



**COBTH Domestic Violence Council DV Shelter Survey Report
May 2013**

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) in September of 2012 implemented a very limited survey of its hospital 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. These results are available in a separate report. **A key finding was that between September 18 and October 5, 2012, 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.**

Recognizing that the survey was completed by a relatively small number of providers at just a handful of hospitals, and for only three weeks, we thought it might be helpful to repeat the survey, and also to gather a little more information about where people who did not get into shelter ultimately went, as well as identification of some of the factors influencing lack of shelter placement. Following are the results from this most recent survey.

Between April 1 and April 22, 2013, a group of domestic violence advocates and social workers in five Boston area hospitals (Beth Israel Deaconess Medical Center, Boston Medical Center, Brigham and Women’s Hospital, Lahey Clinic, and Massachusetts General Hospital), as well as MGH Revere Healthcare Clinic and Journey to Safety of Jewish Family & Children’s Services participated in a daily survey to document the need for DV shelter among those accessing their services. Social workers and advocates at these sites filled out an online survey daily for a period of 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 (if known) people went if DV shelter was not available.

KEY FINDINGS

Respondents’ role within their program/hospital*:	#	%
Advocate		21%
Social Worker		76%
Other (one psychologist and one community-based advocate)		3%
Between April 1st and April 22, 2013, number of DV survivors served by the respondents who were seeking alternative housing due to DV:	40	
Of those 40, the number who were requesting DV shelter <u>and</u> actively tried to get into a DV Shelter on the day they sought help (e.g., called <i>SafeLink</i> , other hotlines, or shelters directly):	19	47.5%
Of those 19 who tried to get into DV shelter, the number who got into a DV shelter <u>in Massachusetts</u> on the day they sought help:	3	16%
Of those 19 who tried to get into DV shelter, the number who got into a DV shelter <u>in another state</u> on the day they sought help:	1	5%

Where those who did NOT get into DV Shelter (15 of 19) go:**		
Back home to the abuser	7	46%
Friend or family	11	73%
Non DV Shelter for singles	1	5%
Non DV Family/EA shelter	1	5%
Stayed in hospital (ED, admitted, or not discharged)	0	
Vehicle	2	11%
Street/other public place	1	5%
Unknown	1	5%

* Two respondents work for their hospital’s Employee Assistance Program, indicating that at least 2 of the survivors represented above were hospital employees. This raises an important reminder that COBTH DVC members also serve community members in addition to patients and employees.

** Numbers do not add up to 19; the additional 5 may be some of the patients who were in need of somewhere to go, but were not necessarily seeking DV shelter.

In this second survey, we additionally asked respondents to select among a list of possible factors they knew or believed to be related to the inability of survivors to access DV shelter. As suspected, 80% cited the fact that there was not shelter space available. Among the other options listed, 30% indicated no transportation, 20% indicated a medical condition/disability, 15% indicated mental health or substance abuse issues, and 10% indicated that the victim was determined by the shelter not to be in danger. (Numbers do not equal 100% because some respondents indicated more than one factor.) None of the providers responding believed that inability to get into shelter was due to factors related to gender, sexual orientation, age, racial/ethnic identity, or pets. Two of the responses under “other” related to survivors’ fears of/distrust of the public shelter system, and one indicated the reason was that the survivor had a small child.

These additional data mirror the findings from the first survey, and validate the reports from hospital-based advocates and social workers that numerous DV survivors are seeking and yet unable to access DV shelter or an alternative safe place to go when they are in crisis. 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, **84% were unable to access DV shelter in MA at the time they were in crisis.**

LIMITATIONS

As with the first survey, the survey developers would like to caution the reader that there are significant limitations which impact how the findings can be interpreted. Only 6 COBTH DVC members participated (primarily hospitals which were the focus of the survey), and only a sub-set of social workers and advocates were able to participate in the survey, especially considering that the Marathon bombing occurred at the beginning of the 3rd week of data collection. For these and many other reasons, the numbers in no way reflect the total number of victims seeking help with emergency safe housing in any one hospital, let alone all the area hospitals. We believe it is merely the tip of the iceberg.

We hope this second survey will serve to validate the findings from the first survey, provide some additional (albeit still quite limited) statistics that this problem is indeed pervasive, and engage our partners and stakeholders in addressing this critical gap in the coordinated community response to domestic violence.