in rural communities reported more difficulty gaining access to health services, counselling, education, employment, training, and emergency services than women living in urban centres. The governments’ Domestic Violence Action Plan for Ontario (2005) recognizes that what may work in a big city may not work in a rural or northern community. In cities there are more transportation options available to get women to shelter, such as public transportation and private taxis, whereas in other locations these are often nonexistent. Compounding the issue of transportation is the increasing distance between services created by rural amalgamations; this increasing distance between services has inadvertently resulted in fewer referrals to rural shelters (Ontario, Ministry of Citizenship and Immigration, 2007). Riddell et al. (2009) echoed

this rural reality in finding “several” women who felt that “rural women just do not know what services are available, and, even if they do, they often do not have transportation to access the services” (p. 148).

Similar to urban shelters, rural shelters must also consider women’s confidentiality. This can be more problematic in a smaller community where women may know shelter staff and residents, resulting in less ‘social privacy’ (Blaney, 2004). Many women in rural communities value their way of life and do not want to leave their partners (Blaney, 2004). Therefore, rural shelters’ approach to protecting women in a situation of such familiarity would require policies and procedures that are sensitive to the unique circumstances and situations that these women face. According to Blaney (2004), “effective programs respond to the specific social, economic, and political context of the communities in which women and girls reside” (p. 6). What is not known is how shelters respond to the specific needs of women and children in shelter given their unique service delivery context (e.g. rural versus urban) and what role policy plays in helping shape or constrain the delivery of shelter services in different locales.

Community collaborations and partnerships between shelters and other agencies, institutions and organizations also influence service delivery. These relationships with shelters are formulated with justice services (e.g. police, crown prosecutors and probation), social services (e.g. housing, children’s aid society), healthcare providers (nurses, physicians), and community organizations (violence specific organizations; charitable organizations) in an effort to respond to the systemic and societal problem of domestic violence (Chanley et al., 2001; Goard et al., 2002). According to Traynor (1999), shelters rely on other agencies within the community, often working together in multi-agency coordinating committees to provide services to their residents. Zweig,

Schlicter, and Burt (2002) examined 20 programs for IPV and sexual assault and found that 70% of the agencies reported that their work with partners was necessary to provide effective services to women experiencing multiple barriers. In this same study, all of the agencies referred women to one another for services and shared information with each other on a case by case basis; more than ¾ influenced each other's protocols, provided training or received training from primary partners, and participated together on task forces (Zweig et al., 2002). It is possible that, as a result of such close interdependence between providers, women may be better connected to pre-established links with key organizations while in shelter and perhaps in some instances, are able to more readily access partner organizations as a result of pre-existing protocols. A subsequent Zweig and Burt (2007) study of agency representatives and women in 26 communities found that "the services of private non-profit victim service agencies use more helpful based on the characteristics of staff behaviour in those agencies, and the helpfulness of these services is enhanced when victim service agencies interact with the legal system and other relevant agencies in their community" (p. 1168).

However, the role which policy plays in facilitating or constraining these partnerships, and whether policy somehow directly or indirectly augments existing shelter services through community and inter-organizational partnerships, is not known. Furthermore, how policy influences the way in which the system responds to shelter service providers are delivered and to what degree it influences the delivery of shelter services is poorly understood.

In an effort to manage the increasingly complex issues that women who use shelter services experience such as cultural barriers, English as a second language, substance use and mental health, shelters need to engage in decision-making that takes



into account new program development in order to address these issues. Prioritization of in-house supports and services that best attend to the varied needs of women is essential since “ethnic, linguistic, cultural and geographic diversity of Ontario requires targeted and sometimes unique responses” (Ontario, Ministry of Immigration, 2007, p. 8).

Without adequate funds to provide specialized or unique services, access barriers and gaps in services may result, leaving unmet needs and glaring inequities in the availability of services for women requiring specialized supports while in shelter (Hyman et al., 2006).

It seems unavoidable that shelters would have to consider these influences on service delivery in their decision-making related to daily operations and functioning. Policies that shape service delivery can contribute to or help to address the complexities and consequences of service delivery, since it is already known from the literature that shelter service delivery resides in a complex socio-political praxis where policies greatly influences service delivery. Gaps within the literature exist regarding how policy exacerbates or constrains the complexities that shelters face. Also, there are gaps in understanding how cross-sectoral policies related to the any or all of the complexities that women face intersect to affect the delivery of shelter services and outcomes for women.

### **Conclusion**

What is known from the literature about shelter services is that women find shelters helpful but current understanding of their impacts for women and factors that affect service delivery is limited. The current climate in Ontario is one in which shelters are facing constraints that affect how services are delivered to women and children, many of which stem from policy action or inaction. Policy is present at all levels of government, reflects societal values, inequities and injustices, and directly and indirectly

shapes services through mandates, legislation and conventions. Furthermore, policy implementation is guided by actors that reproduce much of the broader context already shaping the policy which creates intended and unintended consequences.

Studies have not examined the role of systemic influences in limiting or enhancing shelter service delivery, or context and structural impacts on the delivery of shelter services. Neither have the contextual and structural limitations that shape service delivery been fully identified, nor the ways in which they limit or constrain the delivery of shelter services has not been fully explored.

Studies have acknowledged that there are system level issues affecting women exposed to violence which have been poorly understood particularly in terms of the challenges they raise in addressing abuse in the lives of women. We do not know what effective policies for delivering shelter services look like; how to best develop policies that better support shelter service delivery or what influences the range of shelter services available to women within the current system. In addition to this, we do not know how policy influences the way in which shelter services are delivered and to what degree it influences the delivery of shelter services. Yet, there is evidence to suggest that policy changes are needed to enhance the delivery of services to women in shelter

Examining the effects of policies on the delivery of shelter services to women who experience intimate partner violence study addressed some of these gaps by identifying the salient policies that affect the delivery of services by shelters to women who have experienced abuse and seeking to understand how those policies shape shelter service delivery. It is anticipated that the findings may indirectly contribute to the health and quality of life of women who access services.

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### CHAPTER THREE

#### **GIDDENS' THEORETICAL FRAMEWORK: AN EXEMPLAR FOR USE AND UNDERSTANDING IN SOCIAL JUSTICE NURSING PRACTICE**

Historically, the ideology of social justice has been central to nursing practice. This sentiment still holds true today, as nursing practice continues to uphold values of justice, fairness and equity (Kirkham & Brown, 2006). These social justice values require the engagement and active involvement of nurses as policy actors. Actors engage in activities that are 'meaningful or intentional' (Mullins, 2010), and are understood to be engaged with policy while being shaped by policy (MacDonnell, 2010), but are also affected by the duality of structures, seen as an outcome and medium of social practices (Giddens, 1979).

Van Herk, Smith, and Andrew (2011) suggest that "nurses need to take personal initiative to explore the issues of power, privilege and oppression within their practice and profession" (p. 29). The need to address these issues is a moral obligation that arises from having the privilege of being intimately exposed to peoples' lives, vulnerabilities and their circumstances. Witnessing the everyday circumstances of people's lives creates opportunities for nurses to advocate for changes to improve health outcomes for individuals and communities. At the same time, it allows nurses to be seen as vehicles of hope and instrumental catalysts of change in making lives and communities better in ways that otherwise might not have been addressed or perhaps overlooked.

Health care policy statements, frameworks, and even professional organizations have taken on social justice overtures in recent years by accentuating the need to address pressing social issues (Kirkham et al., 2006). Many policy documents in the form of conventions and charters point to opportunities for socio-political engagement by nurses

and other health professionals to improve the lives of individuals around the world. Some of these frameworks including the Toronto Charter for a Healthy Canada (2002), the Ottawa Charter for Health Promotion (1986) and the Bangkok Charter for Health Promotion in a Globalized World (1992), illuminate ‘opportunities’ that require urgent response and presents response possibilities and commitments in hopes of generating a resolution. They introduce a fertile landscape where nursing can start to firmly establish our role as policy actors and engagers. Often, the outlined solutions create space for socio-political action by nurses, even though this might not be explicitly articulated.

Sustained and coordinated involvement by nurses in socio-political activity could reshape the backdrop of our healthcare system at all levels. Whitehead (2003) identifies health professionals as key facilitators for socio-political actions including public health policy formation, social education program development, political activity, and consciousness raising activities (p. 670). These actions are capable of bringing about social change which empowers individuals and communities and encourages reform (Whitehead, 2003). Nursing practice transcends a variety of practice areas, setting and sectors, which creates additional opportunities for socio-political activity and involvement. As a result of this exposure, nursing can have far reaching socio-political impacts at multiple levels and cross-sectorally making nursing an ideal partner for influencing policy and identifying opportunities for advocacy and change.

In this paper, we explore the utility of one theory, Giddens’ Theory of Structuration (1979), in providing a theoretical basis for understanding use of policy as written and policy as enacted and the agency of policy actors in reproducing social practices and ideology through structures. This theoretical framework was used in a recent study examining how policies affect the delivery of shelter services to women who

have been exposed to intimate partner violence in Ontario, Canada. The purposes of this study were: a) to identify the salient policies that affect the delivery of services by shelters to women who have experienced abuse, and, b) to understand how those policies shape shelter service delivery and may indirectly contribute to the health and quality of life of women who access services

Giddens' Theory of Structuration is proposed as a possible option for nurses to use to enhance their knowledge about how structures shape policy through actors and ultimately, health outcomes. This is an important consideration emphasized by Pauly, MacKinnon, and Varcoe (2009) who state that "effecting equity requires that structural injustices and societal conditions that produce and ameliorate such injustices and contribute to vulnerability to illness and injury be addressed" (p. 120). Addressing injustice and inequity is at the core of nursing practice, and, therefore, examining the use of this theory as a possible option for nurses engaged or wanting to become engaged socio-politically supports nursing practice and political impact.

This paper will reflect on nurses' policy exposure and behaviour, and then move into examine existing frameworks and theories that are relevant to nursing's use of policy and socio-political engagement. This will help to shed light on possible gaps which limit nurses' comfort and awareness of their political reality and illuminate the potential benefits of Giddens' Theory of Structuration for nursing practice. We also provide additional background information regarding the critical feminist perspective that was used in conjunction with and complementary to Giddens' theory in this study. This paper provides an upclose examination of Giddens' Theory of Structuration and concludes with showcasing this study as an exemplar for using Giddens' Theory of Structuration.

Central to this knowledge of structuration is the notion and role of structures. Structures are shaped by a context that is laden with values, ideology, and social practices and reified by actors. Judge, Stoker, and Wolman (1998) remind us that current political activity and policy making occur within a context of political restructuring, processes of decentralization, devolution, privatization and re-entrenchment of the welfare state. This political context comes with its own set of consequences such as marginalization, exclusion, and inequity for those groups and social movements which seek to influence, reform, and change policy (Judge et al., 1998). These insights into structures shaped by context accentuate the importance of theory that contextually addresses structures and, in doing so, is then able to draw attention to the dialectic between policy as written and enacted in an applicable and concrete way. However, few theories have been used in Nursing to inform nurses' utilization of policy, their participation in policy making processes, and the influence of policy actors creating a gap and a deficit in understanding the political climate influencing our practice in order to reshape it.

### **Theoretical Perspectives on Policy in Nursing**

If directly asked, it is unclear whether nurses would consider themselves as policy players/ actors or not, or, beyond the nursing profession, if others identify nurses as having a key role to play in policy. A recent study by MacDonnell (2010) sought to explore how nurses understood and experienced political engagement by examining their discourses about policy. The 'policy talk' of nurses revealed differing views about the various dimensions and approaches of nursing engagement with policy such as : 1) the perception of having "limited engagement" with policy work; 2) nurses' use of relationships to impact policy, and 3) the view that legitimate policy processes stem from formalized administrative sources (MacDonnell, 2010). There appeared to be a lack of

clarity of the nurses' role in political engagement and contradictions and inconsistencies in nurses' understandings of their role in the overall political process.

Without a grounded sense of their role as policy actors, nurses are limited in their ability to effectively influence the change process that seeks to increase people's access to the determinants of health and improving the quality of their lives. Nurses can become policy *inactors* when policy ambiguity, compounded by the inability to view ourselves as policy actors, shifts our perspective to one where policy inaction is seen to be more aligned with the nurses' role than policy engagement. Whitehead (2003) argues that "socio-political health promotion approaches are largely neglected by nurses" (p. 669). This disposition jeopardizes and is contrary to nursing's moral imperative of social political action which Falk-Rafael (2005) describes as central to Florence Nightingales' legacy and at the root of nursing practice.

Desjardins (2001) suggests that nurses adopt political apathetic behaviour for many reasons including their own feelings of powerlessness, a lack of knowledge of the political process and public policy formation, and beliefs that taking a stand on a political issue creates conflicts with professional ethics. Desjardins (2001) did not identify a gap in nursing policy theory as contributing to political apathetic behaviour in Nursing, yet the relative absence of nursing theories that address the impacts of policy and social structures may, in part, explain Nursing's reluctance to embrace a focus on policy and policy change. By failing to develop a solid theoretical base relevant to policy, nurses are left without a tangible way of understanding how socio-political, contextual, and structural factors work together to shape policy while still expecting to become socio-politically engaged. Not having a broad perspective on how the socio-political, contextual and structural factors work together to influence and shape policy,

hampers knowledge in approaching advocacy and policy change, and creates difficulties in envisioning oneself as part of this process.

### **Critical Feminist Perspectives on Policy**

In recent years, critical feminist perspectives have been used to help nurses understand the broader context replete with historical and structural underpinnings that shapes policy decision-making and enactment and affects health outcomes. Feminist theory exposes patterns of domination, power imbalance and inequity while considering multiple locations of individuals or groups which further subject them to marginalization, exclusion and oppression. A critical perspective, as discussed by Lather (1991), seeks to be a vehicle of response to the life experiences, needs and desires of those who are oppressed; and to critique and transform those structures that constrain and oppress humankind through confrontation by means such as activism and advocacy. Central to this perspective is a “shared interest in socio-political or structural change” with the “goal of knowledge generation which contributes to emancipation, empowerment and change” (Berman, Ford-Gilboe, & Campbell, 1998, p. 3), thus, making this both a perspective and a call to action. The action orientation of all critical work, including feminist work is what contributes to its uniqueness. Feminist perspectives (Berman, 1998; Crenshaw 1990; Lather, 1991) explain how gender relations and power inequities contribute to marginalization and oppression of women and to begin to explain the roots of women’s oppression while considering women’s multiple social locations.

Nursing’s awareness of issues of social location (such as classism, racism and sexism) helps to ensure that acts of caring and practice domains reflect consideration of these issues, serving to maximize intervention efficiency and effectiveness (Van Herk, Smith, & Andrew, 2010). Van Herk et al. (2010) emphasizes the need in nursing for “a

theoretical perspective that accounts for the multiple social locations of individuals and the social, historical, political and economical contexts of health and illness, while being attuned to how power, particularly oppression can cause marginalized populations to have inequitable access and care outcomes” (p. 32). Therefore, these perspectives are particularly helpful in enhancing nurse’s knowledge about the policy context where policy making occurs and illuminating taken for granted assumptions related to power, oppression, and being action orientated.

### **Policy and Nursing Practice**

The importance of nurses’ involvement in policy work has been discussed in the literature and through theory. For example, Falk Rafael (2005) proposes a critical caring theory that evolves Watson’s Theory of Human Caring by integrating it with social justice and critical feminist theories. This theory identifies the work of public health nurses as being at the intersection of both public policy and individuals’ lives requiring actions that critique, elevate consciousness and initiate political action to change policy (Falk-Rafael, 2005). As nurses become more politically entrenched, they require nursing knowledge to increase awareness about the contextual, historical and structural factors that impact and determine health outcomes. This knowledge should inform nurses about their approach to policy making and paint a more realistic picture as to the various factors that influence or impede their ability to progress health agendas and issues. Nurses need theories that describe contextual influences and structural processes in a meaningful way and provide them with a common policy language that is transferable and understood by other disciplines in order to be more politically visible and a legitimate part of the political discourse.



The distributive paradigm is one of the paradigms that has been used in the nursing literature to describe and understand social justice. This paradigm considers issues of justice in relation to distribution of material resources, such as wealth, and extends to include other non-material aspects of distribution that include power and opportunity (Kirkham et al., 2006; Young, 1990). The notion of individualism is central to this paradigm which emphasizes individual action outside of any interrelatedness between individuals and the context of decision making (Young, 1990). This approach has been criticized for not looking beyond possessing “goods” to consider the social structures and practices that shape opportunities (Young, 1990). Kirkham et al. (2006) encourage the application of frameworks for “understanding social justice in ways that extend beyond the distributive justice paradigm so that nurses can conceptualize justice in more politicized terms” (p. 333). In the Autobus and Kitson (1999) health policy study of 24 nurse leaders, nurse leaders were challenged by interpreting and translating their nursing practices within the political context, amidst ideological and language differences between the political context and their nursing practice.

Fawcett and Russell (2001) introduced a conceptual model of nursing and health policy that includes nursing meta-paradigm concepts (individual, environment, health and nursing) and five levels of nursing and health policy foci and outcomes. This model integrates attention to nursing, health outcomes and health policy and supports interaction with old and new policies while influencing the composition of health policies. Through the interaction between policy and outcomes, value is added by giving nurses a way of seeing themselves as part of the process and their potential to impact the larger political agenda.

These models offer nurses' different ways of understanding political practices, with each taking a particular focus. Other models found in nursing literature provide additional perspectives to assist and guide nurses in political involvement.

### **Models for Political Involvement**

Political involvement by nurses is a necessary part of social justice engagement, particularly when making a concerted effort to achieve favourable social justice orientated outcomes such as equity, inclusivity, and improved determinants of health. Use of political involvement models are important in learning to engage politically, supporting advocacy efforts, and providing direction for becoming part of the political discourse. Cohen, Mason, Kovner, Leavitt, Pulcini, and Sohalski (1996) and Cohen and Mizzo (2001) propose a four stage framework for understanding nurses' political involvement: buy-in, self interest, political sophistication and leading the way. Articulated stages of political involvement helps nurses to understand what to expect, identifies opportunities for nursing contribution and sheds light on potential practice competencies of importance for nurses. Similarly, Whitehead (2003) proposed a planning model designed to illustrate activities that are consistent with socio-political approaches to health promotion.

Both of these models address different aspects of socio-political activity, involvement and implementation. While they appear to be quite useful for understanding political involvement processes, I would be challenged to use these frameworks for the purpose of understanding policy fundamentals such as the situatedness of policy and how policy it is enacted.

Civic engagement models emerged in nursing to help guide nurses in learning about how they can make a difference within their communities. Gehrke (2008) makes

the point that civic engagement is a necessary focus for nursing practice that requires policy making skills, political knowledge, values, and motivation. Four spheres of civic engagement identified by Gehrke (2008) include personal integrity, civic involvement, political engagement and social conscious. Cramer (2002) used the Civic Voluntarism Model to study factors that influence civic participation among 118 nurses from the Midwestern United States. This conceptual model identifies several predictors of participation including skills for participation and other key dimensions of engagement (i.e. political interest, political information, degree of partisanship and personal efficacy). The model does not elaborate on the types of skills nurses require in order to become engaged, but does acknowledge that formative nursing education plays a critical role in generating an interest in and knowledge about the political arena, and in supporting the development of personal efficacy and civic skills. The importance of civic engagement is emphasized by both Cramer (2002) and Gehrke (2008) in addition to skills needed to be engaged and what civic engagement entails. Although these models explain civic engagement, they provide less direction about how to engage civically and the contextual domain of civic engagement nor do they address structural influences on civic engagement.

These frameworks and models are useful for guiding nurses policy practices and do provide some congruence between the science of nursing practice and political action. They do not, however, fully expand upon how core policy components (i.e. policies, context, actors and structures), fit together. Moreover, they stop short of explicitly addressing the intricate relations between these components that, ultimately, shape and reshape policy. We are reminded by Pauly et al. (2009) that health policy “needs to reflect what is known about the multiple structural factors that create and perpetuate

health inequities” (p. 125). Still, there is no tangible mechanism within the models described that integrates the influence of structures and social practices, nor is there explanation as to how policy becomes animated through and by policy actors. However, Nurses’ need to understand and acknowledge those structural factors while engaging in health policy formation and advocacy.

### **Giddens’ Theory of Structuration**

Giddens’ Theory of Structuration is rooted in the field of Sociology within the orientation of structural functionalism. Early structural functionalists, such as Marx and Weber, examined social stratification, particularly in the areas of class and power. Karl Marx focused predominantly on class in society where political, religious, and educational structures within society function to only serve members of the ruling class, while Max Weber approached functionalism through a pluralist view of economic, social and political power (Hagedorn, 1986; Teevan, 1992). According to Lundy and Warne (1990), a functionalist perspective sees society as an integrated system of interrelated parts with deep seeded interest in how inequity contributes to maintaining social order. Several theories have evolved from structural functionalism under the umbrella of social theory, including Giddens’ Theory of Structuration.

The Theory of Structuration was developed by Anthony Giddens in response to what he perceived as an absence of a theory of *action* within the social sciences (Giddens, 1979). According to Giddens (1979), the approach within social sciences has encompassed a philosophy of action which concentrates on the “purposes, reasons and motives” of action with limited attention being paid to “central social science issues of institutional analysis, power and social change” (p. 3). Contrary to this social science tradition, Giddens’ representation of social theory was developed to “illuminate the

concrete processes of social life” more so through “explanatory propositions” versus “conceptual schemes” (Giddens, 1982). Although Giddens’ predecessors, such as Durkheim, Weber, Pareto, and Parsons, developed and integrated social action within their theories, Giddens (1979) identified core issues within each of these traditions which he felt needed to be addressed. First and foremost Giddens (1979) emphasizes the notion of reflexive human conduct where human agency is theoretically connected and actions are situated in “time and space as a continuous flow of conduct” (p. 3). The salient feature of these actions, according to Giddens (1979), are that “at any point in time the agent could have acted otherwise” thereby introducing “intentionality” in to human conduct which reflects their own tacit knowledge or “practical consciousness” (p. 56). Human actors are knowledgeable regardless of their discursive (what can be put into words) and practical (what is known but not articulated) consciousness. Therefore, it is proposed that both the *intended* and *unintended* consequences of conduct are reproduced and illuminated through social action and coordinated as social systems (Giddens, 1983). However, the unintended consequences of actions are not always foreseen by the actors (Fuch, 2003).

Furthermore, humans engage in agency, which implies power, and refers to the individual’s *capacity*, not their intent, for doing things (Giddens, 1986). From this theoretical perspective, agency entails responsibility and human accountability for action and inaction (McMullin, 2010). Giddens (1986) argues that, “to be human is to be a purposive agent, who both has reasons for his or her activities, and is able, if asked, to elaborate discursively upon those reasons (including lying about them)” (p. 3). He cautions us not to separate human action from context, since action is not an isolated incident or series of acts; action occurs across time and space.

Giddens' theory (1979; 1984) also integrates duality of structure where social systems are recognized as not only the outcome of our social practices, but also the medium for social practices in both enabling and constraining ways. Traditional structural functionalist approaches focus on individual and society as one dualism and consciousness versus unconsciousness as another. In contrast, Giddens' Theory focuses *both* on actions and institutions without separating either (Barley et al., 1997). This provides a way of connecting structure with human agency (Shilling, 1992). Giddens (1986) believes that human social activities are recursive and there is an assumed interdependence between the concepts of human agency and structures. Human agency is a produced reality (Greener, 2002) entwined with intentionality (Giddens, 1983).

According to Giddens Theory of Structuration, structures are sets of rules and resources which actors draw on and reproduce (Shilling, 1992) and which are embedded within institutions in an enabling and constraining way (Giddens, 1983). Actors possess knowledge that recursively mobilizes the organization of social practices which produces capability of action (Giddens, 1979). Rules create the recursivity of actions implicated in practices and can "only be grasped in the context of the historical development of social totalities" (Giddens, 1979, p. 65). They can be applied as tools by actors in the enactment of social practices, whereas resources provide individuals with the means and source of power to manifest his or her will and are drawn upon and reproduced by actors (Giddens, 1979; Shilling, 1992).

Although structure and actions are integrated, structure by itself does not limit action; the reproduction of structures is what confines action (McMullin, 2010). Structures come to life through key actors (such as bureaucrats) whose human actions reproduce conditions that are influenced by structures in the process of structuration.

Structuration is the expression of the structural properties of any social system through daily practices which create and reproduce on many levels the structural properties of social systems (Pred, 1983). Actors within these systems reproduce the structural properties of the social system properties including the values of those systems.

Government policies are structures produced with systems and sustained by system actors who, through structuration, contribute to the continuity of structures and the reproduction of systems by drawing on rules and resources through interaction (Giddens, 1984).

This theory emphasizes a dialectical relationship between the social being and society where society “reproduces ‘man’ as a social being and man produces society by socially coordinating human actions” (Fuchs, 2003, p. 144). It also tackles the task of understanding how human agency is connected to social and political philosophies (Woods, 2003) and where systems and components of the system impact the breadth of experiences of individuals (Barley & Tobert, 1997; Shilling, 1992). The human agent is central to how social structures are reproduced, and social structures depend on the individual agent to be continued and reproduced. Giddens (1983, 1986) contends that actors and institutions are situated and reproduced across time and space, which are the social and physical contexts through which actors move and act as a “continuous flow of conduct” (Giddens, 1986, p. 3) shaped or constrained by day to day routines. It is through interpenetrating presence and absence occurring in locales, those places and spaces within social systems, that all social interaction occurs (Giddens, 1983).

