COBTH Domestic Violence Council DV Shelter Survey Report
Sept-Oct 2012

BACKGROUND

In order to begin shedding some light on the impact of the critical lack of Domestic Violence (DV) shelter space from the perspective of hospital-based DV programs, the Conference of Boston Teaching Hospitals' Domestic Violence Council (COBTH DVC) partnered with the wider Boston Regional consortium of domestic and sexual violence programs to devise and implement a very limited survey of its members in order to capture some very basic information about needs, requests, and availability of DV shelter space for patients at risk during a 3 week period. Following are a description of the survey implementation and findings, as well as a few notable limitations.

Between September 18 and October 5, 2012, a group of domestic violence advocates and social workers in six Boston area hospitals (Beth Israel Deaconess Medical Center, Boston Medical Center, Brigham and Women's Hospital, Lahey Clinic, Massachusetts General Hospital and Newton-Wellesley Hospital) participated in a daily survey to document the need for DV shelter among those accessing their services. Social workers and advocates in these six hospitals filled out an online survey every day for the three weeks, indicating how many people were seeking alternative housing due to DV that day, how many of those tried to access DV shelter that day, how many found shelter, and where people went if DV shelter was not available (if known).

KEY FINDINGS

Respondents' role within their program/hospital:	
Advocate	**52.7%**
Social Worker	**47.3%**
Between 9/18/12 and 10/5/12, number of DV survivors served by the respondents who were seeking alternative housing due to DV:	**61**
Of those 61, the number who were requesting DV shelter and actively tried to get into a DV Shelter on the day they sought help (e.g., called SafeLink, other hotlines, or shelters directly):	**51**
Of those 51 who tried to get into DV shelter, the number who got into a DV shelter in Massachusetts on the day they sought help:	**3**
The number who got into a DV shelter in another state on the day they sought help:	**6**
Where those who did NOT get into DV Shelter go:	
Back home to the abuser	**6**
Friend or family	**25**
Non DV Shelter	**4**
Stayed at ED/admitted	**2**

These very raw yet powerful numbers support what advocates and program directors have been reporting anecdotally for over a year, which is that countless DV survivors seeking care in hospitals and/or seeking advocacy services from hospital-based programs are seeking and yet unable to access DV shelter. Of particular note, during this three week period, among a subset of victims seeking help finding DV shelter from a hospital-based social worker or advocate, **96% were unable to access DV shelter in MA at the time they were in crisis.**

The following details shared by one respondent highlight the complexities of survivors' circumstances, as well as how critical it is that survivors find the help they need, where and when they seek help:

> "This client had been trying to get into a DV shelter for days prior to my meeting her in the hospital. She had already called the shelters individually in addition to calling SafeLink. She was also a recent sexual assault survivor who was suffering from high levels of trauma. The stress in her life, including not being able to find a shelter, had led to a drug overdose which is what brought her to the hospital. We were unable to find a DV shelter placement for her, and a homeless shelter was not a good option given the proximity of her abuser. In lieu of a shelter placement, the survivor along with her psychiatrist agreed that a crisis stabilization unit would be a good first step before attempting to find a DV shelter placement again. You could say that not finding a shelter placement for days contributed to her nearly killing herself by a drug overdose."
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> Another respondent commented simply that the "individual was very demoralized and felt 'why even bother to call a hotline?'"

LIMITATIONS

The survey developers would like to caution the reader regarding two significant limitations to the survey, which in turn limit how the findings can be interpreted. The first is that only 6 COBTH DVC hospitals participated, and only a sub-set of social workers and advocates were able to participate in the survey due to time constraints, competing priorities in their daily workload, etc. Thus, the numbers can in no way be interpreted to reflect the total number of victims seeking help with emergency safe housing in any one of the hospitals, let alone all the area hospitals. We believe it is merely the tip of the iceberg.

Secondly, we purposely kept the survey very brief and simple in hopes of securing maximum participation. Thus, we were unable to collect any details about the individual survivors or their circumstances, for example gender, whether they were alone or with children, primary language spoken, etc. We simply hoped to verify with some very limited program statistics that this problem is indeed pervasive, and use it to engage our partners and stakeholders in addressing this critical gap.