

Systemic Factors Explain Differences in Low and High Frequency Shelter Use for Victims of Interpersonal Violence

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Abstract

Intimate partner violence is detrimental to women and children's health and social outcomes. In order to identify the complex factors that shape help-seeking behaviour and what places women at highest risk of recurrence of violence and shelter use, it is critical to examine how individual and systemic factors influence shelter use. The Healing Journey Project was a longitudinal study conducted across Alberta, Saskatchewan, and Manitoba to identify the experiences of women who were victims of intimate partner violence. A total of 665 women who had previously experienced IPV were interviewed biannually over a four-year period. Descriptive statistics informed probit regressions that then identified several factors that differentiate single frequency shelter users from high frequency users. The results emphasize the importance of using intersectionality theory to recognize the interplay of multiple factors to showcase the complexity of IPV and how it affects shelter use. The results also emphasize how colonialism's lasting effects are pervasive, alongside the impacts of poverty, intergenerational abuse and structural barriers to housing and childcare. Implications require changes to policy and government funding to enhance access to gender and culturally safe housing with trauma-informed supports to both intervene and potentially prevent multiple experiences of violence.

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Policy, SPP Research Papers; Milaney, K. (2016). "System planning: A Case study of the Calgary homeless foundation's system planning framework". In N. Nichols & C. Doberstein (Eds.), *System level responses to homelessness*. Toronto, ON: Canadian Observatory on Homelessness; and Milaney, K. (2012), "The Six dimensions of promising practice for case managed supports to end homelessness: Part 2: The 6 dimensions of quality". *Professional Case Management*, 17 (1), 4-14.

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Introduction

Intimate partner violence (IPV) in Canada is of critical concern; in 2014, IPV incidents accounted for more than a fourth of police-reported violent crimes (Canadian Centre for Justice Statistics, 2014). IPV is gendered, meaning that most of the violence against women occurs because of the normative roles that women are expected to hold and power differences between men and women (Russo & Pirlott, 2006). Culture is also an important consideration as women of particular cultural backgrounds are at greater risk of experiencing violence (Sokoloff & Dupont, 2005). For example, in Canada, Indigenous women experience violence at a rate that is four times higher than non-Indigenous women (Brownridge, 2008).

Researchers emphasize that IPV is detrimental to women's health and social outcomes and is cause for alarm. The Canadian Centre for Justice Statistics (2014) identified that in 2014, 40% of women who experienced IPV sustained physical injuries. Researcher have also shown that women often experience a complex combination of mental health issues such as post-traumatic stress disorder, anxiety, depression, and suicidal behaviour (Pico-Alfonso et al., 2006) and are significantly more likely to be fearful following IPV (Canadian Centre for Justice Statistics, 2013).

Experiences of IPV against women have been argued by some researchers to be exacerbated by structural factors including unequal access to housing, health care and income (Montesanti & Thurston, 2015). This study examines the characteristics of single and high frequency domestic violence shelter users over four years in three Canadian provinces. Through a lens of intersectionality, we highlight important gendered and cultural influences. Developing an understanding of the many individual and systemic factors that impact women's shelter use

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patterns provides insight into the ways in which policies and services can better support women and children escaping IPV.

Background

Victimization as an adult has been predicted both by victimization in adolescence (Smith, White, & Holland, 2003) and experiences of sexual and physical abuse during childhood (Desai, Arias, & Thompson, 2002). The literature suggests that IPV is cyclical as childhood exposure to violence and adverse experiences increases the likelihood that children may become victims or perpetrators of abuse in later stages of life (Cannon, Bonomi, Anderson, & Rivara, 2009; Lee, Guy, Perry, Sniffen, & Mixson, 2007; Noll, 2005; Bensley, Van Eenwyk, & Wynkoop Simmons, 2003; Coker, Smith, McKeown, & King, 2000).