Nurses engage in policy work where their expertise can significantly contribute to healthy policy development and reformation that improves health outcomes and determinants of health. Reforming policies through socio-political action to improve health outcomes and quality of life is suggested by Falk-Raphael (2005) to be at the root

of the professional nursing action. Integrating knowledge of Giddens' theory help nurses to understand that policies are a type of structure impacting lives and that policies are influenced by contextual factors reproduced through actors who reify embedded ideologies and practices. Such understanding could inform nurses' utilization of policy, their participation in policy making processes, and the influence of policy actors, improving their ability to make and advocate for policy change. This theory helped form the basis for a recent study examining the effects of policies on the delivery of shelter services to women who have experienced intimate partner violence. It is offered as an exemplar for use of Giddens' Theory of Structuration in nursing research.

### **An Exemplar for Using Giddens' Theory of Structuration**

Although the impact of shelter services has not been extensively studied, there is evidence that shelters improve women's safety, mental health, agency and self-esteem (Cannon & Sparks, 1989; Chanley et al., 2001; Gordon, 1996; Tutty et al., 1999). While acknowledging the positive influence of shelters on women's lives, their ability to deliver services is shaped by a broader context replete with intersecting social practices, ideology and structures. Although Giddens' Theory of Structuration has rarely been used in nursing literature, it was used in this study to help examine the context, including structures, that affect the delivery of shelter services to women who have experienced intimate partner violence. Structures, interpreted through actors can constrain and limit the options available to abused women and tacitly reinforce the cycle of abuse. This is an important consideration in understanding both policy intent and policy enactment when examining the impact of policy on the delivery of shelter services and how shelter services are shaped by structures and impact women, both issues which have not been systematically studied.



The research study described here integrated Giddens' Theory of Structuration and Feminist Theory for the purposes of: a) identifying the salient policies and structures that affect the delivery of services by shelters for women who have experienced abuse; and, b) understanding how those policies and structures shape shelter service delivery and may indirectly contribute to the health and quality of life of women who access services. This feminist qualitative study combined in-depth interviews and focus groups with shelter staff and executive directors from 4 shelters in Ontario, Canada selected for diversity in size, geographic location and population served. Interviews and focus groups were used to explore the day to day "reality" of delivering services, including support and barriers, as well as to identify policies that affect service delivery. Three priority policy texts were analyzed using the overarching critical discourse analysis framework of Chouliaraki and Fairclough (2004). Interview texts were analyzed for themes and generated new meanings by drawing on interpretive description. These approaches produced an integrated analysis that reflects the dialectic between discourse and social practice.

### **Incorporating Theory to Examine Policy in this Study**

Shelters exist amidst historical and socially constructed systems while helping women navigate varied social systems and reconstruct their lives. The work of shelters often requires engagement across government services and sectors (such as housing, social services, and justice) where they are immersed in a climate where each agency has its own set of policies and actors. Often, neither policies nor actors encountered adequately consider the gendered nature of society and of violence against women, or the social location of women. A feminist perspective on violence against women considers power imbalance and the patriarchal nature of social order as the root cause of violence

against women. It recognizes that, as a result of this imbalance, the world is not a level playing field and that there are inherent biases in our structures that create multiple forms of oppression.

A feminist Perspective and Giddens' Theory of Structuration were combined in this study to keep these considerations at the forefront and to remind us that societal values, issues and systems and determinants of health (poverty, homelessness, race, gender and socioeconomic status), significantly impact outcomes. Both approaches emphasize research as action for positive change and they share an ideological link between structures and agency. They acknowledge the historical and structural underpinnings influencing and perpetuating societal violence against women, and make these visible through the research process. This approach necessitates an intersectional view of violence informed by key actors who reproduce ideology and socio-political change through action. As a result, both lenses help to explain why IPV occurs, how women are affected by IPV and how policies are affected and shaped by the broader social context.

These two complementary theoretical perspectives created a robust framework to further the understanding of the expression of policies on multiple levels, how they are rooted within the broader context and revealed intended and unintended policy consequences by speaking to the application of policy. The simple existence of a policy, according to Browne (2003), does not inform us about how the policy is applied. Together they helped to unpack this systemic interface to shed light on the elements of power, power processes and the allocation of values implicit in policy (Fyffe, 2009). How policy is enacted at the service delivery level sheds light on the inequities and power

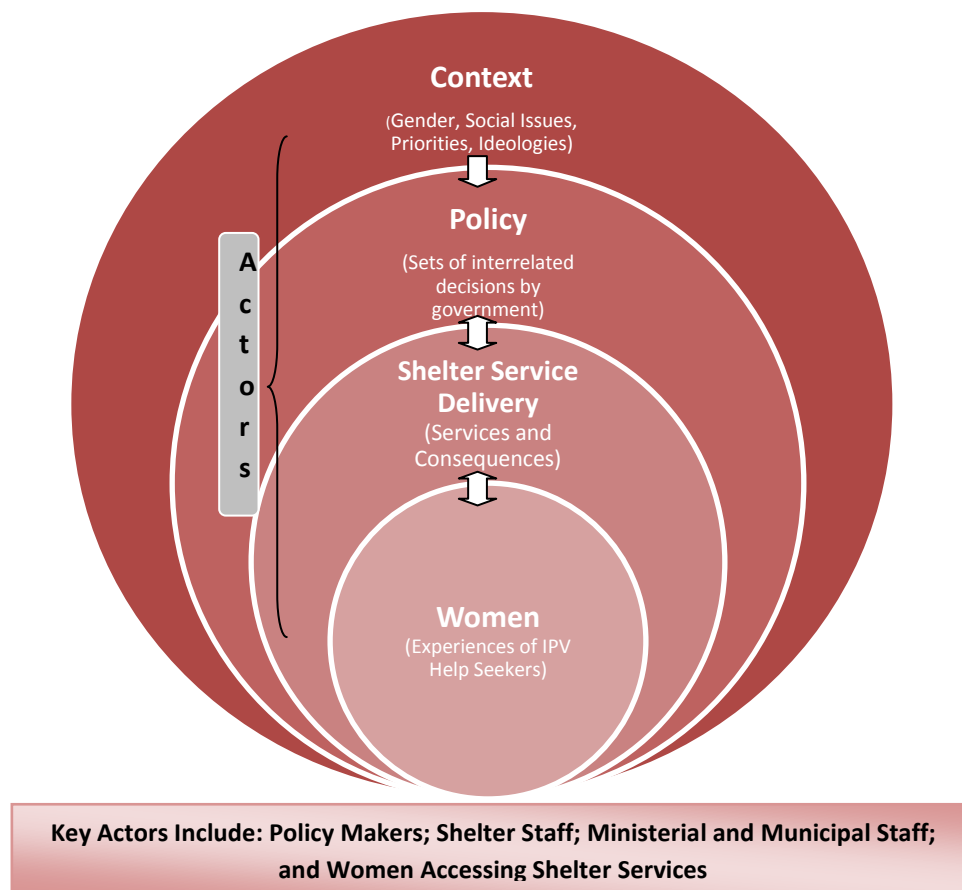
imbalances inherent in systems and illuminates the ways in which policies may, often unintentionally, limit women's options for addressing the violence in their lives.

Upfront, policy which is present at all levels of government and reflects societal values, inequities and injustices was believed to directly and indirectly shapes shelter services through mandates, legislation and conventions. It was assumed that policy is inherently flawed and cannot be seen as neutral since it is written by people who represent society and all of its biases. It has also been assumed that women's experiences of violence are shaped by their social location and that policies shaping the delivery of shelter services may have built in biases that reflect those already evident in society. An example of such biases was substantiated in this study relate to the chronic under-funding of shelter services; these phenomenon mirrors the value and priority that society places on women, and on the issue of violence against women.

Biases, in part, account for the diversity in women's experiences of seeking and receiving shelter services. Such experiences are likely to vary according to the many social identities of the woman, reinforcing the intersection effects of multiple kinds of human oppression, in addition to gender. Although the context shaping violence against women is clear, initially what was not clear is how this context influences the delivery of shelter services to women who have been exposed to violence. Giddens' theory helped to articulate policy construction and implementation as being guided by actors who reproduce much of the broader context influencing how policy is shaped. This process inadvertently creates intended and unintended consequences that influence shelter service delivery and women's lives.

The contextual shelter delivery services model (Figure 2) was developed for this study as a visual representation of the various influences on the delivery of shelter

services to abused women and their children as seen through both Giddens' Theory and a feminist perspective.



*Figure 2.* The Contextual Shelter Services Delivery Model

Context is positioned on the outer ring to visually demonstrate its far reaching effect on policy, shelter service delivery and, ultimately, the lives of women. Context, as seen through a feminist lens, reflects the gendered nature of our society that is replete with power imbalances and patriarchal nuances which intersect with many forms of oppression such as classism and racism to influence the social location of women in society. Context reflects societal values, the political climate and systems, and the

determinants of health (poverty, homelessness, race, and socioeconomic status). It also contains social priorities and ideologies formed from the historical and the structural underpinnings that influence and perpetuate societal violence against women. Directly beneath context is policy, intentionally located here to show that policy is shaped by context but also plays a central role in the delivery of shelter services. Shelter services are affected by policies but can also impact policy when those in this sector advocate for policy reform to improve the delivery of services to women. Importantly, women are placed at the center of the concentric circles, since their lives are affected by context, policy and shelter service delivery. By providing feedback to agencies which deliver shelter services, women also play a role in influencing decisions about the types of services shelters which are needed to respond to the needs of the women who seek shelter services.

Giddens' Theory of Structuration was used to provide specific direction in understanding the impact of social structure and policies on the delivery of services by shelters. It guided the formation of the research interview questions which generated important data that revealed many of the key policies and implications of those policies facing Ontario shelters, women and children who use those shelters. Locating the manifestation of structuration within the context of shelter service delivery helped to reveal hidden realities that once exposed, can be recognized as opportunities for action.

Hidden realities involved ministerial policy contradictions, inconsistencies in policy interpretation, overarching system complexity and structural violence. As suspected, there were unintentional consequences of policies that reproduced social practices of human actors. In some cases, this was most pronounced within the legal system and family court response to women related to custody and access. Here, women

were often mandated to foster their ex-partner's access to children in the midst of no contact (restraining) order, paradoxically putting women back into direct contact with the abuser. What is implied by this policy is an assumption of negligible risk to the safety of women and, more so, the expectation that the parenting responsibility role predominantly lays at the feet of mothers, even if that means jeopardizing personal safety. Housing policy has been identified as most problematic for delivery of shelter services, and is viewed as revictimizing to women by requiring them to provide *proof of abuse* in order to make a determination for public housing. As a result of this requirement, housing policy creates barriers and complications for women and children using shelter services and for the shelter as well. Up close attention was paid to the relevant policies revealed through interviews to examine how they are written compared to how they are enacted using critical discourse analysis. In doing so, policy contradictions, inconsistencies, policy obstacles (social practices) and structural linkages embedded within each of the texts became more pronounced and, therefore, made visible.

### **Conclusion**

Integration of theories from other disciplines is not a new concept. What is noteworthy about this particular combination of theories is that they provide a unique approach which has not found in the literature and one that is conducive to gaining a better understanding of the broader context and how it becomes animated through actors. Effective approaches to shaping policy, according to Ellenbecker, Fawcett, and Glazer (2005) requires a broader perspective (p. 231). As such, understanding the broader overarching context is a necessary strategy and significant starting point to begin to reform policies. This is an important connection to examine knowing that health

promotion is “linked to a reformation of the social structures, conditions and policies that contribute to illness and disease in communities” (Whitehead, 2003, p. 670).

Nursing interventions have attempted to improve the health and quality of lives of women within the broader context which shapes their everyday lives. Achieving meaningful improvements and change will require policy reform and social political nursing action. Nursing according to Rains and Barron-Kriese (2001) can use political involvement to translate caring into meaningful actions at organizational, local, state and federal levels and to intervene in areas where health challenges intersect with the broad socio-economic issues of the day (p. 219).

The theories discussed yields knowledge needed by nurses to engage in policy reform, advocacy, and across sector change to more effectively address IPV and the complex health and social problems which are consequences of intimate partner violence. Thus, the combined theoretical knowledge discussed exposes nurses to additional tools and insight to engage in social political action in a more informed way, while acknowledging the historical underpinning and social practices that are embedded in structures and context. This will assist with the identified need for nurses to be politically astute (Ellenbecker, Fawcett, & Glazer, 2005; Fyffe, 2009; Spear, 2006) and developing nurse leaders who are effective policy actors and change agents today and in the future (Spear, 2006).

There is evidence to suggest that policy changes are needed to enhance the delivery of services to women in shelter. According to Goodman and Epstein (2005), “one of the key questions facing researchers regarding intimate partner violence in the coming decade is how the real-life contexts of victim’s lives, including their needs for security, advocacy and support, should affect state policies” (p. 479). Through Giddens’

Theory of Structuration, we have a better understanding of how actors are contributing to the formation and reformation of this context which has implications across sectors, but particularly in healthcare, where the effects of this dialectic between actors and context are far reaching. Such an understanding could provide a basis for shelters, policy makers, advocates, and the community to strengthen current services and policies, resulting in more positive health outcomes for women exposed to violence.



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## CHAPTER FOUR

### THE DAY TO DAY REALITY OF DELIVERING SHELTER SERVICES TO WOMEN IN THE CONTEXT OF SYSTEM AND POLICY DEMANDS

Violence against women is a violation of human rights rooted in male dominance and unequal power relations between men and women (UN, 2006) affecting the health of women throughout the world (UN, 2009). Intimate partner violence, a pattern of physical, sexual and/or emotional violence by an intimate partner in the context of coercive control (Tjaden & Thoennes, 2000) is the most common form of gender-based violence (Statistics Canada, 2008; Watts & Zimmerman, 2002) and a serious health and social problem affecting seven percent of Canadian women each year (Statistics Canada, 2008). Women exposed to intimate partner violence face enormous consequences to their health, quality of life, and overall well being (Campbell, 2002; Ford-Gilboe et al., 2006; Gillum, Bybee, & Sullivan, 2003; Golding, 1999; Goodkind et al., 2002). In Canada, the direct costs associated with violence against Canadian women who have separated from an abusive partner have been estimated at 6.9 billion dollars in expenditures, including those “private and public health-related costs beyond the health care system, intangible costs, and the costs of a range of social resources that influence health” (Varcoe, Hankivsky, Ford-Gilboe, Wuest, Wilk, & Campbell, 2011).

Most women eventually leave their abusive partners or find a way to end the violence (Campbell & Soeken, 1999). However, inadequate finances (Sullivan, 1991), difficulty obtaining safe, affordable housing (Howarth, Stimpson, Barran, & Robinson, 2009), and problems accessing legal assistance and lack of social support (Sullivan, Tan, Basta, Rumptz, & Davidson, 1998) are some of the barriers that undermine women’s ability to break free of the abuse (Sullivan, 1991). There is evidence that women often



seek help from health (Campbell, 2002; Ford-Gilboe, Wuest, Varcoe, & Merritt-Gray, 2006) and community services (Hamilton & Coates, 1993), including women's shelters, to help them deal with IPV and its consequences.

A shelter is an organization or agency that provides emergency shelter and services to women who have experienced violence and their families, including second stage housing, transition homes/shelters, family resource centres, women's emergency centres/shelters, emergency shelters, and safe home networks (Suave et al., 2008). There are 569 residential shelters for abused women in Canada, 160 of which are in Ontario (Suave & Burns, 2008). Historically, shelter services evolved out of the need to respond to violence at a time when many formal networks and systems were unresponsive (Panzer et al., 2000). In the early 1970s, the grassroots feminist movement helped to create shelters as places of safety and refuge for women (Cannon et al., 1989; Donnelly, Cook, & Wilson, 1999; Krishnan et al., 2004; Murray, 1988). However, as the demands on shelters grew, shelters evolved into a formal system with a more complex organizational structure that required enhanced resources to sustain services (Donnelly et al., 1999). In response to this new reality, many shelters began to receive some government funding.

Often described in the literature as a place of safety and respite (Krishnan, Hilbert, McNeil, & Newman, 2004; Panzer et al., 2000; Tutty, Weaver, & Rothery, 1999), shelters also typically offer advocacy in the form of counselling, legal advice, crisis intervention and system connection and navigation to help women who are attempting to leave an abusive partner access needed resources and restore their lives (Bennett, Riger, Schewe, Howard, & Wasco, 2004), although this broader mandate is not widely understood by the public or by service agencies. Furthermore, the variation in services offered by shelters suggests that service standardization or consistency is not a

primary goal among shelters. This absence of service standards leaves shelters without “a common frame of reference” or “standard of safe accountable services” (Goard et al., 2002), leading to inconsistencies which may affect service delivery.

In spite of this challenge, there is some evidence linking services delivered by shelters to important outcomes for women including helping women avoid potential assaults (Chaney et al., 2001) and improved mental health (Chaney et al., 2001), self-image (Haj-Yahia et al., 2009), self-esteem and self-acceptance (Cannon et al., 2001, p. 206) and overall well-being (Itzhaky & Porat, 2005). Shelters have been described as “centres for dissemination on the issue of violence against women” (Goard & Tutty, 2002, p.1), positioning them to also improve the communities in which we live (Chanley et al., 2001).

Women’s shelters function within a broader context that shapes how services can be, and are, delivered. This broader context includes the gendered nature of society and the social location of women; societal values, issues and systems; and determinants of health (poverty, homelessness, race, gender and socioeconomic status). Structures, defined here as sets of rules and resources that actors draw on and reproduce (Shilling, 1992), are shaped by context and are powerful influences on service delivery. Public policies, a set of interrelated decisions made by government to do something or nothing (Howlett & Ramesh, 1995) are one type of structure that may play a particularly important role in both enhancing and limiting the options available to abused women, potentially reinforcing the cycle of abuse (Gordon, 1996). Provincial level policies that prescribe funding formulas and address social services and housing may be among the most influential in determining shelter service delivery options and processes since these policies are closely tied to the critical needs of women, and to the organizational capacity

of shelters to fulfill their mandate. For example, in the past decade, shelters have faced serious funding cuts that have threatened to undermine their services (OAITH, 2003) and have had to contend with a lack of affordable housing options for women, limiting their ability to support women in stabilizing their lives. However, the range of shelter services available to women within the current system, how these services are shaped by policies, and their impact on women, have not been systematically studied.

This study was undertaken to better understand how public policy shapes the delivery of shelter services in the Canadian province of Ontario. The specific purposes of this study were: a) to describe, from the perspectives of shelter workers and directors, the structural factors, including policies, that shape the ways in which they deliver services, and the consequences for women who have experienced abuse, and, b) for selected policies, to examine the relationships between the formal policy represented in written discourse, and how that policy is enacted and /or resisted, at the service level. This paper presents findings related to the first of these purposes, drawing on interviews and focus groups with 41 staff at four shelters in Ontario, Canada.

### **Theoretical Orientation**

This study was informed by two complementary critical theoretical perspectives: Feminist theory and Giddens' Theory of Structuration (see Chapter Three for more details). At their core, critical perspectives, share a focus on understanding the influence of social practices, including ideology and power relations, on society and its systems and how these conditions marginalize or oppress those who are most vulnerable. Beyond *understanding*, there is a "shared interest in socio-political or structural change" with the "goal of knowledge generation which contributes to emancipation, empowerment and

change” (Berman, Ford-Gilboe, & Campbell, 1998, p. 3). Thus, critical scholarship is both a perspective and a call to action.

From a feminist perspective, inequities based on gender, and other social locations, contribute to marginalization and oppression of women, and are seen as the root causes of IPV. Violence against women is historically situated within the unequal, gendered power relations and structures of inequality (Humphries, 2007; UN 2006; UN Secretary General, 2006). Ford-Gilboe et al. (2006) suggest that IPV “is not confined to interpersonal relationships but sanctioned by broader social, cultural, and political structures that systematically oppress women, the poor, and those from non-dominant cultural backgrounds” (p. 148). Since violence against women occurs as a result of these dominant structures, to understand the gendered nature of violence is to introduce context into the dialogue. When viewed with a feminist intersectionality lens, women’s experiences of violence, and their options for change, vary and are shaped by multiple and interacting conditions of disadvantage which extend beyond gender (e.g. race, social class, ability, sexual orientation). Understanding how these multiple locations interact to influence women’s experiences of violence and the response of services, systems and structures, is paramount (Crenshaw, 1991).

While feminist perspectives situate the root causes of violence against women in the context of structural inequities based on gender and other sites of oppression, Giddens’ Theory of Structuration provides more specific direction in understanding how structures (social practices and policies) affect the ways in which women who have experienced IPV navigate social systems as they seek support from shelters and other agencies to deal with violence and its consequences. According to Giddens’ theory, structures are sets of rules and resources which are embedded within institutions, and

which come to life through the social practices of key actors (such as shelter staff), whose actions intentionally and unintentionally reproduce these conditions through the process of structuration (Giddens, 1983; Shilling, 1992). Structuration is the expression of the structural properties of any social system through daily practices “that generate and reproduce micro and macro level structural properties of the social system in question” (Pred, 1983). In this study, Giddens’ theory provided a frame of reference for understanding the interface between shelter service delivery, structures and context, and the potential consequences of these dynamics on service providers and the women using services.

These combined lenses help to explained why IPV occurs, how women have been affected by IPV and how policies are both affected and shaped by the broader social context. Policy is a reflection of power imbalances in society; it is one place where the social order and biases within society are replicated, creating multiple forms of oppression, inequities and injustice. Thus, policy cannot be seen as neutral since it is written by people who represent society and all of its biases. Furthermore, the simple existence of a policy, according to Browne (2003), does not inform us about how the policy is applied. Thus, the theoretical framework for this study was helpful in furthering understanding about the expression of policies on multiple levels, and how these policies are rooted within the broader context and re-enacted on the human stage, resulting in intended and unintended consequences. Attending to how structuration is manifested within the context of shelter service delivery may reveal hidden realities that, once exposed, can be opportunities for action. Considerations of how structures shape realities help to illuminate understanding of the interconnectedness between context and the human actor. The theoretical framework also reminds us that actors who reproduce

ideology can also be instrumental in creating socio-political change through action. Adopting this approach in this research acknowledges the historical and hegemonic structures that perpetuate societal violence against women and makes these structures visible through the research process.

### **Method**

The design of this study was guided by general methodological principles for critical and feminist research (Berman et al, 1998; Fonow & Cook, 1991; Hall & Stevens, 1991; Lather, 1991) including: a) Valuing of women's experiences, including respect for diversity, expertise and experiences demonstrated through active involvement with participants to construct and validate meaning and illuminate hidden realities and/or biases; b) valuing understanding and recognizing that oppressive historical and ideological conditions are the root causes of gender-based inequities; c) a reflexive approach, where by the researchers continually evaluate their personal values, assumptions, and influences and look for ways to use these in service of the study goals; and d) an action orientation in which the goal is to use the research to facilitate change which benefits those who are oppressed. Applying a critical feminist lens involved examining the data with the awareness that gender inequities exist and are reproduced through policy and its actors. It was assumed that injustice, oppression and gender inequity would be present, explicitly or implicitly, in the data.

Through dialogue, exchange, and heightened awareness of the unintended consequences of structures (including policies) on women's health and lives, a critical feminist approach provides a basis for shelters, policy makers, advocates, and the community to strengthen current services and policies, and to work toward more positive outcomes for women. Using this perspective, enhanced understanding of the complexities

of delivering shelter services in the context of current structures and policies became apparent.

### **Design**

Chouliaraki and Fairclough's (2004) framework for discourse analysis was used to guide the design of this three-phase qualitative study. The first phase involved interviews and focus groups with shelter staff including Executive Directors. In phase two policies identified by staff in phase one were reviewed and analyzed using critical discourse analysis. Phase three entailed integrating of the findings of phase one and phase two. Key components included: 1) an interpretive description of the day-to-day reality of delivering shelter services from the perspectives of staff and Executive Directors (EDs) at four shelters in Ontario, Canada (Phase 1); 2) a critical discourse analysis of salient policy texts, identified in Phase 2; and, 3) an integrated analysis of the dialectic between policy as written and enacted, drawing on the results of Phases 1 and 2. This paper presents findings from Phase 1 and emphasizes the everyday social practices of shelter staff in supporting women who have experienced IPV, and factors that shape these practices. This study was undertaken concurrently with a larger study whose purpose was to describe the services provided by shelters in Ontario and to identify quality indicators of these services, conducted by a team of leaders from the shelter sector and academic research partners. This team provided consultation, advice and support in recruiting a diverse sample of shelters for this study as well as initial suggestions about important policy areas that affect the work of shelters; furthermore, they are key stakeholders for mobilizing study findings as part of their knowledge translation and exchange strategy of the larger study.

## Setting

Four shelters for women exposed to violence, located in Ontario, Canada, served as the setting for this study. Drawing on established contacts and relationships developed in the larger study, shelters were selected in order to achieve diversity in: location, size, range of services provided, and the profile of women served, including women from varied ethno-cultural and/or racial groups. Including four shelters helped to contain the scope of this study but also provided access to a reasonable sample that captured the diverse characteristics of shelters across Ontario and which provided sufficiently rich data to achieve saturation of themes. All of the shelters provided services 24 hours a day in highly secure environments and some also offered multi-site services, such as second stage housing services, outreach and advocacy services. All offered a wide range of services that included counselling, transitional support, and crisis line support. However, the 4 shelters varied considerably in size (from 10 to 67 emergency shelter beds) and staff complement (from 12 to 78 full-time staff). Two of the four participating shelters were in urban areas with populations greater than 350,000 and served diverse populations. The third shelter was located in a rural county in Southwestern Ontario and served primarily young women, while the final shelter was in a remote community in Northern Ontario, where 50% of women accessing services were Aboriginal.

