



**COBTH Domestic Violence Council DV Shelter Survey Report
May 2016**

BACKGROUND

In order to continue to assess and characterize the experiences of survivors who are seeking Domestic Violence (DV) shelter with the help of hospital-based social services and advocacy programs, the Conference of Boston Teaching Hospitals’ Domestic Violence Council (COBTH DVC) has recently conducted its 4th very limited survey of its health care members during the last week of April/first 2 weeks of May. (The first survey was conducted in September of 2012, the second was in April of 2013, and the third was in March of 2014. Findings and summaries of those surveys are available separately, by request.)

FINDINGS

Between April 25th and May 16th, 2016, a group of domestic violence advocates and social workers in several Boston area hospitals and two community health center-based advocacy programs participated in a daily survey to document the need for DV shelter among those accessing their services. During this 3 week period, social workers and advocates filled out an online survey every time they worked with someone who was seeking shelter due to DV. They were asked how many of those tried to access DV shelter that day, how many found shelter, and where (if known) survivors went if DV shelter was not available.

Respondents’ role within their program/hospital*:	#
Advocate	19
Social Worker	6
Other (Resource Coordinator)	1
Between April 25 th -May 16 th , number of DV survivors served by the respondents who were seeking alternative housing due to DV:	31
Of those 31, 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):	25
Of those 25 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:	2
Of those 25 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:	0

Where those who did NOT get into DV Shelter go:	#
Back home- lives with the abuser	4
Back home- abuser has access	3
Friend or family	10
Non DV Shelter for singles	1
Non DV Family/EA shelter	1
Stayed in ED or hospital	1
Vehicle	1
Street/other public place	0
Other- please explain <i>“stayed in a safe home but time is running out there”</i>	1
Unknown	4

Responses came from Boston Children’s Hospital, Boston Medical Center, Brigham and Women’s Hospital, Brigham and Women’s Faulkner Hospital, Cambridge Health Alliance, Massachusetts General Hospital, Violence Recovery Program at Fenway Health and the Community Advocacy Program of CCHERS.

As in the last survey, respondents were asked to indicate potential factors known or believed to be related to the inability to access DV shelter. Respondents were able to select more than one response, since for some there were many factors/barriers involved. Not surprisingly, 76% cited the fact that there was not shelter space available. Among the other options listed, 24% indicated children as a factor, 20% said that the survivor was determined by the shelter not to be in danger, 19% indicated a language barrier, 19% no transportation, 10% a medical condition/disability, 10% mental health or substance abuse issues, 10% pets, 5% an issue related to gender identity or sexual orientation, 5% age, and 20% indicated “other.” None of the respondents believed that racial/ethnic identity played a role.

- *“There were no beds available in MA. Client has 6 children under 18. A 51a was filed two days ago, so the client does not want to go out of state.”*
- *“Child has a disability, mother does not want to opt in to shelter”*
- *As an OB social worker I encounter DV on a regular basis. Often, women are unwilling or unable to pursue change in the context of a new baby. We always refer to our in-house DV Program, and more often than not moms will at least take a visit.”*
- *“Survivor is a gay man and Spanish speaker, many shelters will not work with Spanish speakers or men.”*
- *“Abuser is currently in another country but has communicated to victim that he is looking for her and knows where she is. Shelter intake staff told her she is not at risk because abuser is not in the country. She knows he has the ability to get here and find her and her 2 y/o if he really wants to. She is not a MA resident so not eligible for EA shelter, knows no one in MA”*
- *“Client is currently in detox but is interested in DV shelter”*
- *“Previous experience with not having found shelter through SafeLink in the past was a reason that the client did not want to call today.”*
- *“Due to difficulty explaining DV experiences in English and currently being in EA shelter, 2 individuals (a parent and a child) were assessed as not needing DV shelter. The other two were told there was no available space in MA.”*
- *“One of the survivors... is working evening shift and wants to keep her job. She has two small children; she would feel safer only if she was able to get access to a DV shelter and still keep her job. For now she can only rely on her family and relocate there even though the abuser is aware of the address.”*

The data continue to demonstrate 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. During this three week period, **92% of victims seeking DV shelter with the help of a health care-based provider were unable to access shelter in MA at the time they were in crisis.**

LIMITATIONS

The authors acknowledge some key limitations which impact how the findings can be interpreted. While 8 COBTH affiliated programs/hospitals participated, only a sub-set of social workers and advocates were able to participate in the survey due to our inability to reach everyone in our hospitals who work with victims, competing priorities for busy staff, etc. Furthermore, due to technical difficulties with the SurveyMonkey site, respondents had to clear their browser history each time they accessed the survey, adding a potential time/inconvenience factor. For these and many other reasons, the numbers in no way reflect the total number of victims seeking help with emergency safe housing at any one hospital, let alone all the area hospitals and across the City. However, the experiences faced by the survivors who are represented in the survey continue to provide insight into the critical lack of shelter space continuing to put victims and their children at risk. Our goal is to continue to inform and engage our partners and stakeholders in addressing this critical gap that persists in the coordinated community response to domestic violence.