Several researchers have investigated the demographic characteristics (including age, maternity, ethnicity, and education level) which influence a woman's decision to access a shelter. For instance, older women have been found to be less likely to access shelters and are more likely to stay with their abusive partner for an extended period as they are less likely to classify their relationship as abusive (Lundy and Grossman, 2009; Wilke & Vinton, 2005). Additionally, a lack of age appropriate medical and disability supports may inhibit older women from accessing shelters (Zink, Regan, Jacobson, & Pabst, 2003). Interestingly, some researchers have identified that women with children are more likely to use shelter services (Clevenger & Roe-Sepowitz, 2009; Ford-Gilboe et al., 2015), while another study found that women with children are more likely to believe that leaving their partner will negatively affect their children's well-being and safety (Mohr, Fantuzzo, & Abdul-Kabir, 2001).

Researchers have also identified that Indigenous women are less likely to report

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victimization and less likely to access victim services (Perrault & Brennan, 2010; Brennan, 2011). The history of structural racism and discrimination experienced by Indigenous women (Smye & Brown, 2013) may help explain this, as previous experiences may not have been helpful, or may have exacerbated trauma (Brown et al, 2016). Indigenous women living in smaller or more isolated communities may also lack the means or resources needed to access appropriate victim services (Public Health Agency of Canada, 2008). Researchers also confirm that women who had recently immigrated were less likely to engage in formal help-seeking behavior such as accessing shelter supports (Hyman, Forte, Mont, Romans, & Cohen, 2006). Language and cultural differences and lack of knowledge about available services have been identified as barriers to access (Grossman & Lundy, 2011).

Although IPV affects women across all income levels, access to financial resources has been found to significantly impact the types of services that women access (Barrett & St. Pierre, 2011) and women's capacity to establish independence from their partner (Rollins et al. 2012). Shelter users are more likely to be on public income assistance, half as likely to be employed (Grossman & Lundy, 2011) and women who do not graduate from high school access formal support services more frequently than women with a high school education (Barrett & St. Pierre, 2011; Grossman & Lundy, 2011). Women with higher incomes may be less likely to rely on shelters if they have financial resources to access alternate housing options (Cattaneo & Deloveh, 2008). Findings from the literature also suggest that the relationship between housing and shelter is bidirectional. While some studies have shown that women who escape abuse often face housing insecurity (Pavao, Alvarez, Baumrind, Induni, & Kimerling, 2007; Ponc et al., 2011), others have found that housing insecurity predicts shelter use (Galano, Hunter, Howell, Miller, &

Graham-Bermann, 2013). Domestic violence shelters help break the cycle of IPV by facilitating access to resources needed to establish safety from abusers and are of particular importance for women who lack financial independence (Tutty et. al., 2009; Baker, Billhardt, Warren, Rollins, & Glass, 2010). However, access to shelters alone may not be sufficient to break the cycle of repeated experiences of violence.

These results suggest that understanding the driving factors between single and high frequency shelter use extends beyond basic demographics and further research is needed to understand these results. As women may leave their abuser an average of five to seven times before they exit abuse permanently (Halket, Gormley, Mello, Rosenthal, & Mirkin, 2014), it is important to identify the factors that influence women's shelter use frequency. A high frequency user (seven or more visits) could be differentially influenced by individual and systemic factors compared to single frequency users. Determining the roles of these factors and their relative importance allows complex factors that shape help-seeking behaviour to be identified. This also allows us to identify women who are at highest risk of recurrence of violence. Access to shelters in the absence of changes to public policy and government funding for vulnerable women may be an insufficient response (Iyengar & Sabik, 2009), and may be a primary determinant of women's capacity to sustainably exit violence.