Shelter diversity was an important consideration in order to develop a more diverse understanding of the various ways in which policies impact service delivery in varied contexts. For example, shelters in urban areas face different service challenges than those in rural areas, and this may shape what is delivered and how. Funding levels provided to shelters based upon what the government defines as core services may reflect biases toward issues faced in urban or rural settings, and may not take into account the



range of services needed to support women. Finally, the type of issues which women who accessed services faced based on their social locations, were expected to shape service delivery. Given this reality, variations in service delivery to meet local needs could result in variations in policy effect. The inclusion of shelters in varied locations and serving different populations of women was useful in beginning to tease out these impacts.

### **Participants**

A purposive sample of 41 English-speaking staff members from these four shelters was recruited for this study. The participants included 30 front line staff members/ managers and 2 directors from urban centres, and 7 staff members/managers and 2 directors from rural/remote locations. Participants were sought who had intimate knowledge and expertise about the realities of delivering shelter services and could describe these insights (Kushner, 2003; Sandelowski, 1999). The executive director was sought to speak to the impact of structures from an organizational perspective, helping to shed light on operational complexities. Front-line staff members, including those in management positions, were included as it was reasoned that they would be better able to address what supports or constrains the practical day to day delivery of services and to make visible the impact of those structures that are evident within their work. Participants represented diverse roles that included frontline residential and non- residential counsellors, child and youth counsellors, shelter support workers, transitional workers, outreach workers, support staff, program coordinator, and specialized services (clinical, rural coordinators). This sample of participants provided rich and detailed descriptions that contained a reasonable amount of variation within and across sites to address in depth the study purposes, enhancing the adequacy (sufficiency and quality) of the data (Morse, 1991).

## **Recruitment Process**

Initial telephone contact was made with each shelter director to provide pertinent study details, answer questions, discuss the feasibility of conducting the study in their agency, including the process of obtaining approval of their board. Next, with the permission of the director, the shelter board of directors was provided with a summary of the study and written permission from the board to conduct the study in the agency was obtained. Following board approval, executive directors were re-contacted to confirm a time for their interview, and to identify possible dates for conducting focus groups/interviews with frontline staff. During this discussion, preference of approach (focus group or individual interview) was discussed and possible dates and times were negotiated for connecting with staff members. Each shelter disseminated study information to staff members, and in the case of focus groups, dates and times for the focus group were shared with staff who could then choose to attend. One-to-one interviews were arranged directly with the participants at the shelter through the researcher with support from the executive director as needed. A letter of information was provided and written consent obtained from the shelter director and frontline staff prior to conducting their interviews and focus groups.

## **Data Collection**

At each site, an individual interview was first conducted with the executive director (or her designate), followed by interviews and/or focus groups with staff members. This ordering of interviews allowed for a broad overview of shelter service delivery complexities to be given by the directors before exploring more specific aspects of delivering services with staff. All interviews/focus groups were conducted on site and

lasted from 60 to 90 minutes. With permission, all sessions were audio-taped and transcribed in preparation for analysis.

In-depth individual interviews allowed research participants to share their experiences through their own narratives without the confinements of closed-ended style questionnaires, creating space for response authenticity. One-to-one interviews with all of the executive directors were conducted to identify the “what” and “how” of shelter services delivery; 2) to seek their perspectives about key policies and structures that support or undermine service delivery and how this works; 3) to unpack the complexities of delivering shelter services, including the potential contribution of these services to women’s health and quality of life. An interview guide (Appendix B) containing standardized, open-ended questions, including probes, was used with flexibility to facilitate systematic approach across groups and interviews (Patton, 2002), and ensure a comprehensive and consistent approach.

Focus groups were conducted with staff to seek their perspectives and experiences related to the day to day realities of delivering shelter services, which policies affect service delivery and how they constrain or support their capacity and ability to deliver services to women exposed to violence. While focus groups were preferred to maximize the number of participants at each shelter, individual interviews were also offered to accommodate staffing ratios required to keep the shelter operating. Focus group questions were developed to facilitate critical inquiry that fosters illumination, critical reflection and raises consciousness, creating “a collective awareness” (Berman et al., 1998, p. 9) by engaging participants in the validation and construction of meaning (Lather, 1991). Interviews and focus groups were scheduled at a time most convenient for the staff, on site or by telephone. Two focus groups and 3 interviews were conducted by telephone. A

total of 33 staff members and managers took part in six focus groups moderated by the researcher using a focus group guide to help maintain some structure, consistency in approach and to help manage the time (see Appendix C). An additional 4 managers who were unable to attend a focus group, took part in individual interviews.

### **Data Analysis**

The process of data collection and data analysis occurred concurrently, using principles of interpretive description (Thorne, 2008) to discover associations, relationships, and patterns within the data. Interpretive descriptive analysis is a “strategy for excavating, illuminating, articulating and disseminating knowledge that sits somewhere between fact and conjecture” (Thorne, 2008, p. 1). First, transcripts were checked for accuracy by reviewing audio recordings. Next, these transcripts were read and re-read in order to identify descriptive codes. Nvivo9 was used initially to code and sort the data into categories. Data were compared within and between categories in order to create themes and constructed concurrently to produce meaning, convergence (those things that fit together) and conclusions. Categories of data were reviewed and then integrated according to their relationship to each other by inductively reasoning how the categories of data relate to each other and the larger data set (Thorne, 2008). Paragraphs evolved by “engaging with the data” (Thorne, 2008, p. 139) to reflect a synthesis of what had emerged from the categories of data creating new meaning. Similar data were organized together and transformed to reflect the new knowledge that did not exist prior to the study. This process is consistent with Thorne’s (2008) assertion that themes and concepts produced using interpretive description should reflect data as a whole and move toward creating a more comprehensive understanding.

Injustice, oppression and gender inequity was expressed predominantly through the application and interpretation of policy as enacted and as well through the barriers and obstacles that presented themselves through structures. There was a conscious effort to identify and code these phenomena in order to illuminate repressive structures that limit service delivery capacity, as well as the positive impacts of these structures, and ways to improve structures. These are important steps in making visible the challenges that shelters face in delivering services to abused women and the struggle that women who receive these services face. Furthermore, having revealed these challenges opens up dialogue around the particularly tenuous aspects of the most problematic policies in a way that might encourage revision of these policies in order to improve their implementation and reconcile their intent with their outcomes. This encourages renewed accountability and authentic commitment to shelters and to the women and children who use them.

This analysis brings the unknown into the realm of knowing and with this new knowledge the opportunity for change is created. To paraphrase Wolcott (1994), at the end of this interpretive process, I want the reader to be able know what I now know, I want the reader to see what I have seen, and I want the reader to understand what I think I have understood.

### **Findings**

The findings of this study illuminate the *complexity* of delivering shelter services shaped by dual forces: the enduring and pervasive structural challenges faced by the women whom shelters seek to serve, and the multiple systems with which staff must interact to carry out their mandate. Upfront, it is important to understand that these findings reflect the passion, commitment and conviction of strong women, working in

feminist organizations, who are not reluctant to give candid insights. Furthermore, this study was conducted through a critical feminist lens that assumes injustice, oppression and inequity. Combined, the findings reflect a harsh reality that does not use tempered language to convey or dilute the voice of participants. These are their experiences and their unbridled thoughts.

How shelters do their work is often explained in relation to the women who use their services. In the interviews conducted for this study, shelter staff tended to frame their reflections about structures and policies by considering women's experiences in accessing the shelter and other systems. Four emergent themes were identified that address how the delivery of shelter services are impacted and shaped by structures: 1) trying to manage layers of need; 2) making something out of nothing; 3) access and connecting the dots in a fractured system; and 4) holding it together.

### **Trying to Manage Layers of Needs**

Providing safe refuge for abused women and children is the primary mandate of shelters. However, shelter staff indicate that they also must balance their primary role with having to find ways to support women in shelter who face multiple challenges, such as accessing affordable housing and having adequate food and income. Many of the women who use shelter services live in the most marginalized conditions, and those that diminish their determinants of health. These women were described as “liv[ing] in a state of poverty many, many times”. For shelter staff, assisting these women means helping them not only live abuse-free lives, but being instrumental in the reconstruction of their lives. A key dimension of this work is tied to helping women deal with poverty.

There are many women who are affected by a lot of different things. Violence is our focus of course, but there are so many other things, poverty for example and all the other social determinants of health.

Frontline Staff

In the meantime, shelters take care of these women by providing interim support until the women are able to obtain needed supports on their own.

I think what most greatly affects the ability to provide services is poverty of resources, so that would be space in the shelter, there's never enough space in the shelter. So poverty of time, and then poverty of resources that women need, especially housing resources, and financial resources.

Frontline Staff

Women's survival in such circumstances is inextricably tied to both system resources and access to those resources. However, "poverty of resources" is so widespread that it makes it difficult for staff to support women and children because they are poor or living in other marginalizing conditions. Moreover, accessing necessary system supports to mediate the impact of this poverty is limited thereby, diminishing opportunities for women in multiple ways.

So if you went to Ontario Works [welfare], the level of funding is so low that women are below the poverty line. So they come to us often because we're the only game in town. We see women who come to us and ask for a bag of diapers or a loaf of bread at the end of the month. They've already been to the food bank once and they're only allowed to go once a month. I mean, when we force people to live below the poverty line, I think it's criminal."

Executive Director

The current way of dealing with the plight of women who are so vulnerable and in need of support to find a way out of poverty, is reflected upon by an Executive Director:

That's it. There aren't the opportunities or there are few opportunities where women can go to school, go to work and get subsidized day care and have enough funds to feed her family and do all of that. At the same time that doesn't exist. You know and it's less, and less and less now and we as a shelter certainly don't have it. We recognize the way we've been doing business the last thirty years definitely has changed for women and children.

Executive Director

This statement affirms that not only are system resources strained but so too are shelters in trying to support vulnerable women in vulnerable circumstances.

There's some women that like...they're so vulnerable because of all the compounding levels of abuse in their life that they end up here a lot.

Frontline Staff

Many of the needs that abused women in shelter face relate to acquiring basic necessities such as affordable housing and income which must be done within their allotted six to eight week stay. Shelter staff recognize that this limited window of opportunity constrains how much they are able to realistically accomplish. It is within this context that shelters try to be responsive by advocating for women at key points of contact in the system to help them obtain supports. However, they struggle to keep pace with attending to these needs, mostly because there is so much need and so little time to adequately address it. Staff also report that women accessing shelter services have concurrent and interrelated "multi-level need" ranging from accessing the survival basics to protecting children, to dealing with mental health and substance abuse problems.

We know 85% of all abused women are using some form of substance, so that's why we have harm reduction. It's our assumption when you come in that there's some form of prescription or non-prescription drug that you're using. And so that's sort of where we start.

This participant continued by focussing on not only the needs of women using the shelter but also the complexity of the need that they are seeing daily.

There's mental health, child protection, housing, employment, child care, all of those things. They're all very much so more complex than they were even two years ago. So it's the complexity of the woman that we're working with now as opposed to the woman that comes in sort of first time into shelter. Women that have been in many times and the issues that they have are multi-layered.

Executive Director

For shelters, increasing complexity of needs means that they have to adjust their approach to working with women coming into shelter, especially those with layers of need. One approach is through use of harm reduction strategies that are intended to



support women, but ironically also expose non substance abusing women to an unfamiliar and potentially controversial strategy to address substance use in a communal space. The reality of serving women with substance abuse needs, according to shelter staff, resulted in their organization having to take a harm reduction stance.

We've become ... more sensitive to the fact that people aren't going to stop using substances just because they come to a shelter. People aren't going to stop using something they are very addicted to while they are in a middle of a crisis. So we have a lot of new harm reduction policies and I think it has a gentler tone with women that use substances. We're not a zero tolerance environment anymore... it's not without controversy, that's a big shift.

Frontline Staff

The evolution toward supporting women through harm reduction strategies that is 'not without controversy'. Substance abuse is just one of the challenges that places increasing demands on shelters service delivery.

Increasing mental health issues are another concern, even described as a "trend" by one participant with "more and more women with moderate and serious mental illness coming through the door". Mental health "is a big issue" for shelter staff as they see "those women (with mental health issues) fall through the gaps" (Manager).

You know mental health issues is another barrier that we work with because, yes we do take women with mental health issues but we are not a mental health facility and you know if a woman is so mentally unstable that you have the women, women [are] afraid of her then we have to try and make other accommodations for her and they are few and far between out here.

Manager

Not only are shelters trying to support women with unstable mental health issues, they also deal with women with mental health issues who are not taking their medication. According to one participant, women in crisis in shelter with mental health issues can be "non-compliant" with medication and therefore, following substance abuse harm

reduction practices presents safety concerns that further complicates the work that shelter staff do.

Shelter staff also spoke of women with immigration challenges who are unable to access healthcare services, are ineligible for government support, face potential disruption to their immigrations process and status in Canada, and have English as a second language, to whom these challenges are heightened.

It seems like there's always women in shelter who are in contact with immigration lawyers because leaving an abuser has some effect on their seeking immigration status like maybe he's the sponsor or somehow their applications are linked.

Frontline Staff

Assisting with women without status or with tenuous status, and those with substance abuse and mental health needs, further compounds the work that shelters do and taxes scarce shelter resources. Still, given the amount of need, helping women with such challenges is necessary and emphasizes service gaps in mental health, addictions and children's supports for abused women to adequately address the spectrum of need.

I think there's a lack of...I mean I don't think just women who have been abused. I think there's sort of a lack of services for women with mental health, homeless women in general.

Frontline Staff

Other factors such as geographic isolation add challenges to the delivery of shelter services. Rural shelter staff were purposeful in describing their unique circumstances. In these communities there are very few service options available for women and, in cases where there are some limited services available, often there are waiting lists for services. Therefore, the way in which shelter staff in rural and remote communities support women looks very different than in urban centres. In rural areas, shelter staff described travelling long distances across the region to provide outreach support to women in abusive

relationships. These communities seldom have public transportation, and, therefore, getting women to shelter or support from the shelter requires extensive and costly travel, which consumes resources.

So part of our purpose is to ensure that we are getting ourselves to women because we know they can't necessarily get to us. So, we provide services on an outreach basis and we've linked with churches primarily, some social service agencies but primarily churches who allow space free of charge. We go to virtually every hamlet and village, if a woman calls.

Manager, Rural Shelter

Being able to reach out to women in rural communities is essential given the limited resources and options available to these women and children. The shelter's commitment to support women living in rural communities was described by a participant as really "not having a ceiling" which eventually translates into longer shelter stays that keep the shelter at capacity. Understanding this ongoing, indefinite commitment to women in rural communities was described by a manager at a rural shelter as follows:

...the shelter is literally the only game in town so we don't necessarily narrow our mandate to say we only serve abused women. It's important that we have a broad mandate because we know that there are no other places.

Manager, Rural Shelter

The sense that shelters are often the only place where women can get support for a range of needs, including those needs that go beyond their existing mandates not typically identified as was not restricted to rural settings.

### **Making Something Out Of Nothing**

Not having enough is both a reality and a way of functioning for shelters.

Whether the root of the problem is insufficient funding or lack of space, or supports and services to help women transition out of shelter, shelters are often at the crossroads of having to deal with these circumstances. Under such circumstances, shelter staff are creatively *making something out of nothing*, regardless of the impact this has on their

capacity and ability to continue to meet the needs of women accessing their services. Ironically, not only are the women who access services subjected to less than sufficient economic resources, but so too are the shelters that provide services to these women.

The impact of chronic government underfunding on shelter services was expressed by staff predominantly in specialized program shortfalls and at a minimum trying to sustain existing service levels or respond to changing service demands.

We need some dollars from the Ministry of Health. We need to support addictions work in mental health, we need some dollars for children's programming...

Manager

The list of needs is greater than the shelters' ability to meet these needs, and the needs of the shelter are not always aligned with what the government has chosen to fund.

According to an Executive Director, "we don't get any funding, zero dollars for children's programs from the Ministry of Community Social Services, none, and fifty percent of our clientele are children". Yet the shelters deliver programs to children despite not receiving any core dollars to do so.

...You know we don't have the programming here or the capabilities that say (other cities) would have...the different kinds of programs. We have programs, but we just don't have a variety of them that meet the needs of people; not just [for] women but children.

Manager

In this case and others, shelters, in spite of being financially under resourced, continue to do the work that they do primarily because no one else will and they believe that the support is essential in the lives of women and children using their services.

Shelter staff described a highly reactive system where crisis response to violence against women positions them as having to find a way of dealing with potentially all of the needs of women and children in the interim. Moreover, shelter staff explained that

although well intended, their financial, human, program, and structural resources are often exhausted. Even providing the necessities for safe refuge is difficult at best and, increasingly, shelters are compromised by rising service demands while funding levels remains the same. Shelters scramble to *make something out of nothing* in order to give women services, simply because there is no place else for many of them to go which was discussed by a manager:

...we have a lot of women come and live at second stage housing with serious mental health issues but sometime like we're often asked to take women and we want to and there's no other services for them, but they're really, not suitable for second stage (housing) ...we feel bad because there's no other services for that particular woman, there's no other place to go really.

Manager

Given that so many women have no place to go, it is not surprising that an Executive Director spoke of constant pressures to creatively obtain donations and engage in fundraising activities to try to sustain existing service levels and ensure that they, at a minimum, are able to offset increasing costs. The outcome of not having flexible and responsive government services that better support the changing and complex needs of women and children fleeing abusive relationships is, according to one participant, a system dysfunction lacking insight of the human condition.

...I think everything is in crisis. I honestly don't believe this is particular to us but because we constructed a system that doesn't deal with human beings. We are always going to be in crisis because we can never anticipate what is going to happen because we don't even know who we deal with anymore from a government point of view. We're more worried and preoccupied with the amount of money instead of with the human suffering and pain. How do we deal with that? What is the cost of that? So when the Harris government said that they were going to do their Common Sense Revolution...on the backs of women and children was the way it spilled out. We will see the effects of that for at least four or five generations and are seeing it now...

Executive Director

This shelters director speaks of a system with no room to consider or understand the variations within the human condition. It helps us to deepen our understanding of how those on the receiving end of service provision or utilization, such as women who have experienced IPV are grossly impacted by constantly changing priorities or worse, priorities that do not take these variations into account.

Responding to government requests for compliance with mandated legislation is a prime example of shelters having to find ways of making things work, without any additional assistance. For example, one of the participants revealed that shelters must comply with many legislative acts such as the Building Code Act (1992), Safe Drinking Water Act (2002), Ontario Disabilities act (2005), Fire Protection and Prevention Act (1997), and Employment Standards Act (2000) etc. Each of these pieces of legislation has its own set of compliance requirements which can be costly for shelters to implement as described below by one shelter manager.

...something simple like the Safe Water's Act means ...we have to be able to provide water for forty women and children for three days without sitting water. How do we do that? So it means writing a policy, having bottled water available, rotated so that the shelf life is not...and buying the equipment with what money. So, all of those things when it happens, it impacts us financially. So those things and then the upcoming ones like the Disability Act, the French Languages Act is just like... one hundred dollars a page to have something translated [which does not include reprinting costs]...all of our materials have to be in French as well as in English. No money for it and we have a deadline to do that by 2011. Yeah, who answers the phone, the signage, every pamphlet that we give out has to be in two languages. The two official languages and there's not a dollar attached to that but there's a deadline and there's also a deadline for the Disabilities Act 2012. There's no dollars attached to that either.

Director

Therefore, any new or changing requirements by the government translate into unforeseen costs for shelters whose budgets have no cushion for the expected, let alone the unanticipated. Receiving reportedly meagre funding amidst considerable government

requirements, not having sufficient supports to adequately deliver services or respond to the complex needs of women has been interpreted that the work shelters do “is not important.”

We deserve more respect from the government as service providers. I don't think they see our work as important. I think there's a lot of politics around what we do....And who works at shelters? Women! and women will work for a lot less money if we believe in what we do. That's why we're here, even though we're low paid. We really believe in what we do and they know that.

Frontline Staff

Still, despite this sentiment of being undervalued, shelter workers were steadfast and committed to the work that they do. Their commitment is unwavering even though they exist within a system not demonstrating the same level of commitment to their work. This contradiction is understood within the context of a system that was appropriately summarized by one Executive Director who stated that “...I think overall as a system, we are not very healing, we're not.” Moreover, it raises questions as to how our system values and prioritizes the needs of abused women and shelter services which often are manifested in the challenges and barriers shelters face which conceivably stem from a lack of awareness about the issue of violence against women.

What are the challenges of the system? I think lack of awareness is one about the issues of women abuse, and I think a lot of women blaming continues even though we think that we've gotten over it, we haven't. It comes out in subtle [ways]. It comes out in policies or practices you know without actually saying it, but a lot of women blaming still exists.

Manager

Staff conveyed the ‘unspoken message’ of not being valued within the broader system inferred by resource allocation and distribution to shelters compared to other sectors, and the multitude of system access challenges faced by abused women and their children. There was a sense that current funding formulas reflect government priorities and values which position violence against women at a much lower level than other

issues and impact the pay rates of shelter workers. This occurs within a climate that can conceivably be seen as reflecting a larger gender issue of devaluing in conjunction with a failure on the part of government to fully address the problem of VAW. Within this insensitive context and system, shelters continue their work to find ways of helping women rebuild their lives.

At varying points throughout the interviews, shelter staff highlighted the low levels of pay that they receive compared to other sector partners in which staff have similar levels of education. The inability to offer competitive wages creates problems in retaining and recruiting staff. Staff who chose to stay in shelter work did so out of a commitment to the cause, and absorb the financial impact of this decision. At the point where it is no longer financially reasonable to stay, these workers tend to move on, taking with them invaluable knowledge and expertise which they used to provide services to another organization. As one Executive Director said:

“Well, you either really need dedicated people who are willing to work for less...[and] just believe in it or you get really inexperienced people that you have to continually train. And then once you train, they go off and work for the other agencies which is great for the other agencies because they get a better worker. I’m glad that we’re sort of dissipating you know our knowledge out there in that way but...it’s a huge investment.

Executive Director

Although turnover of staff is costly to shelters, the expertise of these workers is beneficial and useful to other agencies to better support women, and invaluable for the women and children seeking services outside of the violence services sector. The problem for the shelter with this staff turnover is that the benefit it creates for other agencies comes at a cost (i.e. retraining, loss of internal expertise) to the shelters.

### **Access and Connecting the Dots in a Fractured System**

The findings thus far have revealed a reality of day to day shelter service delivery



as one of entanglement within systemic complexity that is entwined with system instability. Much of the instability and complexity relates predominantly to the following factors: policies (i.e. Housing, Ontario Works, Child and Family Act) impacting the lives of women serviced by the shelter; fiscal constraints; contradictions within and between government agencies; and coordination and navigational issues. It is also evident that the system responds to women's needs reactively versus proactively. These dimensions of the system markedly increase the complexity of the work that shelter staff do, particularly in attempting to mitigate these challenges that produce structural violence in women's lives.

According to Farmer (2003), structural violence refers to systematically exerted violence by "everyone belonging to a certain social order" (p. 307). Often, structural violence occurs indirectly and creates or sustains oppressive socioeconomic conditions, inequality and inequities through structural factors. It is a social force on a large scale that translates into unequal suffering for those most vulnerable who are already marginalized and experiencing many social conditions that undermine optimal health outcomes (Farmer, 2009; Kohrt & Worthman, 2008). Structural violence fosters structural factors in the environment that capitalize on vulnerability through barriers, limited opportunity, and reifying oppression that disrupts opportunity and makes its victims voices invisible in the process.

While shelters try to reduce the impact of structural violence on women's lives, they too experience oppressive structural processes evident through lack of resources, insufficient services for women, and layer upon layer of insensitive bureaucracy. According to an Executive Director, "if we have a government that focuses on business and bottom [lines], it's different than a government that is interested in the welfare and

well-being of people”. The former is the system in which shelter services are delivered where primacy is given to bureaucratic procedures and process. This pattern is most apparent in several policy related procedures and processes that shelters engage in to help women reconstruct their lives. For example, shelter staff report, and policy confirms, that women must provide documentation and evidence of abuse in order to receive much needed supports such as Ontario Works or affordable housing. In accordance with the Social Housing Reform Act, shelter workers shared that they complete priority status housing forms with women and describe the myriad ways in which women can be denied subsidized housing.

We’re really trying to help a woman get special priority status which would be a real advantage for her to bump up on the waiting list, and sometimes that’s a little tricky, particularly if she can’t demonstrate that she lived with her abuser. So what they call proof of cohabitation, you’re always chasing for that trying to come up with acceptable forms of proof, sometimes very creative forms.

Manager

Much of their work and frustration involves the need to help women *prove and re-prove* their worthiness to receive housing and social assistance, and really their right to live violence-free lives. Thus, the legitimization of abuse for these women takes place at many points of access into the social system, be it housing, or in family court as it relates to custody and access, and shelter workers are most involved with supporting women to provide proof of abuse. This requirement to provide ‘proof of abuse’ was raised as a common thread of concern throughout the interviews, but primarily related to obtaining subsidized housing. Regardless of the service sector requesting proof of abuse, each effort requires advocacy at multiple system contact points by shelter staff. This means shelter workers regularly engage as advocates and validators of the abuse experiences of

women and witness first-hand the re-victimization of women. One Executive Director noted:

...anything that has been implemented (policy wise) has been more punitive. They're required to provide more documentation, they're put in riskier situations as a result of that. It's just obscene to the point where women regularly cry, "Why am I not abused enough, ...?"

The need for women to tell and retell their stories in order to *access* resources was also seen by shelter staff as a way of revictimizing women and a violation of their privacy.

According to one shelter Executive Director, "the overall message is that they [the women] are the problem".

Shelter staff play a key role in trying to counteract the emotions created by wear and tear on vulnerable women's psyche by supportively challenging the bureaucracy while encouraging the women to keep moving forward. In some cases shelters collect housing assessment data, however, the housing official makes the decision that determines women's status for priority housing. It is here where staff are able to counteract what has been described to them by the residents as not "always [being] received [by housing officials] with sensitivity". According to a staff participant women have complained of "...sort of questioning, really strong questioning about what they had been through." One possible explanation for this was articulated by another participant who felt that there were differences in the housing system's definition of abuse versus those of shelter staff. "We", according to a staff participant, "are more of the experts of abuse than housing and they didn't really, I think, have the knowledge to do these assessments".

Structural oppression was evident to shelter staff when working with women making Ontario Works applications. They spoke of witnessing women having to "strip

themselves and their children of any existing assets before they can qualify”. This is another example of the kinds of demands placed on abused women and why the advocacy role of shelter staff in resisting this type of system-level abuse is an important part of their work. For staff, finding a way to send a more positive message would let women know they are valued.

Advocacy as a role of shelter staff, is not an isolated event but a key part of the work that they do and a necessary tool for working through the layers of system bureaucracy and fragmentation. Shelter workers advocate with bureaucrats revisiting the same issues for different women time and time again. They remarked on the discretionary way in which determinations about both housing and Ontario Works are made, such that there is no definite way of knowing if the time and effort taken by shelter staff to help women will make a difference. Truly making a difference will require a system approach to the issue of violence against women that sends the message that abused women will be met with supportive government policies, which build on their strengths in an enabling way.

...the message it [addressing violence against women] would send is we recognize this problem, we see the legitimacy in it and the society is going to help you move from here to there. We need the government on our side to really see the picture of what it is and I don't believe that they do at all see what we work in every day, what we see. I don't believe that they have any idea what's going on.

Frontline Staff

Disadvantaged women, although 'safe' in shelter, are unable to move forward due to the absence of "opportunities" for creating stability. This problem is akin to being "set up" by a system which, on one hand, encourages ending violence against women while on the other hand, has limited help to offer when they are most vulnerable. It is described by a staff member, "where they giveth, they taketh away". The system of services,

programs, policies and procedures seems *fractured* at every turn, leaving shelters to play a leading role *connecting the dots*. This problem was particularly evident, as reported by participants, in the lack of system consistency, support and coordination of government policies impacting abused women.

...what gets enacted in the CAS legislation becomes problematic for the way in which Ontario Works is delivered and housing so there isn't very much in the way of government departments, ministries if you will, consulting with each other to make sure that the way in which we configure support systems, what should be the social safety net, works in a collaborative way.

Executive Director

Much effort is spent by shelters playing the role of interpreting system contradictions, which is not only time consuming for shelter staff, but further complicates their work. Frustration in the current silo-ed approach to addressing social needs in the domestic violence sector and beyond, was echoed by this study participant:

If they got together and thought through without thinking of their individual silos then on the ground the experience of individuals...I mean broader than just shelters, but the experience of individuals with any need would be simplified and would probably be better supported because we wouldn't be wasting our time on crazy regulations that people had to prove they deserved support here and prove they need support there. The way in which one obtains support, there would be a centralized kind of thing that people would understand, in the ways in which shelter staff understand the multiple systems. The systems themselves would understand each other and that would make life a whole lot better for everybody...

Executive Director

The overall system of services and government mandated programs in which shelter services are delivered involves many various cross-sectoral agencies, each with separate and sometimes conflicting approaches to addressing violence against women. This helped create what another Executive Director points out as overlap, silos and lack of coordination between government ministries and agencies in the approach to dealing with the issue of violence against women.

You constantly have even [the] Health Ministry doing something around violence against women which is either the same or in conflict with what the Ministry of Community Social Services is doing, or you've got the Ontario Women's Director that is funding something over here that this agency just cut. [If] you just talked and you pooled your money together, we would have a much more efficient system. We would have better quality of care for folks and we would have systems actually collaborating because every time you hear of an inquest, the outcome always comes out that Ministries and different systems need to collaborate more and they can't work in their own silos.

Executive Director

As a result of these concerns, this system becomes problematic for shelters due to the multiple system obstacles that they have to overcome and the many actors that they have to engage with in trying to assist women and children in rebuilding their lives.

There is a certain amount of expertise and tacit knowledge that is required to adequately navigate the various systems involved, which is a core responsibility and mediating role between women and agencies that shelters play. It is evident that shelter staff have specialized knowledge and invisible expertise that is used to help women. This includes knowing how the systems work, which key actors are most amenable to connecting, and which are easier points of access. Expert knowledge of systems is developed through frequent contact with their various parts, and ongoing navigation experiences within them, tasks at which many shelter workers have become proficient. Typically, women in crisis who are trying to make sense of these systems, and successfully manoeuvre through them, on their own are at a great disadvantage. This is where shelter workers discussed their instrumental role in helping women gain access to the right agencies and provide the right information.

### **Holding It Together**

Shelter workers described a system of government services that fails to keep pace with meeting women's needs for affordable housing, adequate financial support, and

gender-sensitive family court and legal responses to violence against women. These shortcomings make the work that shelters do more difficult by placing increasing demands on service provision and are resource intensive. In filling these gaps, shelters are *holding it together* by being the fall-back for many women. They have taken on the role as a catch-all for the broad range of women's unmet needs particularly those who are most marginalized and with nowhere else to turn.

It is not surprising that comments such as "...the demand, the demand is quite high" and that "... the demand is exceeding our ability..." were heard from managers and focus group attendees. Another focus group participant stated that "demand is increasing... the nature of it, the client's needs are more complex, and resources do not shift quickly enough to meet those needs". Hence, it is understood that this increasing demand stemming from women's complex needs, described earlier, are taxing the resources of shelters. Shelters find themselves "trying to balance always and reprioritize some of the needs which means some are not filled" (Frontline Staff).

And that's another challenge...how do you balance the needs of women who are in the shelter versus the needs of the women who want to come to shelter because you want to work with the ones that are here and extend them, right ? so they will be successful. But at the same time there are people waiting for services.

Frontline Staff

Shelters are well aware that there are other women who also need services and, therefore, do their best to fulfill their mandate knowing the reality is multiple layers of demands placed on their resources do not always make this possible. Several participants made reference to "always being full". Time and time again, shelters describe constantly functioning beyond capacity and finding ways to create more space for women and children seeking shelter:

I think broader challenges are for the shelter itself and a big challenge for counseling staff is that the shelter is always full. There's always people calling for beds and so many times a day they have to say, we don't have space, we don't have space, we don't have space. So that's a big, big challenge, is the not enough space.

Manager

Shelters, in attempting to provide a safe refuge for women and children, make every effort to make room for women even when there isn't any. One staff member spoke of "having two offices that are bedrooms right now; like people are really crammed right now".

We never turn away...we never turn away. We'll try to utilize other services in (city A), we'll try to find space in other shelters, if there's nothing in (city A) we have to search outside of (city A). If they're not high risk we can use [another agency] but I mean when you look, not everyone who calls us gets space within our shelter, I mean just the demand of services and what's there is not, is not equal.

Frontline Staff

With such high demand on shelter services in response to the needs of women it is increasingly clear that the demands exceed capacity.

We can't offer [space] on demand... it's not like okay just call us for space; we can bring her in. If there's an emergency situation...always bring them. You know there's times when we're calling around and we're like where we do counselling, we'll turn that into a bedroom, you know we'll use whatever space is there.

Frontline Staff

Constantly being at and beyond capacity affects the day to day functioning of the shelter as tensions run high particularly in crowded spaces with individuals in crisis, making the work that shelter staff do that much more difficult. According to a staff member, being full "really affects inside the house" and is understandably taxing to shelter staff and their stretched resources. Shelter staff recognize that as a result of the space challenges they are "not reaching out to everyone in the community...we're not able to" (Manager) and therefore recognize the need for "more space so that we are never full".



The heavy demands placed on staff raises concerns about the need to maintain and protect their health. It should not be surprising that staff burn-out and frequent turnover are common.

Burn out, that's a big one I think for staff anyways because there's such a high demand, it's crisis work, it's always, always...you know more referrals, more referrals and then the demand is exceeding you know our ability...it's exceeding and there's nothing to compensate that right? So it lays then on the worker, on our services. And [therefore] in the shelter you have more turnover.

Manager

High turnover of shelter staff is an enduring reality given the nature of the work and also ongoing and repeated challenges and stressors faced as a result of encountering a broken system that limits outcomes for women and children.

Like you know, first of all my concern always is with the staff and how does it impact them personally....keeping healthy, keeping them able to do this work, and still have healthy lives so that's a big part of it. And then the other part is being able to meet the needs of the woman that may have many complex issues going on.

Manager

From this quote, the struggle between juggling personal well being and the well being of others is evident and most certainly confounded by the broader system context of resource insufficiency, lack of coordination, and the spectrum of day to day challenges that comes with delivering shelter services.

Shelter staff navigate social services on behalf of women by building strategic alliances with workers in other agencies, making relationship building among other key government and non-government agencies essential. They spoke of relationships they have with justice services (police, crown prosecutors and probation), social services (housing, children's aid society), healthcare agencies (nurses, physicians), and community organizations (violence specific organizations; charitable organizations) in

responding to the systemic and societal problem of domestic violence. At any given point, shelters are engaging with some or all of these partners to varying degrees in an effort to help women reconstruct their lives.

We also know that rural shelters face extra burdens; being the “only game in town” means that rural shelters deliver services well beyond their mandate, and stretch their resources as far as possible to meet demand. Therefore, forming strategic partnerships becomes a means of survival.

...in a rural community it’s critical that we figure out how to collaborate which means we don’t necessarily totally agree with the philosophy of other organizations... but in a rural community if we can’t figure out how to work together, nobody succeeds. So the need for cooperation and collaboration is hugely increased in a rural community.

Manager, Rural Shelter

Building and maintaining partnerships is necessary, but it is very labour intensive. Several frontline staff identified instances where communication and collaboration worked well within their network of community service providers and that almost always involved dealing with specific individuals with whom they had built solid relationships over time. Those individuals were thought to be instrumental in ensuring that women were able to obtain the support or service needed by interpreting policies in a manner that would produce favourable outcomes for the women. A prime example of this was mentioned with housing, where staff identified that there were certain individuals whom they could call to discuss a woman’s application and her situation. However, these successes were often contingent upon an individual and not the result of well-devised protocols within and between systems.

## Discussion

The findings of this study showed that the overall social service system, and its various sub-systems and structures, particularly policies, resources and system configuration, shape the day to day reality of shelter service delivery and impact outcomes for abused women and their children. Staff held fast to their desire to support women, which highlighted the agency of the staff within the structural constraints of the system.

In a study conducted by The Ontario Association of Interval and Transition Houses (OAITH) of its coalition member shelters, government funding cuts to social agencies, reduced transfer payments and the limited availability of subsidized housing were found to constrain shelter service delivery (OAITH, 2003). Goard and Tutty (2002) also found that, with scarce financial resources, capital budgets are almost non-existent, directly contributing to the lack of available shelter beds, which results in turning women and children away from shelters (Goard & Tutty, 2002). The findings from this study are consistent in showing chronic underfunding of shelters and the space challenges which prevent women and children for accessing shelter beds. Furthermore, this study reinforced the idea that financial obstacles and limited services frequently compromised the shelters' ability to help their clients. Rural communities also experience higher rates of poverty and have fewer resources, shelters and services (Blaney, 2004; Krishnan et al., 2004). This study also found that geographic location of the shelter (rural/remote versus urban) influenced service delivery and availability and created unique service delivery challenges. Moreover, rural shelters identified issues of poverty and limited local supports and resources for women and children. As a result, findings from this study are consistent with research but also offers new insights into the challenges created by the

system of services accessed by abused women, and details as to what the specific challenges are in delivering these services and why.

Many of the challenges faced in delivering shelter services pertain to problematic policies and/or problematic policy implementation. Policies that affect women's abilities to reconstruct their lives prolong women's stay in shelter and were key influences in the delivery of shelter services. Housing policies, social service policies and legal policies related to child custody/access and support were identified among the most problematic. Prior to this study the impact that policies have on service delivery and women's ability to move on with their lives was not widely understood or researched. Initially it was not known which policies influence shelter service delivery and the extent of their affects on shelter services. This study helped to identify those policies that play a large role in shaping the delivery of shelter services.

Moreover, consistent with the theory of structuration, the role of street level bureaucrats was found to be more important to policy outcomes than the policies, an idea that was also expressed by Schofield (2001). As a result, this research has helped to increase understanding of "the real problems" of applying policy (Schofield, 2001) and fills an obvious gap where research had failed to specifically address how policy is operationalized (Schofield, 2004).

Still, this raises additional questions as to what effective policies for delivering shelter services look like and how to best develop policies that support shelter service delivery. In part, by identifying problems that shelters encounter with structures, information from this study can be used to inform the reformation and development of new and more effective policies. In this regard, policy could help alleviate systemic

barriers faced by shelters that interfere with their ability to optimally deliver services and improve health outcomes for women and their children.

The position of OAITH (1998, 2003) is that government needs to be more responsive to women exposed to violence in social policies and prevention programs that affect the delivery of services to these women and their children. The merits of programming that is responsive to women exposed to violence were apparent in the experiences of shelter staff particularly in how policy is applied and the complexities created by cross-sectoral social policies. Browne (1993) suggests that policies related to violence do not tell us much about the ways in which those policies are applied and should be evaluated.

According to Wuest, Merritt-Gray, Lent, Varcoe, Connors, and Ford-Gilboe, (2007) “systemic barriers often trigger emotional vulnerability and are frequently victimizing” (p. 131). In the views of staff participants in this study, their experiences suggest that there is a victimizing nature of the overall system faced by women and children fleeing abusive relationships which causes them to intercede. More research is needed to address how policies are applied, as well, there is a particular need for policy evaluation that considers written and enacted policy contextualized in a system that is difficult to navigate, is often re-victimizing, silo-ed and very complex.

This study uncovered the importance of not only understanding the complexity of the system, but also how structures impact the delivery of shelter services. Complexity, as termed by Sawyer (2005), refers to “ordered phenomena in a high dimensional system that emerges from a larger number of interactions among system components (p. 15). Consistently, shelter workers described their interactions with numerous system agents at multiple points of contact, acting with variation and to some degree with a lack of

predictability. Complex systems, according to Holden (2005), are unpredictable adaptive systems “embedded in the context of their own histories” with unpredictable and incomprehensible “actions and effects that are operating within the system as a whole” (p. 654). Understanding the issues and perspectives requires the realization that the system is not static; it is a fluid, constantly changing space that is highly interpreted by human actors within which decisions and actions being formed and reformulated, and that shape how shelter services are delivered.

Complexity theory is a framework that helps to make sense of the system as a living and changing social organization of interactions and interdependencies; it “reformulates our view of a system as it attempts to explain how living systems work” (McGibbons & McPherson, 2011). When combined with intersectionality, complexity theory allows for an “analytical focus on how these complex systems act together in a complex web of larger systems that coalesce to produce growing health and social inequities for women” (p.72). The rigid notion of parts and whole of a system is replaced by fluidity that considers the mutuality of system impacts and conceptualizes a system that takes other systems i.e. social relations and social systems into its environment (Walby, 2007). Thus, introducing complexity theory into this dialogue situates the experiences of women and the context of service delivery within a constantly changing ‘multidimensional’, ‘living’, ‘interactional’ and ‘interdependent’ system. This knowledge allows for realistic contextual considerations of the system such as identifying between agency navigation, coordination, and consistency challenges and starts to explain why it is viewed as problematic on many levels.

Improvement of the systemic level concerns that impede service delivery for shelters and the lives of women using the system, demands adequate consideration of the

extent of complexity within the whole environment. Thurston and Eisner (2006) caution that “researchers have tended to ignore the complexity of health sectors and searched for simple solutions using rational or linear models of change” (p. 87). Offering linear solutions within a nonlinear climate simplifies the issue to isolated solutions that reflect only a piece of the larger system component. The net result is that such solutions do not lead to sustainable and authentic change. Having clarity of and clarity about the system climate laden with inequities, injustice and structural violence is essential for creating workable and more functional solutions.

Sentiments that confirmed the occurrence of structural violence were quite evident in the qualitative data and therefore must be considered based on these findings. A study by Gupta, Parkhurst, Odgen, Aggleton, and Mahal (2008) suggest that structural factors explain cause and effect of structural processes that create barriers and impact vulnerability of distinct population groups in relation to HIV prevention and care. These structural approaches include “structural actions implemented as single policies to programmes that aim to change the conditions in which people live, multiple structural actions of this type implemented simultaneously, or community processes that catalyse social and political change” (Gupta et al., 2008, p. 766). It is here that ‘actors’ interpret structural actions in a meaningful or victimizing way that influences the lives of individuals. In the context of shelter service delivery, multisectoral actors exert structural violence through structural approaches that women who use shelter are exposed to. These include legal issues, housing policies, social welfare, and custody and access in the form of written and enacted policies which throughout this study appear to perpetuate women’s suffering, and reinforce women’s vulnerability rather than enhancing their sense of competence. Some aspects of structural violence (i.e. racism, discrimination) are said to

contribute to “increased risk of intimate partner violence” (O’Donnell, Agronick, Durna, Myint-U, & Stueve, 2010) especially in circumstances of poverty within families and communities (O’Donnell et al., 2010; Stueve & O’Donnell, 2008). Historical linkages to colonialism, marginalization, inequality and inequity help to explain the current manifestation of structural violence which Farmer (2003) sees this as “a social web of exploitation” which forms the “natural expression of a political and economic order as old as slavery” (p. 317). According to McGibbon, Etowa, and McPherson (2008), “inequities in access are sustained through systemic, policy-based oppression” and help to create poorer health outcomes. These inequities are reflected in the embedded assumptions within policies and practices described by participants in this study and are analyzed further in the critical discourse analysis that was conducted of the policies.

### **Conclusion and Implications**

Shelter leaders, managers and staff report working diligently to alleviate system barriers and obstacles for women that emerge from disconnected and complex cross-sectoral service delivery approaches. Within the broader social service system, shelters serve as the voice of the issue of violence against women, and perhaps more importantly they push for a more accountable and humane approach for women exposed to violence, and their children. Changing system-level structures involves an in-depth understanding of the various challenges that women face on a day to day basis in rebuilding their lives, and including the expertise of those witnessing its impact into the dialogue in a meaningful way. This approach would help actors, those individuals interpreting policy and reifying social practices, to formulate cross sector services in a way that makes sense and best meets the needs of these women and children. This knowledge is even more important given that social structures are “dependent on human actors to reproduce them,



[therefore it is] people who can also affect their transformation” (Fitzpatrick, 2005, p. 3). Instead of exacerbating many of the issues that women and children are already facing, it is possible to create hope within a system starting with legitimizing the problem through policy action and reform, use a gender sensitive approach, and recognition that what we are doing just isn’t working.

Based on the experiences of the respondents, considerable work is needed to achieve the two key priorities identified within the multi-ministry, multi-year Ontario Domestic Violence Plan (2004): 1) better access for abused women and their children to a continuum of supports in their community; and 2) a better coordinated, more accountable system with efficient allocation of resources to priority needs (p. 3). In this study, how women access housing and qualify for Ontario works are clearly areas where better access processes and policy reform was illuminated. Shelter staff echoed the coordination challenges they face when interacting cross-sectorally with other agencies and identified that there are pervasive VAW and overall gender awareness needs throughout the system that supports women exposed to IPV. How and what resources are allocated across the social system to support women who have experienced IPV was also an area that this study showed needs further examination, as numerous insufficiencies were identified. The intent of the Ontario Domestic Violence Plan (2004) is to address violence against women, ensuring Canada’s commitment to act on UN recommendations in the Declaration on the Elimination of Violence Against Women (United Nations, General Assembly Declaration 48/104). There is an expressed need for government funding and funding priorities to better align with the needs of vulnerable populations and to empathically consider the human condition and suffering of individuals. Flexibility and sector-based understanding should emerge from planned funding and include input from

those with the most knowledge of the reality of the need. There is an apparent lack of accountability mechanisms within the provincial government to determine whether what they are doing is effective in improving outcomes for women and their children, and if not, why not?

This study offers critical insights into the reality of the delivery of shelter services to women and children exposed to IPV. “There is a need,” according to a recent Ontario Domestic Violence Advisory Council Report (2009), “to respond to the systemic discrimination that leaves vulnerable women isolated and excluded from benefitting from and contributing to a system that is designed to protect them from violence”(p. 30). This study exposes this need and highlights places to begin to reconstruct a more systemic approach to addressing intimate partner violence against women. It illuminates the starting points, such as improving system coordination across sectors working with women exposed to violence; revisiting the government’s approach to addressing violence against women; and recognizing that the current supports, programs and services in the community and in the shelter are not sufficient to address the need. Furthermore, the study demonstrated the need for: re-examining government funding priorities and allocations in the area of violence against women to meet existing and emerging need; policy reform using a gender-sensitive lens for those policies that greatly impact women’s and children’s ability to live violence free lives; embedding a mechanism for accountability that measures policy impacts in the area of violence against women, and including the expertise of the VAW sector at critical decision making tables that impact women who are exposed to violence. Herein, lay opportunities to enhance our system to one that truly demonstrates a valuing of the needs of women and children by incorporating solutions that consider the specific situations that women exposed to

violence encounter in reconstructing their lives, instead of opting for a universal approach (Ontario Domestic Violence Advisory Council Report, 2009). Ultimately, this should be reflected in our policies, procedures, mandates and programs in a transformative and equitable way.

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**CHAPTER FIVE**  
**A CRITICAL ANALYSIS OF PROVINCIAL POLICIES**  
**IMPACTING SHELTER SERVICE DELIVERY**

In previous research, shelters have been described as the primary place of refuge for women fleeing abusive relationships (Bennett, Riger, Schewe, Howard, & Wasco, 2004; Gordon, 1996; Newman, 1993), offering services that are helpful in supporting women to reconstruct their lives (Bennett et al., 2004; Tutty, 1999). However, shelters face many challenges in delivering services that have policy implications which have not been fully examined.

Many of the policies affecting the delivery of shelter services for women exposed to violence originate from multiple levels of government. Public policies are a set of interrelated decisions made by government to do something or nothing (Howlett & Ramesh, 1995) that are entrenched in societal, ideological and moral values. According to Raphael, Bryant, and Rioux (2006), public policy is a course of action that is anchored in a set of values regarding appropriate public goals and a set of beliefs about the best way of achieving those goals. Essentially, the idea of public policy assumes that an issue is no longer a private affair (Raphael et al., 2006). In Canada, provincial governments are largely responsible for service delivery in areas important to the safety and welfare of women who have experienced violence. Hence, provincial policies most directly impact service delivery and broader community interventions that prevent and respond to family violence (Health Canada, 2002). Little research has specifically addressed how policy is operationalized (Schofield, 2004) nor, as Browne (1993) suggests, do formal policies related to violence tell us much about the ways in which those policies are applied and

should be evaluated. Furthermore, we do not know how policy influences shelter service delivery or what effective policies for delivering shelter services look like.

Informed by both Feminist Theory (Berman, Ford-Gilboe, & Campbell, 1998; Fonow & Cook, 1991; Hall & Stevens, 1991; Lather, 1991) and Giddens' Theory of Structuration (Giddens, 1979; Giddens, 1983), this study was undertaken to help understand how public policies shape the delivery of shelter services to women exposed to intimate partner violence in Ontario, Canada. The specific purposes of this study were: a) to describe, from the perspectives of shelter workers and directors, the structural factors, including policies, that shape the ways in which they deliver services, and the consequences for women who have experienced abuse, and, b) for selected policies, to examine the relationships between the formal policy represented in written discourse, and how that policy is enacted and /or resisted, at the service level.

This is the third of three papers which together provide an in depth look at the delivery of shelter services to women who have experienced violence. In this analysis, I present the findings of a critical discourse analysis of three policy texts: the Ontario Works Act (1997), the Social Housing Reform Act (2000) and The Child and Family Act (1990), which weaves insights gained from the interpretive description of shelter staff interviews to illuminate the impact of these policies on the delivery of shelter services in Ontario for women exposed to intimate partner violence. This paper builds on and extends previous findings (see Chapter Four) which describe, from the perspective of shelter staff, the day to day reality of delivering shelter services, including aspects of the broader system that are particularly problematic in 4 themes: 1) *Trying to respond to layers of need* which addresses shelters' struggle to deal with complex needs of many women; 2) *Making something out of nothing* which speaks to day-to-day reality of

delivering services amidst numerous insufficiencies, system challenges and scarce resources; 3) *Accessing services within a fractured system* recognizes the complexity shelters face in navigating and advocating for women at multiple system points of contact while grappling with a system that is dysfunctional in its approach to helping abused women; and, 4)  *Holding it together* captures the experiences of shelter workers as they attempt to fill gaps in the system by providing services which fall outside of their mandate in order to ensure that women and children are supported. These themes illuminate the complexity of the system and its impact on women, shelters and the community, and briefly highlight how specific types of policies, particularly those related to housing, income support and the welfare of children, are enacted at the frontline of shelter service delivery and shape daily work within the shelter. Building on these findings, in this paper, I focus on critically examining the written policies that contribute to, and create, challenges for shelters in delivering services identified by shelter staff during interviews and focus groups, and connect the findings of this analysis to insights gained from interviews to produce a more contextualized analysis of the impacts of public policy on shelter service delivery.