Theoretical Orientation: Intersectionality

This manuscript applies an intersectional approach acknowledging that experiences of social marginalization do not happen in isolation of each other. In other words, experiences of IPV may be contextualized by income, cultural background, education levels, and previous experiences of abuse. According to Crenshaw (1993), social experiences are not mutually

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exclusive as each may exacerbate or confound one another. Women may face multiple forms of oppression, privileges, and disadvantages that may shift based on context (Samuels & Ross-Sheriff, 2008). Taking up an intersectional analysis means examining and understanding the ways in which social identities are formed, the systems of oppression that create inequities and that these do not exist in isolation of each other (Samuels-Dennis, Bailey, & Ford-Gilboe, 2011). In other words, by applying this theory, particularly the intersections of gender and culture, we recognize that IPV and subsequent shelter use may be higher or lower depending on various social identities and structural barriers that impact how women may respond in terms of help seeking. Applying a theoretical framework that is reflective and inclusive of gendered and cultural experiences of violence allows for a discussion of how existing approaches can be improved to better respond to the complex and diverse needs of women that extend beyond demographic characteristics (Sokolof & Dupont, 2005). Given the high rates of female lone parent families accessing emergency shelters, high rates of violence against Indigenous women and the relationship between violence and trauma, including intergenerational trauma, a ‘gender/culture lens’ is required to develop an appropriate framework for critical inquiry and responses (Homes for Women, 2013). ‘Neutral’ approaches to research are not adequate for complex theoretical development on IPV interventions and prevention. Applying community-based supports or implementing policies that may have been developed in isolation of the gendered and cultural experiences of IPV, can actually exacerbate emotional and mental distress (Milaney, 2016). Interventions and the policies that guide them need to be re-framed within broader social-economic and structural barriers, such as the gendered and cultural nature of poverty, violence, a lack of affordable housing and child care, inadequacy of government

financial benefits, and multi-generational vulnerability in order to be substantive and sustainable (True, 2010).

Methods

Data Collection

This study utilized data from The Healing Journey Project. The Healing Journey Project was a longitudinal study that took place across Alberta, Saskatchewan, and Manitoba to identify the experiences of women, many of whom were mothers, who experienced IPV. Interviews were conducted biannually over four years with 665 women who had previously experienced IPV, thus constituting a total of seven waves of interviews. The interviews lasted approximately two hours each and questions were read aloud to accommodate the various levels of literacy amongst the participants.

The study relied on convenience sampling by recruiting participants primarily through partnering community and research organizations. Additionally, media and posters were displayed in community organizations to engage participants who were not directly in contact with the partnering organizations. In order to account for diversity across victims of IPV, the Healing Journey research team focused on obtaining a sample group with variation across characteristics such as ethnicity, sexual orientation, age, and education.

Data Analysis

In order to examine the effects of several variables on a consistent group of respondents, those with missing data for any of the chosen variables were removed from the dataset. Examined variables included: age; being Canadian born; having a high school education or higher; self-identification as Indigenous; reported number of children; receipt of social

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assistance; having an income of less than \$10,000; experience of childhood abuse; experience in a foster home or with child welfare; attending an IPV shelter with their mother or guardian as a child; and having previous housing and a neighbourhood that were less than adequate. Analysis focused primarily on two subgroups of the project dataset: (1) respondents who reported accessing shelters once (N=140); and (2) respondents who accessed shelters seven or more times (“high-frequency users”) (N=38). Those two subgroups were identified using reported shelter use in the first wave of interviews.

Pearson’s chi-square tests and correlations were calculated, thus providing insight into whether or not the two subgroups of respondents were statistically different from one another. In the event that one or more cells in the respective cross tabulations had expected counts below five, Fisher’s exact tests were employed instead of Pearson’s chi-square tests to account for the small number of respondents in one or more cells. Finally, the probability of being a high frequency user was modelled using the significant variables from the univariate comparison. To assess the relative importance of the differences between groups and establish whether confounding was present among variables, the marginal effects were examined from probit regressions.

Results

Table 1 shows the descriptive statistics for the dataset, along with statistical tests for differences between single and high frequency users.