## **Review of Literature**

### **The Historical Policy Context of Violence against Women**

Violence against women is an international concern that has, over the past 30 years, resulted in the introduction of several declarations and conventions focussed on its elimination. The *Convention on the Elimination of All Forms of Discrimination Against Women* was first introduced and adopted by the United Nations General Assembly in 1979, and arose out of work started by the United Nations Commission on the Status of Women established in 1946 (Commission on the Status of Women; Office of the United

Nations High Commissioner for Human Rights). In this landmark convention, women were brought into the discussion as human beings, establishing the International Bill of Rights for Women and an “agenda for equality” that included thirty subsequent articles (Office of the United Nations High Commissioner for Human Rights). This convention framed the work of the United Nations Development Fund for Women, aimed at supporting international commitments to gender equality, in addition to being the impetus for the emergence of the Beijing Platform for Action (1995).

With an established focus on women, other declarations soon followed which attended to prominent issues affecting the lives of women, such as violence. In 1993, the *Declaration on the Elimination of Violence Against Women* was adopted by the United Nations in recognition of “the urgent need for universal application to women’s rights and principles with regard to equality, security, liberty, integrity and dignity of all human beings’ (United Nations, General Assembly Declaration 48/104). This declaration acknowledges that violence against women is an “obstacle to the achievement of equality, development, and peace”; and that some groups of women, such as minorities, indigenous, refugees, and migrant women, are especially vulnerable to violence. The convention was ratified by 186 countries, including Canada, with parties agreeing to the obligation to respect, protect, and fulfil women’s human rights (United Nations Development Fund for Women, 2009). In 1995, The *Beijing Platform for Action*, which emerged from the United Nations 4<sup>th</sup> World Conference on Women, reiterated much of what had been included in the Declaration on the Elimination of Violence against Women and outlined specific actions that members of the international community could take to prevent and eliminate violence against women. The UN Security Council adopted additional resolutions on October 31, 2000 and June 19, 2008, reaffirming its

commitment to prevent violence against women (United Nations Security Council, Resolution 1325; United Nations Security Council, Resolution 1820).

Since this time, international attention to improving the lives of women and girls worldwide has intensified. To accelerate and coordinate resources and efforts in this domain, UN Women was created in July 2010, by merging former distinct segments of the larger UN system that focussed on women's empowerment and gender equality under one entity. This new collaboration was designed to improve UN system accountability, and strengthens the capacity of the UN to address challenges in promoting the empowerment of women and gender equality.

For decades, the United Nations has played a central role in bringing international attention and requesting actionable commitments by member states to address the needs of women and children globally. At the December 21, 2010 UN general assembly meeting, Resolution 65/187 was adopted calling for yet again the "intensification of efforts to eliminate all forms of violence against women" (UN General Assembly, 2011). This most recent resolution strongly emphasizes the need for member states to evaluate and review violence against women legislation, rules and resources and to address effective implementation. Section 12 of this resolution stresses that, "despite important steps taken by many countries around the world, States should continue to focus on the prevention of violence against women and its causes and consequences, in order to complement more effectively the improved legal and policy frameworks, and should, therefore, monitor and rigorously evaluate the implementation of available programmes, policies and laws and improve, where possible, their impact and effectiveness" (UN General Assembly Resolution 65/187, 2010, p. 5). In essence "more needs to be done to implement existing obligations and commitments, address persisting challenges and



effect real change in women's lives" (UN High Commissioner for Human Rights, 2010, p. 3).

Canada responded to a call issued in the December, 2006, General Assembly Resolution 61/143 for the "intensification of efforts to eliminate all forms of violence against women" and also endorsed the creation of the UN Secretary-General's database on violence against women (United Nations Security Council, Resolution 61/143, 2006). According to specifics contained in Paragraph 19 of this Resolution, this database should include information from member states regarding "the extent, nature and consequences of all forms of violence against women, and on the impact and effectiveness of policies and programmes for, including best practices in, combating such violence". (United Nations Security Council, Resolution 61/143, 2006).

Between 2006 and 2010, Canada engaged in numerous violence against women initiatives detailed on the UN Secretary-General's database on violence against women encompassing: legal frameworks; policies, strategies, and programmes; services for victims/survivors; preventative measures and training; and research and statistics (UN Secretary-General's database on violence against women). As such, Canada's expressed commitment to eliminating violence against women is well documented. In Ontario, this commitment is evident in the Ontario Domestic Violence Action Plan (2004). What is critical about this document is that it reflects part of our nation's commitment to uphold the tenets of the various international declarations to eliminate violence against worldwide.

A review of Canada's recent progress in relation to violence against women, detailed within the UN Secretary-General's database, revealed two recent Canadian documents of importance to this issue: Canada's Action Plan for the Implementation for

United Nations Security Council Resolutions on Women, Peace and Security Framework and the Gender Equality Action Plan (2010-2013). Both documents reaffirm Canada's domestic and international commitments to promoting equality for women and girls through purposeful actions (Foreign Affairs and International Trade Canada, 2010; Canadian International Development Agency, 2010). These actions include developing and implementing policy and system structures that are responsive to the unique experiences of women and girls, promoting equality and addressing existing service gaps.

Missing from these federal documents are specific provincial directives that would transform Canada's stated commitments into action that could then be translated at the local level. Although specific provincial policies have been identified at an international level as evidence of our efforts to eliminate violence against women, "rigorous evaluation" of the impacts of such policies as set out in the recent UN declaration has not been undertaken. In this study, the finding that some cross-sectoral ministerial policies create 'persistent challenges' for the delivery of shelter services and to women who use their services (see Chapter Four), is in conflict with the intent of Canada's ratified UN agreements and interferes with building truly healthy public policies.

### **Problematic Policies in the Delivery of Shelter Services**

In phase one of this study (See Chapter Four), multiple, cross-sectoral, formal and informal policies were found to affect the delivery of shelter services and the lives of women using those services. The most influential government policies were in the areas of public housing (Social Housing Reform Act, 2000), income support (Ontario Works Act, 1997), and child welfare and protection (Family and Children's Services Act, 1990).

Given the prominence of the challenges identified as a result of the Social Housing Reform Act (2000), particular emphasis was placed on the analysis of this policy.

Other studies have identified that more needs to be done to implement existing obligations and commitments, and address persisting challenges and policy impacts in these three policy areas on women who have experienced violence. Access to housing has a significant impact on women's ability to live free of violence (Jategaonkar & Ponice, 2010; Menard, 2001; Pascall, Lee, Morley, & Parker, 2001; Rollins et al., 2012), yet instability created by housing policy barriers has not been widely studied. Hence, a focus on the policy context in relation to housing and violence is important (Baker, Billhardt, Warren, Rollins, & Glass, 2010; Jategaonkar & Ponice, 2010), particularly in light of the barriers and challenges faced by women in eligibility or proving abuse (Purvin, 2007).

Furthermore, the Ontario Works policy (Ontario Works Act, 1997) is recognized as a necessary 'social measure' for women breaking free from violence. However, its existence has not helped to address inadequacies in meeting basic human needs in a way that is consistent with Canada human rights commitments (Hodes, 2006). This policy uses a "risk thinking" approach where the most marginalized are assessed and monitored in a punitive way (Pollack, 2010, p. 1267). The problematic nuances involved with such assessments and monitoring has not been examined in Canadian literature.

One of the problematic questions in child welfare is the determination as to whether child exposure to intimate partner violence is child maltreatment, and, hence, whether children are in need of protection (Nixon, Tutty, Weaver-Dunlop, & Walsh, 2007). Protecting a child could result in the removal a child from the home or forced leaving for women (Goodmark, 2010), creating reluctance among women to report IPV (Alaggia, Jenney, Mazzuca, & Redmond, 2007). Furthermore, making such a

determination is challenging, not usually addressed in legislation and subjectively inconsistently interpreted (Nixon et al., 2007). According to Purvin (2007), there is failure of the child welfare approach to consider the “dire circumstance confronted by many low-income women who may need to keep even abusive partners in their lives in order to maintain needed childcare or other economic supports even if they are receiving welfare (p. 193)”.

These studies reiterate that not only are the impacts of policies important, but so too are the context in which these policies are enacted. This context may shape how shelter services are delivered and is replete with salient system intricacies frequently navigated by shelter workers and women. These system intricacies are created by what was described by study participants in Phase 1 as policy contradictions and implementation inconsistencies within and between different sectors. There is a critical need to understand these contradictions and inconsistencies as a step toward creating healthier public policy.

### **Design and Method**

A two-phase, exploratory study was conducted. This paper addresses phase 2 findings, in which policy texts were subjected to in-depth review using fundamentals of Chouliaraki and Fairclough’s (2004) discourse analysis framework and integrated with findings from phase one interviews with shelter staff. Phase 2 methods are detailed below along with a brief summary of Phase 1 methods. For a more complete description of the methods and findings from Phase 1, see Chapter Four. Figure 3 shows how interpretive description and critical discourse analysis were integrated to uncover the dialectic between policy as written and enacted and to identify and link intended and unintended policy consequences and social practices.

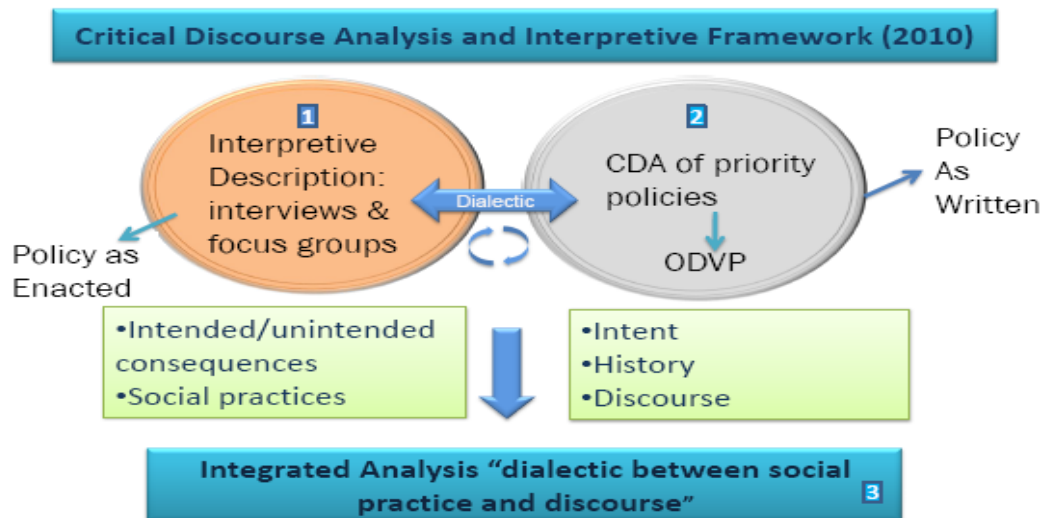


Figure 3. Critical Discourse and Interpretive Analysis Framework

The Critical Discourse Analysis Framework is congruent with the philosophical underpinnings of the policy as discourse approach and is consistent with the theoretical assumptions of Giddens' Theory of Structuration (1979; 1983), a central part of the theoretical basis of this study. According to Giddens' theory (1979; 1983), structures are sets of rules and resources which are embedded within institutions, and which come to life through the social practices of key actors (such as staff), whose actions intentionally and unintentionally reproduce these conditions through the process of structuration (Giddens, 1983; Shilling, 1992). Structuration is the expression of the structural properties of any social system through daily practices "that generate and reproduce micro and macro level structural properties of the social system in question" (Pred, 1983). Use of this theory illuminates the role that social practices play in influencing discourse and how they are represented and reconstructed through social actors. These actors play a significant role in policy that has recently been integrated into public policy analysis in the form of actor analysis methods that recognize "policy making is a social process of and between actors" (Hermans & Thissen, 2009, p. 808).

### **Phase 1: Interviews with Shelter Staff**

This study took place in Ontario, Canada within four shelters for women exposed to violence selected to achieve diversity in: location, size, range of services provided, and the profile of women served, including women from varied ethno-cultural and/or racial groups. Although each of the shelters provide similar services such as 24 hours a day highly secure environments, various services across multiple sites they did vary significantly in size (from 10 to 67 emergency shelter beds) and staff complement (from 12 to 78 full-time staff). Two of the four participating shelters were in urban areas with populations greater than 350,000 and served diverse populations. The third shelter was located in a rural county in Southwestern Ontario and served primarily young women, while the final shelter was in a remote community in Northern Ontario, where 50% of women accessing services were Aboriginal.

Study participants included a purposive sample of 41 English speaking shelter staff selected for their diverse roles, specialized expertise, knowledge and experiences in delivering shelter services. The participants included 30 front line staff members/managers and 2 directors from urban centres, and 7 staff members/managers and 2 directors from rural/remote locations. Executive directors were able to speak to the macro effects that structures have on the delivery of shelter services, whereas the staff offered firsthand accounts of the day to day reality and impact of structures on their work.

Staff voluntarily participated in the study, informed consent was obtained and staff chose to either participate in a focus group or individual interview of their choice. For those shelters that chose the focus group approach, dates and times were offered and staff who were interested could choose to attend. One-to-one interviews were arranged directly with the participants at the shelter through the researcher with support from the

executive director as needed. All participants received a letter of information and written consent was obtained prior to conducting their interviews and focus groups.

Interviews were conducted first with executive directors followed by staff interviews to allow for the broad examination service delivery before exploring frontline experiences. Each interview/focus group lasted from 60 to 90 minutes and digitally recorded and transcribed with permission. In total of 33 staff members and managers took part in six focus groups moderated by the researcher using a focus group guide to help maintain some structure, consistency in approach and to help manage the time (see Appendix C). An additional 4 managers who were unable to attend a focus group, took part in individual interviews and two focus groups and 3 interviews were conducted by telephone.

Findings from the interviews and focus groups were analyzed using interpretive description (Thorne, 2008) which subsequently produced four major themes. This analysis also helped to identify the most salient policies affecting shelter service delivery. These policies were then analysed through critical discourse analysis which incorporated the interpretive description findings to produce an integrated analysis shared in this chapter.

### **Phase 2: Critical Discourse Analysis of Selected Policies**

For this study, transcripts from the focus groups and one-to-one interviews were analysed for themes and policies identified in the interviews (Child and Family Act, 1990; Housing Reform Act 2000; Ontario Works Act 1997) were retrieved and subjected to critical discourse analysis. These policies were retrieved from the Government of Ontario's e-laws website, which houses all provincial legislation including their corresponding regulations and any updated amended legislation. Additional policy

documents such as the Child and Welfare Eligibility Spectrum (2006) and the Ontario Works Directives were retrieved directly from their respective Ministry websites. In some cases, shelter directors or staff also provided copies of written communication of local directives which detailed how policies were being interpreted at the municipal level. One shelter provided a binder that contained hard copies of a range of policies applicable to any shelter including the Safe Water Act and the Ontario Building code, to demonstrate the many 'other' policy considerations that shelters also address.

Critical discourse analysis is defined by Fairclough (2001) as analysis of the dialectic relationships between discourse (including language but also other forms of semiosis such as body language or visual images) and other elements of social practices (p. 1) described as activities, discourse, social relations, values, forms of consciousness, and social subjects with attitudes beliefs (Fairclough, 2001; Fairclough, 2005, p. 3). The Chouliaraki and Fairclough (2004) structured framework for critical discourse analysis, which was used in this study, identifies a series of stages for conducting critical discourse analysis which include consideration of: a) problem; b) obstacles; c) function of the problem; d) way past the obstacles; and e) reflection on the analysis. The 'problem' connotes a specific issue of concern within the discourse which, in this study, are key policies that have been identified by participants as affecting shelter service delivery. Obstacles emerge through the analysis of conjuncture, the analysis of particular practices, and the analysis of the discourse (Chouliaraki & Fairclough, 2004). The analysis of conjuncture speaks to the "configuration of practices"- the social location of the discourse identified by how the discourse fits in the frame of social practices and is linked to specific social circumstances. It is here that issues of power and power struggles arise, including the role of ideology and where social practices and their surrounding



circumstances are linked together (Chouliaraki & Fairclough, 2004). The “analysis of practices” addresses how the discourse works in relation to other moments and focuses on the dialectic between the discourse and moments (Chouliaraki & Fairclough, 2004). Here, the discourse is viewed as being a part of four main social practice moments: material activity (voice or markings on paper); social relations and processes (social relations, power, institutions); mental phenomena (beliefs, values, desires); and discourse (to determine what part the discourse plays in the social practice) (Chouliaraki & Fairclough, 2004).

A distinctive feature of this type of critical discourse analysis is that it is interdiscursive; that is, it allows for the introduction of context into the analysis of texts (Fairclough, 2005) and emphasizes that all discourses are located within ‘the field of prior discourses’. Therefore, critical discourse analysis occurs in relation to other key historical texts. In this study, the 2004 Ontario Domestic Violence Action Plan (ODVAP) text was the main historical text comparatively used in the critical discourse analysis of current policy texts in order to more fully understand the context that shapes existing policies important to the delivery of shelter services.

The ODVAP (2004) is a multi-ministry, multi-year provincial strategy document to address violence against women. It “emphasizes prevention and better community support for abused women and their children” and was developed by a Ministerial Advisory Committee as a demonstrated commitment by the Provincial Government to “reduce domestic violence” and “better protect women and children” (ODVAP, 2004, p. i). In 2007 there was an update on the financial, training and promising practice investments made to support the implementation of this plan (Ontario Domestic Violence Action Plan, 2007). The plan is also a means of contributing to upholding Canada’s

international commitment to act on recommendations made in the Declaration on the Elimination of Violence Against Women (United Nations, General Assembly Declaration 48/104).

### **Policy-as-Discourse**

The analysis of the discourse illuminates structures and social resources that enable or constrain interactions within the textual process of the discourse (Chouliaraki et al., 2004). In this approach, the researcher must carefully attend to 1) understanding the function of the problem within the discourse to evaluate the “problematic results” of a practice, and, 2) finding possible ways past the obstacles to allow for data to “represent the full range of variation” including “gaps, incompleteness, and contradictoriness” so as to “discern possible resources for changing things” (Chouliaraki & Fairclough, 2004, p. 269). By reflecting on the discourse analysis, the researcher has the opportunity to revisit previously held views and gain a deeper understanding of the discourse.

What follows from understanding the contextualized situatedness of policy is identified by Shaw (2010) as a “policy-as-discourse” approach, which extends the dialectic between policies and lived experiences. The “policy-as-discourse” approach is grounded in fundamental principles that seek to understand social processes and their interconnectedness in shaping reality, which is influenced by social and political contexts. According to Shaw (2010), a policy as discourse approach sheds lights on power relationships and inherent ideologies apparent within the policy process; it is astutely focussed on language of the policy which reflects moral choices and “what is intended and what occurs as a result of that intention as inherently intertwined”.

### **Analysis**

The analysis drew on both interpretive description of interview data (phase 1) and

critical discourse analysis of policy documents (phase 2) to produce an integrated analysis that reflects the dialectic between discourse and social practice (Figure 3). The approach to critical discourse analysis began with an initial review of three key policies, Ontario Works Act (1997), the Social Housing Reform Act (2000) and The Child and Family Act (1990), identified through phase one interviews with shelter staff. Once familiarity with the policy content was established, a more in-depth systematic review using the critical discourse analysis approach ensued. Using the core principles of Chouliaraki and Fairclough's (2004) framework a template (see Appendix C) was constructed to systematically review and critique the policies creating consistency and adherence to framework principles. Particular consideration during analysis was given to: 1) the intent, or specific issue of concern within the discourse; 2) the history of the discourse to illuminate issues where power and power struggles arise, including the role of ideology, as being a part of prevailing social practice moments; and, 3) the discourses themselves, including language, text, and any "gaps, incompleteness, and contradictoriness" (Chouliaraki & Fairclough, 2004, p. 269).

During the critical discourse analysis process, selected findings from the interpretive description of the day to day reality of delivering shelter services (phase one) were integrated with the analysis of policy text to help crystallize the dialectic between policy as written and enacted. In this iterative process, I worked back and forth between the discourse of the policy and the experiences described by shelter staff to first identify which policies were problematic for shelters and then to reveal how structures (specifically selected policies) impact the delivery of shelter services.. The outcome is a coherent, integrated account of the impact of public policy on shelter service delivery, and, ultimately, women's agency. Furthermore it illuminates the capacity of shelters to

deliver services and the complexity and breadth of inherent injustices or unintended consequences resulting from policies.

### **Findings**

The findings are organized according to each of the identified provincial policies, where a brief introduction to the policy occurs followed by an in-depth examination and critical discourse analysis of the policy, integrated with findings from interviews with shelter staff. The Ontario Works Act (1997) is introduced first as it is a consistent policy thread that impacts some aspects of the Social Housing Reform Act (2000), and, therefore, supports understanding some of the later discussions pertaining to the challenges that these policies present. The Child and Family Act (1990) is presented second, as it too sheds light on a critical piece of this policy triangle, specifically by helping to explain why some women so critically need to access housing. Finally, having a better understanding of the policy context created by the Ontario Works Act (1997) and the Child and Family Act (1990), the Social Housing Reform Act (2000) is examined at length.

#### **The Ontario Works Act**

The Ontario Works Act (OWA) (1997) is the formal policy that governs municipal level funding support for families' basic economic needs. Its purpose is to "establish a program that: a) recognizes individual responsibility and promotes self reliance through employment; b) provides temporary financial assistance to those most in need while they satisfy obligations to become and stay employed; c) effectively serves people needing assistance; and, d) is accountable to the taxpayers of Ontario" (Ontario Works Act, 1997). Within this policy, maximum financial allotments are prescribed for basic needs (food, clothing, and other personal items); shelter (rent and utilities); special

costs (moving/eviction costs; employment-related costs) and other special allowances (advanced age allowance, northern allowance, pregnancy/breast-feeding nutritional allowance, and special diet allowance) (Government of Ontario, Ontario Works Directives, 2010). Ontario Works also provides a monthly drug card to cover the costs of selected prescriptions, basic dental care, and if eligible; ‘other health benefits’ (e.g., eyeglasses, diabetic supplies etc.) (Ministry of Community and Social Services, 2011). The monthly amount of assistance is based on the size of the family, housing costs, assets and income (Ministry of Community and Social Services, 2011). For example, a single mother with 2 children (aged 17 and under) qualifies for a maximum amount of \$971.00 (\$344.00 basic needs and \$627.00 for shelter) (Government of Ontario, Ontario Works Directives, 2010). On an annual basis, this amount is equivalent to approximately \$11,652 (Commission for the Review of Social Assistance in Ontario, 2011, p. 16), an amount which is only approximately 50% of the 2006 Ontario low income cut of rate of 21,359 (Statistics Canada, 2006).

On the surface, the discourse within the OWA is directed toward assisting those in need to “achieve self reliance”. However, insufficiencies within this policy actually perpetuate reliance on the system by limiting women’s access to options and resources which could enhance self-reliance and diminish poverty. This is most evident in the low level of funding allocated to families, and eligibility requirements that include low financial liquid asset limits often equivalent to “one month’s assistance” (Commission for the Review of Social Assistance in Ontario, p. 13). In some cases, this means depleting all assets including RRSPs to qualify for social assistance, an experience that was validated in first phase of this study. Thus, in asking for assistance, women leaving abuse are actually suspending their ability to make dignified financial choices that will enable

them to adequately meet the needs of their family. The implicit message is that individuals should not only be willing to settle for less than what others would expect their own families to live on, but that they bear responsibility for making up for this shortfall, which is beyond the scope of the governments' responsibility.

Sadly, for these women, remaining poor is a reality. Cooke and Gaszo (2009) identify that "lone mothers constitute a large portion of the total welfare case load (p. 353)". According to the participants, the allowable levels of Ontario Works keep women and children impoverished. This is consistent with analysis conducted by the Canadian Council on Social Development (2001) in which Ontario welfare recipients' incomes in 2001 were only slightly more than 50% of the poverty line, with variation depending on number of children and single versus two parent families. Thus, Ontario Works cannot sufficiently support a single head of household family, which tends to be the nature of the family unit composition once women leave abusive relationships, nor does it adequately support a woman who is working but only making minimum wage.

Moreover, the OWA does not consider other changes faced by these families such as increased living costs, increasing energy and fuel costs, and increased food costs. Its' directives are 'fixed', which means that women and children can expect to live on less as these other costs increase, placing additional pressures on these families and on the broader system for support through other service agencies, such as food banks and emergency shelters. Furthermore, how women work through the Ontario Works approval processes, requirements and fiscal limitations and insufficiencies determines whether or not women can move from shelter into their own homes and when this might occur. One frontline staff member spoke of the logistic challenges that Ontario Works processes can

create for shelters as they support women to move forward with the next phase of their lives:

In terms of Ontario Works, we have one shelter worker from Ontario Works that comes in and she's so overloaded with other cases within, you know other shelters. She's supposed to come in once a week, but she comes in once a month, So women are waiting and I've seen women wait eight weeks before they even get an appointment with Ontario Works...you've got a backload of people waiting to come in. The turnover [for length of shelter stay] is not six weeks anymore.

Frontline Staff

Understanding delays in the process for obtaining Ontario Works becomes evident when reviewing the numerous application steps outlined within the Ontario Works policy directives. The process involves making an application; undergoing third party verification (i.e., of credit history, unemployment insurance, and Ministry of Transportation records); scheduling and attending an intake appointment, and providing identification and proof of shelter costs (Ontario Works Policy Directive, 2.1). Having the necessary documentation is problematic for women in shelter who often arrive having fled their home to escape abuse, and might not have had the opportunity to gather this information before leaving, or, given the dynamics of their relationship, might not have been allowed access to this information. However, the application process does not officially begin until contact is made with social services for a telephone or in-person initial discussion. For women in shelter, being able to make a timely appointment is critical as delays affect the woman's ability to transition out of shelter and secure affordable housing should it become available before getting Ontario Works. Even the slightest delay in a woman being able to transition out of shelter causes internal backlog in the shelter, which leaves shelters frequently at or over their intended capacity.

I was just going to say it's difficult too because the Ministry says, well you're a six weeks stay shelter, you need to be pushing these women forward, you need to

be moving them on. But we can't move them on because the system is not letting us...because a lot of the time the other shelters...we're all full and over capacity, so it's quite difficult to find them space somewhere else. So you're stuck. That also increases the stress level with the women because they're anxious and they're saying "How come it's not happening?", and you're trying to soothe all that because it's a new life, they don't know what's going on.

Manager

We are reminded by this manager's statement that abused women who are unable to access shelter when needed are faced with few or no realistic options for refuge given that the overall system of shelters is also unable to make up this shortfall. As such, vulnerable women, in the interim, are exposed to even more risky and uncertain circumstances. Shelter workers have to live with the reality of knowing that they are unable to be a safe refuge to some women, as a result of larger systemic problems which are beyond their control. Furthermore, staff are placed in the position of helping women, emotionally through this extremely stressful period of system inaccessibility.

Since the completion of these interviews, the Ontario government created the Social Assistance Review Commission to conduct a 'comprehensive' review of social assistance and to make recommendations that assist the government in: revisiting the current benefit structure; attending to reasonableness within the expectations for provision of support; and improving equity and long-term sustainability (Ministry of Community and Social Services, 2011). The final outcomes, including action aimed at reforming the current social assistance program, will be revealed in June 2012 (Ministry of Community and Social Services, 2011). Yet, the most recent March 2012 Ontario budget has identified that the increasing rate of social service expenditures of 2 billion (33%) is "not sustainable" (Ministry of Finance Ontario Budget, 2012). The 'solution' for this problem outlined in the 2012 budget is to provide "fewer benefits" by removing the



community start up, maintenance, and home repair benefit and freezing social assistance rates (Ministry of Finance Ontario Budget, 2012).

### **The Child and Family Services Act**

The goal of the Child and Family Services Act is to “promote the best interest, protections and well-being of children” (Child and Family Services Act, 1990). Within this Act, authority is given to various actors involved with Ontario families, such as the Children’s Aid Society and the Family Court System. In phase one, shelter staff identified the need for policy changes within the family court system where there is perceived to be a lack of understanding of intimate partner violence. Staff reported, for example, that women exposed to violence must deal with custody and access decisions that are in direct conflict with no contact orders, leaving them in a precarious position with respect to ensuring the ex-partner reasonable access to children. On one hand, as a result of a criminal charge for domestic violence laid against their partner, there may be a no contact order, and, on the other hand, a judge in family court may grant access to children, which brings the perpetrator back into contact with the woman.

“...family court just doesn’t want to recognize family violence at all and anytime a woman either raises it or you know there’s children somehow, even if he’s convicted of a domestic violence, there’s no reason why he shouldn’t see his children and if she’s saying anything against that, you know she’s just an angry woman and that’s not cool...”

Executive Director

A staff member participant also raised a similar issue of discrepancies between court ordered visitation of children and circumstances of violence in the family that expose women to increased risk when trying to adhere to an order.

For a court to order visitation, when there’s been violence in the family, for visitation to occur in the home unsupervised is not understandable.

Frontline Staff

Both of these excerpts show that women are caught in the conflict between custody and access policy and facing decisions regarding how best to balance the required access of partners to children while preserving safety. This is consistent with previous studies in which supporting abused women while considering child welfare has been characterized as a complex situation with many considerations involving how best to maintain safety (Goodmark, 2010; Jaffe & Crooks, 2004; Powell & Murray, 2008; Varcoe & Irwin, 2004; Wuest, Ford-Gilboe, Merritt-Gray, & Lemire, 2006). As a result, in addition to providing shelter, assistance in accessing services, and emotional support, shelter workers are often left to explain about and guide women through the complicated policy contradictions in custody and access (and other domains) in a meaningful way for these families. In order to do this, shelter workers have to be fairly versed about the policy and its implications for the woman and her family, adding another level of complexity to delivering services.

In Chapter 11, Section 15 of the Child and Family Services Act (1990), functions of the Children's Aid Society are explicitly stated. Under these functions, the Children's Aid Society was able to create the *Eligibility Spectrum* which is "a tool designed to assist Children's Aid Society staff in making consistent and accurate decisions about eligibility for service at the time of referral" (Children's Aid Society Eligibility Spectrum, 2006). The Eligibility Spectrum (2006) is a complex document which is used as an interpretive instrument by Children's Aid Social Workers, as well as both a policy descriptor and a guideline. It incorporates and makes reference to sections of Provincial Legislation and includes an additional child protection tools manual to facilitate decision-making for eligibility of service. The Eligibility Spectrum does not function as a stand-alone instrument for making determinations but works as a "two-dimensional matrix" to be

used in conjunction with the legislation and the service directions contained within ten different sections of the Spectrum (p. 4). Within the document, reference is also made to factors within the Child Protection Standards, a separate policy document (p. 10), and the need to use numerous subscales to make a need-for-protection-determination (Eligibility Spectrum, 2006).

Given that multiple texts are introduced to derive a single outcome, whether the Spectrum can be used for its intended purposes of consistent and accurate decision-making must be questioned. For example, Section 3 of the Spectrum relates to emotional harm and outcomes, and outlines the conditions under which a child is in need of protection from emotional harm or risk of emotional harm using two scales from the Adult Conflict Scale and the Partner Violence Scale. However, to use these scales, an individual has to incorporate definitions and guidelines from the other sections of the document. Even with a focus on protecting children from emotional harm in situations of family violence, generally, the Eligibility Spectrum stops short of outlining strategies for assisting the woman to protect her children once she has separated from the abusive partner or helping establish needed supports for herself and her child post-leaving. This gap may reflect an underlying assumption that once the woman is out of the situation, the child is no longer at risk for harm. Separation from partner does not mean that the abuse has ended. In fact, women's risk of IPV actually increases after separation (Tjaden & Thoennes, 2000; Wilson & Johnson, 1995). Hardesty identifies that "abused women experience continued assaults on their independence during and after custody proceedings that interfere with their ability to make autonomous decisions" (p. 605). Ironically, the Spectrum does not explicitly address the ongoing requirement for custody and access with the abuser provided under the same legislation. This omission creates a

situation where the child could be re-exposed on an ongoing basis to the adult conflict and abuse, the same type of situation which implementation of the Spectrum intends to prevent.

Shelter staff noted that use of this Spectrum poses many concerns particularly related to variations in interpretation. Underlying this variation is also the lack of a clear definition of child maltreatment within the spectrum and if exposure to IPV constitutes child maltreatment. Variation in relation to decision-making by each worker is actually built-in to the Spectrum, which states that “worker judgment is an important factor in using the Spectrum” (Eligibility Spectrum, 2006, p. 10). Varying degrees of possible interpretation from one worker to the next raises reliability concerns that contradict the claims of consistency.

As a result of the application of the Eligibility Spectrum (2006), shelter staff described practices of forced shelter stay for women in abusive relationships. This is sometimes required by CAS as a way to protect children determined to be at risk due to the mother being in an abusive relationship. Yet, Nixon, Tutty, Weaver-Dunlop, and Walsh (2007) contend that women who fear that they are at risk of losing their children are at increased risk of harm as a result of not wanting to expose the abuse or opting not to seek help. Moreover, forcing women and children to come into shelter, whether they want to or not, is contrary to the shelter’s basic principles of helping to empower women by valuing and supporting their choices.

In a study by Alaggia et al. (2007), most VAW workers agreed with the Act in theory. However, they identified unintended consequences including identifying duty to report as a breach of trust in the relationship with the women, which, in turn, impacts future use of shelter and results in victim blaming. Shelters are walking “a fine line” with

women because: 1) they have an obligation to report if a child is in need of protection while trying to build and establish a relationship of trust with that woman, and, 2) women who have been told by CAS that they must come to shelter are already distrustful of the system and might have difficulty in embracing the help they receive from shelter staff. Furthermore, as reported in phase 1, shelter workers' perspectives on children often differ from those of CAS regarding whether the child is in need of protection. This is consistent with findings from previous studies where there is evidence of failing to hold partners accountable amidst a paternalistically structured system which favours father's rights to access children regardless of the outcome, making leaving and reconstructing life challenging for women and children (Ford-Gilboe, Wuest, & Merritt-Grey, 2005; Jory, Anderson, & Greer, 1997; Silverman, Mesh, Cuthbert, Slote, & Bancroft, 2004).

Forced shelter stays clearly replicate societal power imbalances and power processes and further disempower abused women. The discourse of the Eligibility Spectrum assumes that the CAS worker is better able to protect the child from abuse than the child's own mother, and therefore, the system must intervene. Social order is reinforced by structure of this policy when women are positioned as the primary caregivers and protectors of children, as articulated by a participant as follows:

“...this idea that, especially in child welfare, women are responsible and men have rights is something that really comes through [the] child welfare system...so it's really hard to navigate that system for women.”

Frontline Staff

Inequitable expectations placed on women challenge shelter staff working within that system to keep women safe, while trying to help them adhere to CAS expectations in a way that does not put them in jeopardy of losing their children. Even though the Eligibility Spectrum does not directly refer to women, it does make reference to

protecting the child, which traditionally ‘falls’ to the mother. This embedded ideology reflects an assumption that the woman needs to take control of the abusive situation, and places the onus on the mother to handle that situation by leaving her home, while ignoring the abusive partner’s responsibility and accountability in this situation. Ironically, the mother and children are most impacted by forced leaving from home in order to adhere to CAS protection requirements. With forced leaving, dealing with multiple changes at once, such as uncertainty in long-term living arrangements, communal living and its challenges, and, in some cases, relocating to another community or a new school for children is expected. Yet, women do this, knowing that the alternative is separation from their child. Contrary to common belief, Ponic, Varcoe, Davies, Ford-Gilboe, Wuest, and Hammerton (2012) found that leaving an abusive relationship “is not synonymous with a residential move” (p. 1590); but women who did not move had higher incomes, were less likely to receive social assistance, and experienced less severe violence. Jategaonkar and Ponic (2010) suggest that women who do leave face barriers to accessing safe and affordable housing such as poor housing conditions, unsafe/unsuitable housing, housing scarcity, discrimination, and poverty.

With the expectation to leave, and no support or CAS provision for leaving, women enter a system where shelters must deal with the decision made by someone other than the woman. What has just been described illuminates the intended consequences (child protection) and unintended consequences (new challenges and obstacles faced by the family). It is shelters that help women face the many obstacles and challenges (poverty, housing, legal issues) that leaving creates for them and for their families. For some already vulnerable women, this creates another layer of social issues which become the focus of support provided by shelter staff. The injustice in the policy lies in failing to

consider the “now what” – the next steps or the reconstructing process of a women’s life. Forced leaving should also include a permanent plan for stability which addresses the woman’s ability to meet basic needs, and to continue to live violence free.

### **Social Housing Reform Act**

Access to affordable housing has been described by shelter staff as the key obstacle in women’s ability to move on with their lives and by far the biggest structural challenge in the delivery of shelter services. Required processes for obtaining municipal subsidized public housing units are outlined within the Social Housing Reform Act (2000), the purpose of which is to “provide for the efficient and effective administration of housing programs by service managers” (Social Housing Reform Act, 2000, p. 5). Many powers have been given to municipalities through this Act related to rent geared-to-income housing. Section 71 contains the *Eligibility for Special Needs Housing* where authority to determine eligibility and requirements for supporting documentation of eligibility are outlined.

Regulations 289/01 s. 23 (6); states that the request for determination that a household be special priority must include a consent signed by the abused member, consenting to the disclosure to the service manager, supportive housing provider or lead agency information and documents required by the service provider etc... for the purpose of verifying the statement required under clause 3 9a)

The policy makes provisions for women who have experienced IPV to have priority access to social housing. However, the requirement for obtaining supporting documentation to verify the abuse has been identified by many shelter workers as problematic. Changes to the Special Priority Policy (SPP) provision in 2009 occurred to address some of the concerns raised by those working with women exposed to violence. Changes to the verification requirement resulted in the ability of the housing provider to

waive written verification and to accept verbal verification of abuse in cases where requiring written proof could result in further abuse (Government of Ontario, Release 07-05, 2007). Yet still, according to the shelter staff participants in this study, the requirement for verification means that women have to disclose their personal stories repeatedly to “verify” their abuse as a requirement for obtaining housing. This sends a message to women that proving abuse takes precedence over their experiences of the abuse and emotional safety.

“What are the challenges of the system? Um...I think lack of awareness is one about the issues of women abuse, and I think a lot of women blaming continues even though we think that we’ve gotten over it, we haven’t. It comes out in subtle policies or practices you know without actually saying it, but a lot of women blaming still exists. I mean I could go on and on, because there’s so many different systems-- housing, women having to legitimize that they’ve experienced abuse...In order to access housing...women’s privacy, you know doesn’t seem to matter because they’re trying to use services. So, they basically have to tell their whole story over, and over, and over again to access services right which is disrespectful.

Frontline Staff

Generally, housing processes are time consuming and onerous for shelter staff and for women trying to obtain housing. Furthermore, the requirement of proving abuse in order to qualify for housing sends a message that, in addition to giving up her privacy, the woman is not to be believed. This constructs abused women as dishonest and leaves shelter workers in the role of supporting a woman to present a good ‘case’ to help overcome this taken for granted assumption.

The legislation around housing, social housing was changed about three years ago, and as I understood it, the reasons that social housing was changed was to make it more accessible and kinder for abused women...[however] anything that has been implemented has been more punitive. They’re [women] required to provide more documentation, and they’re put in riskier situations as a result of that. It’s just obscene to the point where women regularly cry. “Why am I not abused enough”...?

Executive Director



The need to value and believe women's abuse experiences within the requirements of the identified policies echoed throughout the interviews with shelter staff, regardless of their roles. Valuing women's abuse experiences is a role that has been left for shelters to do. Delivering shelters services encompassed valuing women, validating their experiences and, in the words of one interviewee, assuming that "women are believable". In a systematic review of 25 studies, Feder, Hutson, Ramsay, and Tacket (2006) found that women wanted health professionals to be 'non-judgemental', 'compassionate', 'sensitive', and to 'understand the complexity' of IPV, its social and psychological impacts (p. 25). Ramsay et al.'s (2009) Cochrane review of 10 studies of interventions designed to improve health and well-being of women who had experienced IPV found that brief or intensive advocacy interventions improve outcomes. Collectively, these studies suggest that valuing women's experiences particularly in the face of systemic revictimization is beneficial to the well-being of women and consistent with how women want to be treated by service providers.

Within the Social Housing Reform Act, there are also requirements for proof of cohabitation with the abuser, and habitation with separation within specific time frames. This means that a woman must: 1) provide documentation that the abusing individual is or was living with the member or sponsoring the member as an immigrant (Section 24.3b); 2) give evidence that the abused member intends to live permanently apart from the abusing individual (Section 24.3c), and, 3) submit her request within "three months after they cease to live together" (Section 24.13) (Social Housing Reform Act 2000, Regulation 298/01). Again, the onus is placed on the woman to prove her need versus working within the parameters of a policy that responds to her needs. The woman's

failure to meeting these conditions could result in an urgent, rather than priority, status classification, greatly increasing the chances that she will not be offered housing.

“... I don't know if it's the backlash or what but now they tightened that [the proof of abuse] up, and they [the women] have to be, you know abused by a particular person, you have to be abused within a particular time, you have to like you have to fit all of these, really tight, narrow...compartments. And then you have to have proof which is most of the time very impossible if you're leaving for safety. You don't have time to pick up a bill... So with all this sort of tightening of regulations...It's hard, gets harder, and harder for abused women to get housing which means [they are] in shelter longer which means it's harder for other women to get in which means we're always full....

Frontline Staff

Being full makes shelter services inaccessible to abused women who need them, and, as a result leaves women vulnerable and limits their options for remaining safe. Knowing this, in addition to trying to transition women through shelter to some degree of safety and independence within a small window of time, requires creativity and tenacity on the part of shelter workers.

Shelter workers spoke of creatively navigating, liaising with 'friendly' point of entry contacts and working the system to facilitate women's access to priority status housing. Much of this work includes providing help with letter writing, coaching women through the process, having to come up with creative ways to prove cohabitation, engaging with housing staff to ensure that women are able to get the correct designation, and frequently advocating for women. These actions are very labour intensive and affect women's ability to access the supposedly faster (in terms of priority), yet already limited (in terms of availability) affordable housing options.

Housing is huge because when women come in and we do our intake we could at least tell them that six weeks is the stay but very rarely is six weeks the stay. It wouldn't be bizarre for somebody to stay here for three months because they can't find housing.

Frontline Staff

Without having many viable housing options, shelters extend a woman's stay for as long as possible and beyond their mandate without additional financial support to compensate for any added resources or expenditures (i.e. special food, translator, bus tickets, taxi vouchers). As the women wait in shelter for affordable housing, housing processes are often not expedited.

“Yeah like in terms of housing like for [specific community] it's a really long process and once the woman completes the application, it's still two to three weeks before we even hear if she's been approved. So, that's like two to three weeks that's been wasted right? And she is, you know either approved or not, and then are we needing other alternatives, or she's waiting for a housing offer.

Manager

Waiting for affordable housing while living in a shelter for abused women impacts how shelters are able to deliver their services from a capacity point of view and disrupts the flow of services. Shelters are constantly faced with having to balance the needs of women in shelter with the needs of women still in the community who need to come into shelter. Not having space for women to come into shelter compromises the shelter's mandate and mission of helping abused women who are in crisis. Furthermore, as the length of a woman's stay increases, so too does her uncertainty about what the future holds.

“ [It's] pretty challenging to live in the shelter environment... The longer they stay, the more challenges that often arise with them. That would present us with a challenge in regards to behavior within the shelter, what's acceptable, those kinds of things.

Frontline Staff

From this participant we learn that lengthened stays take a negative toll on the women, and contribute to challenging behaviours which staff must work to address, in addition to their other responsibilities. These behavioural escalations occur from women not getting along, having differing viewpoints and approaches to parenting, and children acting out.

These types of challenges are difficult to address in an environment where individuals are under enormous stress and in crisis.

Women who have previous rent arrears in social housing must clear them before moving to new housing, and, in some instances, they may be required to provide last month's rent. Under these conditions, the amount of time that women take to access social housing may be even longer. At best, on a case by case basis (which occurs in one of the municipalities of a participating shelter), women might be granted a housing unit without last month's rent. However, this can only happen if the woman agrees to be immediately placed in repayment arrears that must be paid monthly in addition to rent. Moreover, this policy interpretation was provided to the shelter in the form of a municipal housing memo and is not an option explicitly outlined in the formal provincial Act which states:

“a household is eligible for rent-geared to income assistance if in the case of a special priority household, no member of the household owes, with respect to a previous tenancy in any housing project under any housing program, arrears of rent (section 7 (f), Social Housing Reform Act 2000, Regulation 298/01)”.

This regulation also makes provision for special priority households to enter into an agreement with the service provider for “repayment of 50 % of arrear or money owed” on a previous tenancy or with respect to any other unit, enter into an agreement with the housing provider for the “repayment of the arrears or money owed” (Section 7(f.1) (i) and (B) Social Housing Reform Act 2000, regulation 298/01). In case of arrears or money owed, the authority to issue such an option is given to a municipality within the Act. The already limited budget of these vulnerable women is further compromised by taking repayment monies from other household budget areas such as food or utilities in order to

comply with their rent arrears repayment schedule and keep a roof over their heads. It could be assumed that these repayment arrangements further increase a woman's chance of defaulting on her rent, increasing her potential to lose housing and return to shelter.

In summary, findings suggest that housing policy generates numerous barriers which greatly complicate the delivery of shelter services and negatively affect women and children by forcing the woman to disclose her abuse outside of the boundaries of her own comfort, timelines, and choice of with whom she wants to share her story. The policy reinforces an unequal exchange that relegates the true experts in this field to mere assistants in the process (doing paperwork, but not being authentically engaged facilitators), and redistributes decision-making to those without IPV expertise. It would be fair to suggest that an unintended consequence of this policy is a sometimes adversarial relationship between the violence and housing sectors, straining effective working relationships.

Ideally, what I would like to see is somebody who really understands women issues working for the housing access center. So far the people that we've dealt with lately didn't have any understanding of women's issues and even with the training that we tried it really didn't change much uh so I think you know if we have somebody sitting there making decisions...

Frontline Staff

Remarkably, the special housing priority policy has been offered as an exemplar policy by our government to the UN as evidence of Canada's Action on the Declaration to Eliminate Violence Against Women (United Nations Secretary General, 2009). Further analysis, examination and evaluation of the impact of this policy on the lives of women exposed to IPV, and the services impacted by this policy, is long overdue. From a systems perspective, the lack of available housing further contributes to the challenges of addressing the level of need in the community.

### **Discussion and Implications for Policy Makers**

Although each of the policies discussed can be beneficial to women who have been abused, the findings from this analysis also point to areas where these policies have significant negative consequences for women and children, as well as shelter service delivery, and could be strengthened. It was revealed that housing policy is very problematic in the delivery of shelter services for the numerous reasons discussed. The lack of affordable housing and the criteria for obtaining priority housing status were identified as central challenges that affect every other action that shelters are able to provide. Through the course of the phase 1 interviews, this policy was seen as central to many outcomes, including: whether or not women progressed to independence; the flow and availability of space through the shelter; women's ability to rebuild their lives; whether women stay in the system; women's return to shelter; and, ultimately, whether women are able to provide a safe, affordable home for themselves and their children. Given the vulnerability and needs of the women attempting to access housing, their circumstances are much too critical to be handled in a discretionary manner without policies that integrate IPV knowledge and truly consider the context of women exposed to IPV.

When these policies are compared to prior historical text of the Ontario Domestic Violence Action Plan (2004), there remain fundamental areas for improvement in the measures of progress outlined within this eight year old plan. For example, the ODVAP identifies: 1) better access for abused women and their children to a continuum of supports in their community to help them be safe, heal and to live independently and; 2), a better coordinated and more accountable system, with efficient allocation of resources to priority needs (ODVAP, 2004, p.3). The findings of this study highlight that although

the policies reviewed here are well intended, there are unintended consequences that are contrary to the progressive ideals outlined within the ODVAP. Some of these unintended consequences include ongoing challenges associated with conflicting cross-sectoral policy directions and eligibility requirements for supports and services that interfere with women's ability to truly "be safe, heal, and live independently" (p. 3). The ODVAP acknowledges that "a wide variety of stakeholders have expressed concerns about problems related to the Special Priority Policy under the Social Reform Act" (p. 7), an observation which is supported by the findings of this study. Furthermore, principals of a comprehensive response to violence against women within the plan suggest "that the lives of women do not conform to boundaries among programs, ministries, agencies, institutions, or levels of government" (p. 5). The findings of this study echo this sentiment but also reinforce the need for gender-based analysis of these policies such that they may be strengthened to more appropriately consider the challenging circumstances of women who have experienced violence.

Of interest, a common cross cutting thread through all of these policies is the noticeable absence of a gender based lens. Shelter staff recognized that knowledge sensitive to the historical nature of gender issues and power imbalances has to be translated through policy, in the form of gender sensitive policies derived from conducting gender analysis.

"What [policies] need, certainly having an inter-ministerial committee that truly wants to put a gender analysis on all the things that they do, that would serve women and men and everyone across the board, in a number of different areas, requiring that services really do understand and respond to issues of domestic violence. It would really help, so that we don't have to complain. They actually would get it right, or allow shelters to lead those systems in having to develop a greater knowledge.

Executive Director

This need to apply a gender-sensitive lens to policy is reflected in the absence of violence against women knowledge in legislation so that as one manager stated, “it works for women with or without kids”. According to one executive director, taking a gender-sensitive approach to policy so that it works in the lives of women and men should be addressed at a “systemic level” to “all policy decisions across government no matter what”. This director continued by stating that:

Whether it’s partner violence or gender analysis, really looking at equity policies and how that fits across the nuances in women and men’s lives and then aggressively addressing and figuring out why is this phenomena about violence against women is continuing in our population.

Executive Director

It was clear to these directors that understanding the implications of policies, particularly the ones identified as problematic in delivering shelter services, has to be considered within the construct of the gender.

Recent policy action statements and papers recognize the value of rooting gender equality principles within legislation and echo the sentiments expressed earlier by study participants. Canada’s International Development Agency (2011) recently released a gender equality policy tools document outlining core gender equality principles and acknowledging gender-based analysis as “an indispensable tool for both understanding the local context and promoting gender equality”. The tool “provides information to determine the most effective strategies in a particular context and identify results that support gender equality” (CIDA, 2011). Understanding of the root causes of violence against women is essential not only the provision of “effective legislative remedies” but to authentic collaboration amongst ‘law enforcement, judicial, social services and health care systems’ (UN, 2010). The policies identified cut across multiple sectors making them ideal sites for collaboration that should include shelters in order to make ‘effective



legislative remedies' that give primacy to experiences of violence in the lives of women. Using these strategies may help to illuminate the gendered nature of the violence against women but also shed light on the importance of systemic gender-sensitive approaches.