Table 1
Summary of Descriptive Statistics

		Single Frequency Shelter Users (n=140)	High Frequency Shelter Users (n=38)
Demographics			
Age ^a	≤ 35	64 (45.7)	24 (63.2)
	36+	76 (54.3)	14 (36.8)
Canadian Born ^{b*}	Yes	119 (85.0)	37 (97.4)
	No	21(15.0)	1 (2.6)
Highest Level of Education ^{a*}	< High school education	42 (30.0)	24 (63.2)
	≥ High school education	98 (70.0)	14 (36.8)
Indigenous ^{a*}	Yes	56 (40.0)	26 (68.4)
	No	84 (60.0)	12 (31.6)
Number of Children ^{c*}	Average:	2.371	3.368
Respondent Receives Social Assistance ^{a*}	Yes	59 (42.1)	26 (68.4)
	No	81 (57.9)	12 (31.6)
Salary ^{a*}	< \$10,000	28 (20.0)	20 (52.6)
	≥ \$10,000	112 (80.0)	18 (47.4)
Experiences in Childhood			
Childhood Abuse ^{a*}	Yes	103 (73.5)	37 (97.4)
	No	37 (26.4)	1 (2.6)
Experiences in Foster Home/Child Welfare ^{a*}	Yes	22 (15.7)	14 (36.8)
	No	118 (84.2)	24 (36.8)
Went to IPV Shelter with Mother/Guardian as Child ^{a*}	Yes	15 (10.7)	12 (31.6)
	No	125 (89.3)	26 (68.4)

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Demographics Cont.

		Single Frequency Shelter Users (n=140)	High Frequency Shelter Users (n=38)
Living Situation			
Previous Housing ^{b*}	≤ Not Adequate	11 (7.9)	11 (28.9)
	≥ Adequate	129 (92.1)	27 (71.1)
Previous Neighbourhood ^{a*}	≤ Not Adequate	20 (14.3)	11 (28.9)
	≥ Adequate	120 (85.7)	27 (71.1)

*. Significant at the 0.05 level

^a. Pearson's Chi-Square Test

^b. Fisher's Exact Test (2-sided)

^c. Independent Samples T-Test

Table 2 shows the results from a series of probit regressions with an increasing number of covariates.

Table 2

Marginal Effects on the Probability of Being a High Frequency Shelter User

VARIABLES	(1)	(2)	(3)	(4)	(5)
High school or more	-0.175*	-0.135	-0.090	-0.096	-0.052
	(0.070)	(0.070)	(0.067)	(0.070)	(0.066)
Salary > 10K	-0.209*	-0.198*	-0.173*	-0.209*	-0.184*
	(0.080)	(0.080)	(0.078)	(0.081)	(0.080)
Over age 35		-0.072	-0.063	-0.095	-0.084
		(0.061)	(0.058)	(0.062)	(0.059)
Indigenous		0.132*	0.121*	0.112	0.099
		(0.063)	(0.060)	(0.063)	(0.059)
Abused as a child			0.178*		0.178*
Number of children				0.045*	0.043*
				(0.019)	(0.018)
Observations	178	178	178	178	178

Standard errors in parentheses

* p<0.05

Model 1 suggests that respondents who have completed at least a high school education and who have a salary of \$10,000 or greater are less likely to be high frequency shelter users. In each of the models, the education estimate loses significance, while the variables measuring income level and childhood abuse experiences remain consistent. This suggests that education is confounded by the additional variables added to the model. Further, identifying as Indigenous loses significance with the addition of number of children. Women who were abused as children are more likely to be high frequency shelter users and with each additional child, women face an increase in the probability of being a high frequency user.

Additional models that controlled for housing/neighbourhood adequacy, shelter use in childhood, experience in foster care or child welfare system, being Canadian-born, and receiving social assistance were also estimated; however, these variables were not statistically significant and did not confound the estimates of our variables already in the model. Further, the binary variable measuring the presence of children (yes/no) was not statistically significant and thus, was not used in addition to the variable measuring the number of children.