Furthermore, while the use of gender-sensitive approaches is a critical consideration for all policies, more recently, expanding this lens to include an intersectional lens that in addition to gender encompasses other axes of oppression (race, ethnicity and class) has been encouraged (Hankivsky & Christoffersen, 2008). This approach "probes beneath single identities, experiences, and social locations to consider a range of axes of difference" which uncover the "dynamics that affect human experiences" (Hankivsky et al., 2008, p. 276). This sentiment is consistent with and supported by the Beijing Declaration (1995) which, more than a decade ago, called upon governments to:

Promote an active and visible policy of mainstreaming a gender perspective in all policies and programmes related to violence against women; actively encourage, support and implement measures and programmes aimed at increasing the knowledge and understanding of the causes, consequences and mechanisms of violence against women among those responsible for implementing these policies, such as law enforcement officers, police personnel and judicial, medical and social workers, as well as those who deal with minority, migration and refugee issues, and develop strategies to ensure that the revictimization of women victims of violence does not occur because of gender-insensitive laws or judicial or enforcement practices;

Beijing Declaration, Section 124 (g) (1995)

Moving forward in achieving this goal and the ideals of the study participants is the opportunity for research that enhances understanding of the ways in which policies and services support or undermine the efforts of women who have experienced IPV. Not only is research essential in achieving our national and international commitments related to violence against women, but it is critical in helping us "measure and analyze the differential impact of programs, policies and interventions" (Domestic Violence Advisory Council, p. 113). In the 2007 update to the Ontario Domestic Violence Action Plan

“information and evaluation are critical to inform new direction in programs and services: careful comprehensive research serves as a foundation for making the right decisions on domestic violence prevention and appropriate intervention” (p. 4). The insights from this study give critical information to support better decision making related to violence against women policies, service delivery, and supports and generates dialogue on potential avenues of policy change.

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**CHAPTER SIX**  
**COMING FULL CIRCLE: A SYNTHESIS OF**  
**FINDINGS TO INFORM CHANGE**

Shelters are a key source of support for women who have experienced violence and there is evidence that these services have positive impacts on women's sense of agency, self-esteem and mental health. However, relatively little is formally documented regarding the range and scope of services provided by shelters, beyond "a safe place", or the most salient structural factors which shape service delivery on a day to day basis. In addition to this, the impact of public policies, which are a type of structure, on the delivery of shelter services has not been systematically studied. Furthermore, what is not clear is how this context influences the delivery of shelter services to women who have been exposed to violence. Studies were not found that focused on contextual influences on service delivery, and, thus, examining context in relation to services for women exposed to violence is a clear gap in the literature.

The specific purposes of this study were: a) to describe, from the perspectives of shelter workers and directors, the structural factors, including policies, that shape the ways in which they deliver services, and the consequences for women who have experienced abuse, and, b) for selected policies, to examine the relationships between the formal policy represented in written discourse, and how that policy is enacted and /or resisted, at the service level. Policies are a specific type of structure critical to the delivery of shelter services and eliminating violence against women.

Two complementary theoretical perspectives were used to understand how structures influence and shape the delivery of shelter services. First, a feminist perspective, which is located within the critical paradigm, offers a broad lens for

understanding gender-based inequities, the causes of violence against women (VAW) and intimate partner violence (IPV). It helps us to understand how gender relations and power inequities contribute to marginalization and oppression of women and to begin to explain the roots of women's oppression. It highlights that VAW is about power and control related to the socially sanctioned position of men in our society. A feminist intersectionality lens was applied to examine the role of many intersecting forms of oppression (i.e., gender, social class, race and other social locations) in shaping both women's and broader social responses to VAW. Simply just knowing that violence is experienced by women is insufficient without considering the added dimensions of their social locations.

Giddens' Theory of Structuration (1983) was also used in this study to provide more specific direction in understanding the impact of social structures and policies on the delivery of services by shelters. Structures are sets of rules and resources which actors draw on and reproduce and which affect institutions in enabling and constraining ways (Shilling, 1992). Giddens' theory focuses on the dialectic between actions and institutions through structures that are shaped and come to life through key actors (i.e., shelter staff) whose human actions reproduce conditions (broader social ideologies) through the process of structuration. Therefore, this perspective provides a way of connecting structure with human agency. Humans engage in agency, which implies power, and refers to the individual's capacity, not their intent, for doing things. From this theoretical perspective, agency entails responsibility and human accountability for action and inaction. Using Giddens' Theory of Structuration in this study has helped to address many unknowns, while illuminating how structures can influence human actions and thinking (Fuchs, 2003) and produce and constrain human agency (Barley & Tobert,

1997). In particular, this research sheds light on the structural factors, including policies, that shape the ways in which shelters deliver services and the consequences for women who have experienced abuse. In doing so, we now know which policies and systemic features are problematic in the delivery of shelters services, why they are problematic, and the added complexity created by cross-sectoral social policies. Furthermore, this study examined how these elements affect the reality of shelter service delivery and the unintended consequences of policies on these actions, which had previously been poorly understood. Knowing how policy, when enacted, impacts the delivery of shelter services helps to raise awareness among policy actors about the unintended consequences created by policy and its influence on the systemic climate which accompanies policy implementation. This new knowledge creates space and opportunity to revisit, improve and reform the policies.

This qualitative study involved in-depth interviews and focus groups conducted with 41 staff and executive directors from four shelters in Ontario, Canada to explore the day to day “reality” of delivering services, including support and barriers, as well as to identify policies that affect service delivery. Shelters were selected in order to achieve diversity in location, size, range of services provided, and the profile of women served, including women from varied ethno-cultural and/or racial groups. Two of the four participating shelters were in urban areas with populations greater than 350,000 and served diverse populations. The third shelter was located in a rural county in Southwestern Ontario and served primarily young women, while the final shelter was in a remote community in Northern Ontario, where 50% of women accessing services were Aboriginal. However, the four shelters varied considerably in size (from 10 to 67 emergency shelter beds) and staff complement (from 12 to 78 full-time staff).

All of the shelters offered a wide range of services that included counselling, transitional support, and crisis line support, 24/7, in a highly secure environment. Some of the shelters also offered multi-site services, such as second stage housing, outreach and advocacy services. Including four shelters helped to not only contain the scope of this study but also provided a reasonable sample that captured the diverse characteristics of shelters across Ontario. This number proved to be sufficient in obtaining saturation in the analysis of data provided by shelter staff during interviews.

Interview data were analyzed using methods of interpretive description and policy documents underwent critical discourse analysis using Chouliaraki and Fairclough's (2004) discourse analysis framework. This approach produced an integrated analysis that reflects the dialectic between discourse (a way of representing particular aspects of social life-language and texts) and social practice. The process of data collection and data analysis occurred and recurred simultaneously in order to uncover the dialectic between policy as written and enacted. This helped identify and link intended and unintended policy consequences and social practices.

The study provides a more in-depth understanding of how shelter services are shaped by the interplay of structures. Findings reveal an imperfect system with visible cracks and modifiable flaws that unintentionally disadvantage women and their children, while creating monumental challenges for shelters in delivering their services. These challenges include barriers and obstacles that are compounded by intersecting social structures, policies and resources.

Through the process of learning about the day-to-day reality of delivering shelter services, the impact that these structures have on the lives of women who are trying to reconstruct their lives also became visible. The structures that women encounter when

seeking help reinforce their vulnerability rather than enhance their sense of competence. Findings help illuminate both the intended and unintended consequences of services and policies, which result in system complexity, structural violence, and unnecessary strain on the day-to-day delivery of shelter service. Furthermore, the breadth of structural impediments that shape the work that shelters do, and the lives of the women seeking refuge from abusive relationships, also became visible.

Some salient systemic gaps were found as a result of identifying and analyzing the policies that significantly affect the delivery of shelter services. This provides a basis for shelters, policy makers, advocates, and the community to strengthen current services and policies, enhancing outcomes for women. Combined, this information enriches understanding of policy enactment from a broader systems perspective and how it manifests itself at a practical level for shelters and women exposed to violence. The findings have implications for improving nursing practice and education, for future research, and for strengthening policies and services to ensure that women who have experienced violence are supported, rather than revictimized.

### **Limitations of Study**

The research design used in this study could be construed as limited since women who received services from the shelters were not included. However, the decision to not include women in this study does not negate the importance of hearing about women's experiences and perspectives of receiving shelter services but reflects a focus on the organization and delivery of services, rather than the experience of receiving services. The theory and model that guide this study focus on "actors", those who shape how policies are implemented. Understanding this perspective is a first step in becoming informed about what shapes service delivery before proceeding to study the *impacts* of

services. Examining the service delivery context and structures on a macro level was important in order to make sense of the micro level effects on the lives of women.

Having said that, this study will lay the foundation for future studies that could address women's experiences of accessing shelter services, the impact of such services, and the policies that drive them, on women's agency, quality of life, and health outcomes.

Another possible limitation of this study is that shelters which serve particular subgroups of women (e.g. shelters for aboriginal women) were not included. While saturation of key themes was reached, it may be that adding more Ontario shelters, would strengthen and further validate the findings of this study, especially with regard to sub-groups of shelter users. Moreover, although the findings could be transferable to other jurisdictions, each province has different policies and implementation processes. As a result, applying these findings beyond Ontario may require additional province specific policy analysis to examine the policy context relevant to that jurisdiction. Confirmation of these findings occurred with two executive directors who participated in this study. However, additional feedback from other participants, and from those who work in the wider shelter sectors, would further strengthen the credibility of the findings.

### **Implications of the Findings**

#### **Implications for Practice**

The importance of nursing practice has long been understood through the role of the nurse in advocacy and political action (McGibbons et al., 2008). Both advocacy and political action are necessary approaches to dealing with health inequities and the social determinants of health, which shape health outcomes. Hence, advocacy and political action can be used to draw attention to the structures that perpetuate these conditions. These conditions affect health and are embedded in cross-sectoral government



responsibly and policies, which brings health and health promotion into the political sphere. According to the Ottawa Charter (1986), “health promotion goes beyond health care: it puts health on the agenda of policy makers in all sectors and at all levels, directing them to be aware of the health consequences of their decisions and to accept their responsibility for health” (p. 2). Understanding the far reaching effects that structures, including policies, have on health is critical in addressing the health needs of our community and, specifically, eliminating violence against women. Recently the Canadian Institute of Health Research identified a ‘health in all policies’ (HIAP) strategy which “calls on all government sectors and their partners to collectively contribute to establishing healthy policies” (p. 1). This emerging recognition that health be present in all policies is a positive step in establishing healthy public policies. Establishing healthy policies is one way to intervene in what Raphael and Bryant (2006) see as the role that societal, political and economic forces have in determining and shaping the health outcomes.

Nurses see not only the impact of violence in the lives of women and their children, but are also able to identify ways in which the system can better support these families. This insight makes their contributions instrumental in building healthy policies that help to eliminate violence against women. Nurses witness the challenges and impediments faced at an individual and population level in achieving the goal of “health as a resource for everyday life” (Ottawa Charter, 1986) and improving accessing the social determinants of health. This unique exposure suggest that nurses are important actors in shaping and reforming policies that women face in rebuilding their lives after leaving abusive relationships and in improving the health and quality of life of those who are most marginalized. A key role of the nurse is to advocate for policy change and/or

reform to existing policies or for new policies to support the health, safety and well-being of women who have experienced violence and their families. Beyond advocacy, nurses can engage in political action through letter writing, lending their voices collectively to champion issues, holding political office, or engaging at various strategic points along the political process (i.e., meeting with government officials, forming grassroots coalitions, working with political parties to bring relevant issues to the forefront).

The findings of this study can inform nursing practice by raising awareness about the system obstacles and barriers faced by shelters and the women who use these services. Increased awareness of these issues should inform intervention work with abused women and help nurses anticipate where advocacy may be most needed. Dominant policies reviewed in this study, and their consequences, are encountered by nurses in all areas of nursing practice, but particularly in community health, primary care, and mental health settings. Such exposure reinforces the need for nurses, and especially nurse-leaders and nursing organizations, to be prepared to engage in the policy arena by writing letters of support to government officials and developing policy briefs; learning about significant issues and how to get them on the agenda; knowing about political processes and the language of politics; and becoming aligned with political actors by purposefully creating strategic partnerships on issues. This type of engagement is necessary in order to work to mitigate the negative consequences of these policies at multiple levels.

The findings of this study clearly illuminates the need for improved service coordination between all of the partners supporting women exposed to violence; the existing web of services, policies and supports creates unnecessary complexity and inconsistency that impede the system's ability to optimally respond to the health needs of

women and children and adequately support the delivery of shelter services. Building strategic partnerships with agencies and organizations that work with women exposed to violence is essential for enhanced coordination, optimal provision of services, and to start to address the complexity that exists in accessing and navigating the system. This is an area where nurses and other health professionals have worked collaboratively to make meaningful change (Bloom et al., 2009; Ford-Gilboe, Merritt-Grey, Varcoe, & Wuest, 2011). For example, collaborative partnerships between shelters and nurses might be directed at extending the services provided by shelters to include those which focus on addressing pressing health concerns and improving women's access to health care services, with the understanding the strengthening women's mental and physical health is important in building their capacity to manage the many stresses and challenges in their lives (Ford-Gilboe, Merritt-Gray, Varcoe, & Wuest, 2011). By identifying where they can incorporate advocacy related to shelter services into their practice, nurses demonstrate that they are willing to engage "in proactive rather than reactive nursing practice" (Paquin, 2011, p. 67) aimed at reforming problematic structures and challenging the status quo.

### **Implications for Research and Education**

Research that enhances understanding of the ways in which policies and services create support for, or undermine, the efforts of women who have experienced violence is essential in achieving our national and international commitments to end violence against women. Even though it is evident that there are system level issues affecting women exposed to violence, until now, these have been poorly understood, particularly in terms of the challenges they raise in addressing abuse in the lives of women. Browne (1993) suggests that policies related to violence do not tell us much about the ways in which

those policies are applied and should be evaluated. This is an area where further research could benefit not only for women and children exposed to violence, but also for service providers, including shelters, who support these families, and the government bodies whose decisions impact all of these parties. Moving forward, studies that examine how policies related to all forms of violence against women are applied need to be conducted to help build a solid knowledge base for future policy directions. In addition to this, ongoing evaluation of the impacts of these policies at both the service delivery and individual level needs to occur. This information is important for reforming policy, for determining whether the policy consequences are as intended, and to introduce a measure of accountability in the policy making process.

The findings provide a foundation for further policy research related to violence against women, including research which examines what effective policies for delivering shelter services look like, how to best develop policies that better support shelter service delivery, and which evaluate the congruence between policy intent and impact. Enhanced research dissemination and utilization for the purposes of health policy, clinical practice and decision making are needed (Dobbins et al., 2002; Dobbins, Thomas, O'Brien, & Duggan, 2004). How policies influence the determinants of health in women exposed to violence particularly needs to be addressed. In addition, within specific policy domains, exploring policy makers' understandings of policy intent compared to impacts would help to illuminate disparities between the intended and unintended consequences of the policy. Research questions pertaining to system coordination and interagency policy communication specific to violence against women is another area of relevance that has emerged as a result of this study. Finally, comparative examination of domestic violence policies, housing policies, income support

policies, and child welfare policies across Canada would offer critical insights about what best practice policies might entail. With this in mind, that line of research could contribute information useful in informing a national policy strategy to eliminate violence against women.

Knowledge translation and exchange is an important element of this research that will help to appropriately disseminate findings. Particularly in violence against women research, knowledge translation and exchange is “complex and resource-intensive, and must acknowledge and respect the values of identified knowledge users, while balancing the objectivity of the research and researchers” (Wathen, Sibbald, Jack, & MacMillan, p. 102). This emphasizes the need for a solid knowledge translation plan which addresses five important considerations: goal, audience, strategies, expertise and resources (Wathen, McMillan, Ford-Gilboe, Wekerle, Jack, & Sibbald, 2012). Each of these considerations is important in keeping the scope of knowledge translation focussed and manageable, while enhancing overall usefulness of the findings in order to bridge research, policy and action.

### **Implications for Policy**

Creating a bridge between research, policy and action has emerged as a priority in Canada (Ruggiero, Rose, & Gaudreau 2009). This priority emerged from the critical gaps and lack of congruence between research evidence, policy makers and decision making (Butler-Jones, 2009; Dobbins, Ciliska, Cockerill, Barnsley, & DiCenso, 2002), despite obvious imperatives to improve health decisions and systems (Bucknall, 2004). Similar lack of congruence and critical gaps between policies that affect the delivery of shelter services, and the needs of women using these services, were also evident in this study’s findings. This has implications for policy making.

There are many ways of thinking about policy, policy utilization and policy impacts. Pearlman and Waalen (2000) contend that stronger linkages are needed between those working to prevent violence and policy makers. Researchers also need to examine how women's needs are affecting policies (Goodman & Epstein, 2005). There is evidence from this study, particularly in Chapters Four and Five of this dissertation, which strongly suggest that policy changes are needed to enhance the delivery of services to women in shelter and the lives of women fleeing violent relationships more generally. According to Goodman and Epstein (2005), "one of the key questions facing researchers regarding intimate partner violence in the coming decade is how the real-life contexts of victim's lives, including their needs for security, advocacy and support, should affect state policies" (p. 479).

It appears that, as a result of structural complexities and systemic challenges, shelters struggle to improve access to the social determinants of health for women and children and that the reality for women receiving shelter services might also reflect this struggle. Therefore, policy changes that address these struggles and minimize barriers to the social determinants of health are encouraged. Changes to formal policy processes and policy implementation related to income support and social housing are urgently required, particularly alterations to the requirements that women 'prove' (and re-prove) abuse, changes which redress inadequate levels of income support, and those which reconsider minimal allowable asset limits. Furthermore, closing system gaps in food insecurity, availability of affordable housing, mental health and substance abuse are priorities. Insights from this study regarding policy impacts provide a basis for shelters, policy makers, advocates, and the community stakeholders to strengthen current services

and policies, potentially resulting in more positive outcomes for women exposed to violence.

From a feminist perspective, policy is a reflection of power imbalances where much of the social order and biases of society are replicated, creating inequities and injustice. How policy is enacted at the service delivery level sheds light on the inequities and power imbalances inherent in systems and illuminates the ways in which policies may limit women's options for addressing the violence in their lives. Therefore, there is a clear need for a gender-sensitive approach to policy development and implementation. Gender-sensitive policies acknowledge the differences between the experiences of men and women, specifically recognizing the historical discrimination against women and unequal power relations between men and women (UN, 2010). The Government of Canada has formally endorsed this approach in a statements which directs civil servants to “use sex and gender-based analysis (SGBA) to develop, implement and evaluate the Health Portfolio's research, programs and policies to address the different needs of men and women, boys and girls” (Health Canada, 2010). Use of SGBA would help both critique and reorient the policies which were found to be problematic in this study. Bernier (2006) argues that violence against women is a health issue that should be addressed through healthy public policy. However, many policies examined in this study appear to address the issue of violence against women in a ‘balkanized’ manner, which emphasizes specific issues but fails to consider violence in its complexity. This has created separate groups of stakeholders, each with their own issues and paradigms, who compete for scarce resources and public attention, limiting the coordination of violence policy efforts and the ability of the policy to be responsive to co-occurrence of violence (Gelles, 2000, p. 298).

For shelters, effectively addressing the delivery of services through effective policies could create a stable and appropriately structured system of support for women, helping to alleviate the pressures of delivering services and minimizing the re-victimization of women. To achieve this goal, policies are needed which reflect the complexity of the issue of violence against women, and which synergistically consider policies in other sectors which are important in ensuring that women and children fleeing violence are optimally supported. According to Wuest, Merritt-Gray, Lent, Varcoe, Connors, and Ford-Gilboe (2007), “systemic barriers often trigger emotional vulnerability and are frequently victimizing” (p. 131). These challenges have policy implications and are particularly problematic for shelters and for the women in shelter impacted by “policy decisions [that] can have profound effects on the ways people relate to a life experience and act on it” (Dragiewicz & Dekeseredy, 2009, p. 10). Thus, a more coordinated system of policies for dealing with the issue of violence against women is needed, particularly regarding custody and access and valuing women’s experiences of abuse by minimizing re-victimization.

Still, it is apparent that policy could help alleviate systemic barriers that interfere with the ability of shelters to optimally deliver services and improve health outcomes for women and their children. One suggested approach is for government to be more responsive to women exposed to violence in social policies and prevention programs that affect the delivery of services to these women and their children (OAITH, 1998, 2003). Being responsive in social policies could translate into the creation of a National Domestic Violence Action Plan to support comprehensive legislation on violence against women. Recommended by the United Nations Framework for Legislation on Domestic Violence (2010), comprehensive domestic violence legislation addresses many facets and



is “most likely to be implemented effectively when accompanied by a comprehensive policy framework that includes a national action plan or strategy” (p 17). Such a framework is suggested to deal with some of the issues uncovered in this study, and could include a coordinated and comprehensive approach, interpolicy consistency in addressing violence against women, training and capacity building, budgets, specialized courts, monitoring and evaluation (UN Framework, 2010). Thus, it suggests that comprehensive domestic violence policy frameworks are useful in adding more system accountability and cohesiveness in approaching violence against women. Moreover, the presence of such a platform elevates and legitimizes the issue of violence against women through a formalized legislated mandate.

This study revealed not only systemic complications but also complexity in the lives of women accessing shelters, such as poverty, transportation, culture, linguistics, and mental health and substance abuse issues, which are difficult if not impossible to accommodate with shelters’ limited resources. These issues significantly influenced and compounded the challenges of the delivering shelter services. Therefore, policy making has to not only consider this added layer of complexity but should encourage and support effective programs that, according to Blaney (2004), “respond to the specific social, economic, and political context of the communities in which women and girls reside” (p. 6). This would entail taking into consideration the contextual influences shaping the lives of women and girls in the formulation and reformation of policy. Current policies are quite static, and are not easily adjusted to respond to the specific context. More often, the policy reacts to a general issue, in the absence of any contextual considerations.

This study illuminates the reality of how shelters respond to the specific needs of diverse women and children in shelter, who have varied, complex needs for support, reinforcing

the need for increase awareness and prioritization of these multiple complexities in policy development and implementation. Prioritization of in-house supports and services to best attend to the special needs of women is essential since “ethnic, linguistic, cultural and geographic diversity of Ontario requires targeted and sometimes unique responses” (Ontario, Ministry of Immigration, 2007, p. 8). Policies that ensure adequate funding formulas for shelters for women exposed to violence are imperative in supporting delivery of the types of services that address complex needs of women and children in a challenging system. Without adequate funds to provide specialized or unique services, access barriers and gaps in services are formed, leaving unmet needs and glaring inequities in the availability of services for women requiring specialized supports while in shelter (Hyman, Forte, DuMont, Romans, & Cohen 2006). In this study, it was clear that shelter funds for basic service delivery were stretched beyond capacity and as a result, there was no additional money available to offer much needed specialized supports in the areas of mental health and substance use. This gap burdens shelters with having to minimally address these needs by utilizing whatever scarce resources are available to offer support, without the benefit of proper programs and specialized services.

With these considerations, policy and the overall system has to reflect the unique intersecting locations of women using shelter services. An intersectional perspective introduces the need for systems to be: “fluid, changing and continuously negotiated; specific to the interaction of the person or group’s history, politics, geography, ecology and culture; based on a women’s multiple social locations and situations rather than generalizations; and a diverse approach to confounding social injustices focusing on many types of discriminations rather than just one: (Domestic Violence Advisory Council, 2009, p. 14-15). Such an approach within the system gives primacy and

recognition to the multiple experiences and locations of women, versus trying to deal with and address the woman in a segmented and unrealistic manner. Any policy that is developed in the absence of contextual considerations is short sighted and positioned to cause unforeseen consequences.

### **Knowledge Translation and Exchange**

A 2002 report by the YWCA of Canada that analyzed violence against women shelters and family violence programs revealed that there is “much work to be done to encourage societal change and radically increase government support to prevent the long-term and serious consequences of living with violence” (Goard & Tutty, 2002, p. viii). Consistent with the critical orientation of this study, every effort will be made to ensure that the findings are used to strengthen services and the policies which drive them. This requires knowledge translation and exchange of the findings so that key system players are able to increase their awareness and understanding of the issues in order to effectively respond to them. . Responses could be in the form of policy reform, introduction of new policies, civic engagement of women exposed to violence and the violence against women sector to inform policy creation, and ongoing evaluation of policy implementation.

Knowing that responding to violence against women involves a community approach, the findings from this research will be disseminated in a summary form across sectors to organizations that support women who have experienced violence. The summary will be made available in hard copy and electronically to key stakeholders involved with operating, funding, and partnering with shelters as well as community partners and associations (i.e., shelters of women exposed to violence, regional social

councils, OAITH, area committees to end violence) which are instrumental in the struggle to end intimate partner violence.

Given that this research has strong implications for policy reform, a key strategy will involve purposefully engaging key policy makers and stakeholders such as the Ontario Women's Directorate and Echo: Improving Women's Health in Ontario (both agencies of the provincial government), the Centre for Research and Education on Violence Against Women, the London Coordinating Committee to End Abuse, and the Canadian Research Institute for the Advancement of Women, in knowledge exchange. A copy of the findings will be given to members of the Ministerial Steering Committee on Domestic Violence, government policy makers at all levels (i.e., municipal council members, local MPs and MPPs) and, where possible, I will attend their committee meetings to discuss the study and opportunities for change. In person meetings provide a better opportunity for dialogue aimed at sharing insight, advocating for policy reform and offering information that can better inform policy making decisions. Involving key decision makers in planning and implementing knowledge development strategies is a strategic way of promoting effective knowledge exchange (Wathen et al., 2011).

When possible, I will attend municipal council deputations in support of local funding initiatives that support research findings relevant to shelter service delivery and to encourage municipal leadership in the implementation of the same. I will advocate for action on the research findings and work in partnership with community members and liaise with research teams disseminating similar information, such as the locally Ontario Trillium Foundation funded Ontario Shelter Research Project. The Ontario Shelter Research Project is a mixed methods study of all violence against women shelters in Ontario undertaken in order to: 1) identify indicators of "success" as perceived by those

providing the services, and, 2) describe contextual factors which influence service delivery and efficacy. Working synergistically with the research team for this study to disseminate knowledge may enhance insights gleaned from individual studies, and present a more unified and consistent request for systemic change.

Moreover, beyond sharing of findings with study participants, I will invite cross-sectoral interagency discussion regarding what action steps need to be taken, how they would like to be involved in these actions, and make a strategy concrete strategy plan for moving forward. Many of these actions cultivate relationships and bring many key players across sectors into the dialogue. Across sector and interagency dissemination encourages “interagency linkages” which must be cultivated to be most responsive to intimate partner violence (Allen, Bybee, & Sullivan, 2004).

Furthermore, much of what is required is the creation of opportunities for increased knowledge and awareness where enlightenment is fostered through reflection, examination of inherent contradictions, and the process of the dialectic (Kendall, 1989). Therefore, beyond community wide dissemination of a research report, I will pursue opportunities to share research findings with community partners through presentations at Nursing and non-Nursing conferences, and to relevant health boards and social councils, partner coalitions and associations. These steps make sense knowing that advocacy and activism are key components of critical research (Guba & Lincoln, 1994; Lather 1991). I intend to encourage dialogue and a call to action on key issues by stakeholders, policy makers and community partners, which is consistent with recommendations by Eby (2004), that communities should “work to implement intervention and policies aimed at reducing and/or preventing violence against women” (p. 231)

Manuscripts of the study findings will be submitted to key academic journals, such as *Violence Against Women* and *Journal of Interpersonal Violence*. Summaries outlining research findings and opportunities for reform will be created for submission to grey literature government and non-governmental sites such as the Canadian Centre for Justice Statics, Ontario Public Health Association, OAITH, Step it up Ontario, Canadian Federation for the Humanities and Social Sciences and the Public Health Agency of Canada. Furthermore, I will purposefully expose findings to the media through a press release and/or interviews to bring about increased awareness about the issues and challenges that shelters face.

A full report and summary of findings will be shared with all study participants; shelters service providers, and presented, if possible, to shelter Boards of Directors. Policy briefs for government and non-profit organizations will also be developed to synthesize the research findings into a format that encourages action. Policy relevant research summaries, according to Wathen, Watson, Jack, Caldwell, and Lewis (2008) are “designed to help users find, understand and utilize research evidence to inform their clinical, programmatic and policy decision-making” (p. 61). These authors also provide a Handbook for preparing these kinds of briefs, which will be consulted. It is hoped that these organizations will also post this information on their website or share it within a newsletter to be made available at their centre.

Finally, I will continue my program of research in the area of policy and structural violence in relation to violence against women. I plan to build on this study by conducting comparative research on provincial violence against women policies to help inform a national domestic violence strategy and to conduct a study on the essential elements and best practices which should be included in a national domestic violence

strategy. I also intend to expand my research into the international domain to examine country level policies that impact the lives of women and young girls exposed to violence.

### **Conclusion**

Many opportunities have been created as a result of this research. Shelters have been given the chance to expose those obstacles and barriers that impede their ability to deliver services in a manner that is consistent with their mandate and that optimizes the health of women and children in shelter. Engaging in a dialogue that identifies the challenges brings resolution closer for shelters and provides them with much needed information to support their advocacy efforts. It also illuminates prospective policy options that various sectors of government can utilize to better support the effective delivery of shelter services. More importantly, this research raises legitimate concerns about the impact that systemic and policy factors have on the well-being of women and children leaving abusive relationships and their ability to reasonably reconstruct their lives. This study provides insight into existing possibilities that can help strengthen our ratified commitment to eliminate violence against women by serving as a building block for system and policy reform.

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## APPENDIX A

### Interview Guide for Shelter Directors

1. Generally speaking, what are main goals and mission of your organization?
  - a. Are you able to uphold these values? What are some of the strategies used by your organization to fulfill the mission and goals?
2. How would you describe the current climate in which you are delivering services?
  - a. What are some of the issues that you face in delivering services?
  - b. To what extent are violence against women and services provided by shelters seen as important issues by governments and local communities?
3. What are some of the barriers/challenges in delivering shelter services? What supports you to deliver your services in the way you intend?
  - a. What are the main factors affecting service delivery at your shelter? Probe: Funding issues? How do they affect your ability to deliver services and how are they linked to government regulations? How do they affect the lives of women using shelter services?
4. What are some of the key government level decisions/rules or processes that influence the delivery of services at your shelter? (Probe for federal, provincial, municipal). How do they affect service delivery? What is the impact of these for women and children?
5. What sorts of changes are needed to help you delivery services in a way that is best for your shelter and the women/children you serve?
  - a. What solutions would you share to help overcome some of the challenges and barriers in delivering shelter services that you have described above? What changes are needed that would enhance the delivery of shelter services?

6. If you were able to ideally restructure the current way your shelter delivers services so that it best meets the needs and improves the outcomes for women and their children, what changes would you make at the systemic level? within your organization? Why are these changes important?
7. Are there any questions that you think I haven't asked and would like to talk about?

## APPENDIX B

### Moderator's Guide: Shelter Services Delivery Focus Group/Interviews

#### Introduction/Welcome Statement:

My name is Camille Burnett, and I am a doctoral student from the University of Western Ontario, School of Nursing. As part of my dissertation research, I am examining the services which are delivered by shelters and what affects those services. I am particularly interested in some of the successes and challenges you face in your everyday work and what gets in the way or supports the work you do. I will be moderating this focus group.

Welcome and thank you for coming. Each of you has been invited to participate because your point of view is important to this study and enhancing shelter services. We know you are busy and we greatly appreciate your contribution. Your input will help to inform how the delivery of shelter services can be enhanced and where the opportunities lie for improving the current system of delivery. This focus group is not a test and there are no right or wrong answers. I am really interested in your experiences and thoughts about the work you do. I don't expect you to be in agreement with each other, or come to a consensus at the end of the focus group. You are all different people and your experiences and opinions may also be different.

#### Purpose

The purposes of this focus group are to: a) identify what you see as the successes and challenges of delivering shelter services and to better understand what affects the way you carry out this work and b) understand how formal and informal rules and regulations (such as child welfare policies, funding processes, local inter-agency agreements) shape the services you deliver at your shelter and what the impacts are for women who use your shelter services.

#### Guidelines:

1. During the focus group there is no need to speak in any order.
2. Please do not speak while someone else is talking. Try to avoid interrupting others.
3. Time is limited; I may need to stop you from time to time and redirect the discussion as needed.
4. The discussion will be digitally-recorded and will be kept confidential. The responses will be kept as collective responses and I would ask that you keep what is said in the group, within the group.



5. I will be jotting down some notes and ideas as we go to help me keep track of some of the discussion and questions that I may have.
6. If you are unsure about a question please ask us to clarify.

**Focus Group Questions**

1. What is it like to deliver shelter services at your shelter?

Prompts: Could you describe some of the challenges, opportunities, or barriers that you have experienced in delivering services? What are the day to day realities of delivering shelter services?

2. What services and supports do you provide as part of your staff role?

Prompts: How would you describe your role? How do attend to the specialized needs and groups of women (e.g. Aboriginal women, women with disabilities, new immigrants)? How does is this play out in the delivering of shelter services?

3. What most greatly affects your ability as staff to deliver services to women and why? How can this be improved?

Prompts: What type of rules and regulations affect your work? (Consider formal or informal, those from within the shelter versus other agencies and/or government) How do these affect you work? What are the impacts?

4. What changes are necessary at the system level and within your shelter to enhance the delivery of service to women at your shelter? How could this improve the health and quality of life of women who use your services? What do you see as being the priority for change? How do you see these changes occurring? What needs to be done to create the change that you have identified?

5. If you were able to ideally restructure the current way your shelter delivers services so that it best meets the needs and improves the outcomes for women and their children, what would you hope shelter service delivery would look like? How could this happen? Who and what are needed to make this happen?

*Conclusion:*

Thank you very much for participation today. Your input will be kept confidential and will be used to help identify those structures and policies that affect delivery of shelter services in an effort to enhance shelter service delivery in Ontario. The results of this study will be shared with boards and legislative bodies, key stakeholders and community partners. If you are interested in the findings, please let me know. I would be happy to provide a summary and/or meet with you to discuss this when the study has been completed.

Thank you for your time.

## APPENDIX C

### Critical Discourse Analysis Template

Policy Name: \_\_\_\_\_

Ascension Date: \_\_\_\_\_

Ministry Lead: \_\_\_\_\_

Analysis Focus	Outcome
Policy purpose/intent (as written)	
Policy purpose/intent (as described)	
Policy problem (the problematic focus of the discourse; gaps; incompleteness; contradictoriness)	
Policy obstacles: social practices; social location of the discourse; social relations i.e. processes, power, and beliefs; how social resources enable/constrain the textual process of the discourse	
What parts of text reflect social change?	
What is the ideology embedded in the text?	
What are the links between social and political structures that are apparent in the policy?	
What are the links between the policy and everyday actions and experiences of research participants?	
What are the inherent injustices within the policy text?	
Who are the policy's social agents?	
CDA Reflection	

## APPENDIX D

### Letter of Information for Executive Directors and Staff



#### *Examining the Impact of Policies that Shape Shelter Service Delivery for Women*

#### *Exposed to Intimate Partner Violence*

#### *“Shelter Services Study”*

#### Letter of Information

**Researchers:** Camille Burnett, RN, BScN, MPA, PhD(c)  
 Marilyn Ford-Gilboe, RN, BScN, MScN, PhD  
 Helene Berman, RN, BScN, MScN, PhD  
 Cathy Ward-Griffin, RN, BScN, MScN, PhD  
 Nadine Wathen, BA, MA, PhD  
 Arthur Labatt Family School of Nursing, University of Western Ontario

You are being asked to take part in a research study being conducted by researchers from the University of Western Ontario. This study is part of a larger funded project in which we are studying the work that shelters do and how this affects women and their children who seek help. In this part of the study, we are hoping to learn about what is like to deliver shelter services and how policies (formal and informal rules, regulations and decisions) affect the services which shelters offer to women who have experienced abuse. This is important as it will provide insight about how to enhance the delivery of shelter services and, ultimately, improve outcomes for women and their children. Approximately 6 directors and up to 45 staff members from selected shelters are being invited to take part in this study. We hope that the following information will help you to decide whether to take part.

#### **What will I have to do if I choose to take part?**

You will be interviewed once or twice during a six month period. Each interview will take 60 to 90 minutes to complete. You will be asked questions about your experiences in your role at the shelter, the challenges and successes you face in your day to day work, the policies that affect service delivery and the women who use services. You will be asked to choose how you wish to participate (either by focus group interview or individual interview). All interviews will take place in person at your shelter in a private location with the approval of senior management. If this is not possible, we will work with you to find an alternative community location. After we have completed and reviewed the interviews conducted in your shelter, you could be asked to take part in a second interview. In this interview, we will review the findings to date to ask you to comment on how well they fit with your experience. This interview will take 30-60 mins and will take place in a private location at the shelter. We will contact you in the way you prefer (i.e. by mail, e-mail, or telephone) to request a follow-up interview.

#### **Are there any risks or discomforts?**

The risks of taking part in this study are small. You may become upset or hesitant to answer some questions if you do not wish to share your experiences. If you become upset, the interview will be stopped and support will be provided.

### **What are the benefits of taking part?**

You may not benefit directly from taking part in this study. Your participation may help your shelter and other shelters in Ontario become more aware of the complexities they face in delivering services on a day to day basis and raise awareness among key stakeholder, partners, and the public about how policies shape the delivery of services and affect outcomes for women who use these services. The information gained from this study may be helpful in lobbying the government for policy changes which would strengthen programs and services to better meet the needs of women who have experienced abuse.

### **Do I have to take part?**

Participation in this study is voluntary. You may refuse to participate, refuse to answer any questions or withdraw from the study at any time with no effect on your future employment. Participants who take part in individual interviews may withdraw from the study at any time prior to the completion of data analysis. At this point, all identifying information will be destroyed making it impossible to identify their data. Focus group participants will be unable to withdraw their data after they have been collected as it may not be possible to identify their individual contributions to the discussion on the audiotape.

### **What happens to the information I tell you?**

The information you provide is confidential. Your answers will be written down by the interviewer and digitally recorded. They may be discussed with you in a follow-up discussion to be sure we understood the information you provided. Your name and other identifying information will be kept separate from your answers to the study questions. Representatives of the University of Western Ontario Health Sciences Research Ethics Board may contact you or require access to your study related records to monitor the conduct of the research.

Your information will be stored in a locked cabinet in a secure office that only the research team can access. Even if you drop out of the study, the information you have provided will be kept and may be used in this and other related studies. What we learn in this study will be shared in research journals, magazines, newspapers, and public talks. Neither your name nor identifying information will be used. You may receive a copy of the study. If you would like a summary of what we learn at the end of this study, tell a member of the research team.

### **How are the costs of participating handled?**

Most interviews will be conducted at the shelter during work time. However, should you be required to lose time from work to participate in this study, a fee of \$25 will be provided to partially compensate you for your time and inconvenience.

### **Other information about this study**

If you have any questions about the study, please call Camille Burnett, the Principal Investigator at ----or Dr. Marilyn Ford-Gilboe at ---- If you have any concerns about the conduct of this study or your rights as a research participant, please contact The Director, Office of Research Ethics, The University of Western Ontario, at-----.

This letter is for you to keep. If it is not safe for you to keep this letter, the interviewer will keep it on file for you at the study office.

**APPENDIX E**

**Shelter Services Study Consent Form**



*Examining the Impact of Policies that Shape Shelter Service Delivery for Women*

*Exposed to Intimate Partner Violence*

“Shelter Services Study”

Consent Form

I have read the letter of information, have had the nature of the study explained to me and I agree to participate. All questions have been answered to my satisfaction.

\_\_\_\_\_

Participant’s Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Witness Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Principal Investigator’s Signature

\_\_\_\_\_

Date



## APPENDIX F

### Letter to Board of Directors Seeking Agency Permission to Conduct the Study Shelter Board of Directors

#### Examining the Impact of Policies that Shape Shelter Service Delivery for Women Exposed to Intimate Partner Violence “Shelter Services Study”

Researchers: Camille Burnett, RN, BScN, MPA, PhD(c)  
 Marilyn Ford-Gilboe, RN, BScN, MScN, PhD  
 Helene Berman, RN, BScN, MScN, PhD  
 Cathy Ward-Griffin, RN, BScN, MScN, PhD  
 Nadine Wathen, BA, MA, PhD  
 Arthur Labatt Family School of Nursing, University of Western Ontario

We are seeking your permission to conduct a research study within your organization. This research is part of a larger funded project in which we are studying the work that shelters do and how this affects women and their children who seek help. In this part of the study, we are hoping to learn about what is like to deliver shelter services and how policies affect the services which shelters offer to women who have experienced abuse. This is important as it will provide insight as to ways to enhance the delivery of shelter services and ultimately outcomes for women and their children. Approximately 6 directors and up to 45 staff members from selected shelters are being invited to take part in this study. We would like to invite the executive director and staff members from your shelter to take part and are seeking permission from your board to contact them about the study. We hope that the following information will help you to decide whether to give permission for your agency to take part.

Initially, your staff will be interviewed once or twice during a six month period. The interviews will take 60 to 90 minutes to complete. They will be asked questions about their experiences in their role at the shelter, the challenges and successes they face in their day to day work, the policies that affect service delivery and impact for the women who use services. They will be offered a choice of taking part in a focus group interview or individual interview. All interviews will take place in person at your shelter in a private location the approval of senior management. After we have completed and reviewed the interviews conducted in your shelter, some staff members could be asked to take part in a second interview. In this interview, we will review the findings to date to ask them to comment on how well they fit with their experiences. This interview will take 30-60 minutes to complete and will ideally take place in a private location at the shelter.

The risks of taking part in this study are small and staff could become upset or hesitant to answer some questions if they do not wish to share their experiences. If they do become upset, the interview will be stopped and support will be provided. Participants who take part in individual interviews may withdraw from the study at any time prior to the completion of data



## APPENDIX F

## Ethics Certificate

**Office of Research Ethics**

The University of Western Ontario  
 Room 4180 Support Services Building, London, ON, Canada N6A 5C1  
 Telephone: (519) 661-3036 Fax: (519) 850-2466 Email: ethics@uwo.ca  
 Website: www.uwo.ca/research/ethics

**Use of Human Subjects - Ethics Approval Notice**

**Principal Investigator:** Dr. M. Ford-Gilboe

**Review Number:** 17176E

**Review Level:** Expedited

**Review Date:** June 02, 2010

**Approved Local # of Participants:** 45

**Protocol Title:** Examining the effects of policies on the delivery of shelter services to women who have experienced intimate partner violence

**Department and Institution:** Nursing, University of Western Ontario

**Sponsor:**

**Ethics Approval Date:** June 21, 2010

**Expiry Date:** May 31, 2011

**Documents Reviewed and Approved:** UWO Protocol, Letter of Information and Consent (Executive directors and staff - June 10, 2010), Director's email, Letter of Information and Consent (Shelter board of directors - June 10, 2010), Telephone script.

**Documents Received for Information:**

This is to notify you that The University of Western Ontario Research Ethics Board for Health Sciences Research Involving Human Subjects (HSREB) which is organized and operates according to the Tri-Council Policy Statement: Ethical Conduct of Research Involving Humans and the Health Canada/ICH Good Clinical Practice Practices: Consolidated Guidelines; and the applicable laws and regulations of Ontario has reviewed and granted approval to the above referenced study on the approval date noted above. The membership of this REB also complies with the membership requirements for REB's as defined in Division 5 of the Food and Drug Regulations.

The ethics approval for this study shall remain valid until the expiry date noted above assuming timely and acceptable responses to the HSREB's periodic requests for surveillance and monitoring information. If you require an updated approval notice prior to that time you must request it using the UWO Updated Approval Request Form.

During the course of the research, no deviations from, or changes to, the protocol or consent form may be initiated without prior written approval from the HSREB except when necessary to eliminate immediate hazards to the subject or when the change(s) involve only logistical or administrative aspects of the study (e.g. change of monitor, telephone number). Expedited review of minor change(s) in ongoing studies will be considered. Subjects must receive a copy of the signed information/consent documentation.

Investigators must promptly also report to the HSREB:

- a) changes increasing the risk to the participant(s) and/or affecting significantly the conduct of the study;
- b) all adverse and unexpected experiences or events that are both serious and unexpected;
- c) new information that may adversely affect the safety of the subjects or the conduct of the study.

If these changes/adverse events require a change to the information/consent documentation, and/or recruitment advertisement, the newly revised information/consent documentation, and/or advertisement, must be submitted to this office for approval.

Members of the HSREB who are named as investigators in research studies, or declare a conflict of interest, do not participate in discussion related to, nor vote on, such studies when they are presented to the HSREB.



## CURRICULUM VITAE

**1. Name:** Camille Burnett

**2. Academic Preparation:**

Degree	University	Department	Years
Doctor of Philosophy in Nursing - Health Promotion	Western University	Nursing	2006-2012
Masters of Public Administration-Political Science	University of Western Ontario	Political Science	2002-2003
Bachelor of Science in Nursing	University of Alberta Red Deer College	Nursing	1998-2001
Nursing	Mohawk College	Nursing	1997
Bachelor of Arts in Sociology	University of Western Ontario	Sociology	1994
Bachelor or Acts in Psychology	University of Western Ontario	Psychology	1993-1994
Developmental Services Worker	Fanshawe College	Health and Human Sciences	1991-1993
Bachelor of Arts Psychology and Criminology	Carlton University	Psychology	1988-1989

**3. Related Work Experience:**

Date	Institution	Position
2011-Present	Western University	Assistant professor
2009-2011	University of Western Ontario	Research Coordinator
2005-2011	University of Western Ontario	Lecturer
2006-2012	Burnett Consulting	Consultant
2003-2006	Perth District Health Unit	Public Health Manager
2002-2003	London Regional Mental Health	Casual Registered Nurse
2001-2003	Middlesex London Health unit	Public Health Nurse and Team Coordinator
2001-2001	London Health Sciences Centre	Paediatric Emergency Registered Nurse
2000-2000	Red Deer Regional Health Centre	Undergraduate Emergency Nurse
1995-1996	Salvation Army Lawson Lodge	Residential Counsellor
1992-1995	Women's Community House	Residential Counsellor
1992-1994	Child Parent Research Institute	Residential Counsellor

#### 4. Honours and Awards:

2012	Faculty of Health Sciences Travel Award
2011	Recognition of Teaching Excellence Award
2010	Recognition of Teaching Excellence Award
2010-2011	USC Teaching Honour Roll Award of Excellence
2010	Sigma Theta Tau Honour Society of Nurses Iota Omicron Chapter Research Award
2010	Community Health Nurses Interest Group Research Award
2010	Faculty of Health Sciences Graduate Thesis Award
2010	Faculty of Health Sciences Travel Award
2010	Canadian Institutes of Health Research Institute of Gender and Health Research Travel Award
2009	Kathleen Howe Registered Nurses Foundation of Ontario Scholarship Award Winner
2009	Recipient of Doctoral Trainee Award CIHR NET Team on the Long-term Health Consequences of Intimate Partner Violence
2009	Recognition of Teaching Excellence Award
2009-2010	USC Teaching Honour Roll Award of Excellence
2008	Recognition of Teaching Excellence Award
2008-2009	USC Teaching Honour Roll Award of Excellence
2007	Recognition of Teaching Excellence Award
2007-2008	USC Teaching Honour Roll Award of Excellence
2006-2009	Recipient of Doctoral Trainee Award CIHR NET Team on the Long-term Health Consequences of Intimate Partner Violence
2006	Recognition of Teaching Excellence Award
2006-2011	Arthur Labatt Family School of Nursing Graduate Research Award
2005	Sigma Theta Tau Honour Society of Nursing Inductee

#### 5. Scholarly Activities

1. Burnett, C. (March, 2012). The day to day reality of the delivery of shelter services in the context of system and policy demands. Papers presented at the International Conference of the Nursing Network on Violence Against Women International, sponsored by the University of Virginia, Charlottesville, Virginia.
2. Burnett, C. (October 13, 2011). Guest Lecturer: University of Western Ontario to Doctoral Students "Experience of completing Oral PhD Examination"
3. Burnett, C. (February 2011). Examining the Effects of Policies on the Delivery of Shelter Services to Women who have Experienced Intimate Partner Violence. Papers presented at the International Conference of the Nursing Network on Violence Against Women International, sponsored by the University of Auckland, Auckland, New Zealand.
4. Burnett, C. (October 13, 2010). Guest Lecturer: University of Western Ontario to Doctoral Students "Experience of completing Oral PhD Examination and PhD proposal writing"

5. Burnett, C. (March 24, 2010). Nursing Leadership: Using research to influence policy and advocacy. Papers presented at the University of Western Ontario Proposal-Fanshawe College Bachelor of Science Collaborative Program, London, Ontario.
6. Burnett, C. (March 1, 2010). Examining the Effects of Policies on the Delivery of Shelter Services to Women who have Experienced Intimate Partner Violence. Papers presented at the University of Western Ontario Proposal Defence, London, Ontario.
7. Burnett, C. (October, 2009). Examining the concept of advocacy within the structural context of delivering advocacy services to women who have experienced violence. Papers presented at the International Conference of the Nursing Network on Violence Against Women International, sponsored by the University of Miami, Miami, Florida.
8. Burnett, C. (May, 2009) Advocacy: A Conceptual Analysis. Paper presented at the Nursing Research: The Path to Excellence, sponsored by the School of Nursing, University of Western Ontario and Iota Omicron Chapter, Sigma Theta Tau, London, Ontario.
9. Ford-Gilboe, M., Burnett, C., Wuest, J., Varcoe, C., J. Hammerton, C. McKee (May, 2009). Patterns of service use among women who have recently left an abusive partner. Paper presented at Nursing Research: Health Policy Forum, sponsored by the School of Medicine and Ivy Business School, University of Western Ontario, London, Ontario.
10. Ford-Gilboe, M., Burnett, C., Wuest, J., Varcoe, C., J. Hammerton, C. McKee (2008, May). Patterns of service use among women who have recently left an abusive partner. Paper presented at Nursing Research: The Path to Excellence, sponsored by the School of Nursing, University of Western Ontario and Iota Omicron Chapter, Sigma Theta Tau, London, Ontario.
11. Burnett, C. (May, 2007). Nursing Leadership: Exploring our role in advocacy and policy related to social exclusion and poverty. Papers presented at the 1st National Community Health Nurses Conference, Toronto, Ontario.
12. Burnett, C. (2005). Guest Lecturer: University of Western Ontario to year 3 nursing students “Chronic Disease and Injury Prevention”