Discussion

There are many differences between the two subgroups of shelter users when variables are considered individually; high frequency users have less education and lower incomes and more likely to be receiving social assistance. Further, high frequency shelter users are significantly more likely to have reported living in less than adequate housing conditions and to have lived in a less than adequate neighbourhood. Having a greater number of children was found to be a risk factor for becoming a high frequency shelter user. This reflects much of the

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work in the literature that suggests that women with many children may have more difficulty finding affordable or social housing (Baker et al., 2010). Experiences of childhood abuse were also found to be a risk factor for high frequency shelter use, substantiating the cyclical nature of abuse that is discussed in the literature. Adverse childhood experiences may affect women's perceptions of abuse (Varia, Abidin & Dass, 1996; Young & Widom, 2014) and in conjunction with poverty and number of children, shape their help-seeking patterns.

Indigenous women in this study reported having larger families, were less likely to have a high school education and had lower family incomes than non-Indigenous women. Researchers argue that colonial structures and systems have created an historical silencing of Indigenous women's needs and they are therefore likely to delay seeking needed health advice. The consequences of colonialism including residential schools and their legacy impacts on Intergenerational trauma (Bombay, Matheson & Anisman, 2013) help contextualize these differences and are critically important to understand when developing and implementing culturally safe interventions (Brown, et al, 2016; Kurtz, Nyberg, Tillart & Mills, 2008).

The probit regressions suggest that income acts as a protective factor, decreasing the likelihood that repeat shelter use will occur. This is likely because a higher income provides greater financial stability for women in the process of leaving an abuser (Strube & Barber, 1983).

Women in this sample spanning the Canadian Prairies found formal protective strategies such as calling the police or child services to be less helpful in protecting their children from violence (Nixon et al., 2017). This demonstrates the perceived value of informal protective strategies women with children employ in abusive relationships such as: relying on

friends/neighbours and avoiding or minimizing the discussion surrounding the abuse to protect their children (Jewkes, 2002; Buchanan, Power & Verity, 2014).

Examining the gendered and cultured nature of IPV including recognizing the multidimensionality of social identity (she is a woman, a mother, poor, housing insecure and may be Indigenous) creates an opportunity to examine IPV not just as a public health issue but as a complex social experience and helps identify the role that structural practices play in exacerbating the effects of IPV. For example, if the reasons that women are using shelters multiple times, and therefore returning to unsafe situations multiple times, are due to policies and subsequent interventions that are not reflective of the gender and cultural needs of vulnerable women and children, like systemic barriers to education and employment, accessible, safe and affordable housing and childcare, we can posit systemic alternatives. We can identify ways to reduce gaps between the violence and housing sectors and improve access to safe and trauma-informed cultural supports that starts with appropriate, safe and permanent housing. Creating more shelters or shelter beds may simply be a stopgap measure.

The findings highlight the need for integrated government collaboration and funding and multi-disciplinary networks of service providers to develop strategies to ensure gender and culturally appropriate supports are embedded in housing programs. For example, current 'Housing First' programs (provision of affordable, permanent housing with on-site case management) have been shown to be successful in preventing homelessness and reducing the need for police and emergency services for people with very complex mental and physical health issues but have been designed primarily for adult single men (Goering et al, 2014). Housing First programs could be adapted to include access to affordable units large enough to support families with multiple children, include access to affordable or free child care to support mothers into education and employment and be rooted in trauma-informed and

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culturally safe practices by service providers trained in the gendered and cultured nature of IPV. This approach creates potential for reduced use of emergency shelters as the only (and likely short-term) option to escape abuse, reducing the risk of multiple returns to unsafe situations and could potentially reduce the risk that children will carry on the cycle of abuse into adulthood.

Limitations

The Healing Journey research team used convenience sampling and focused on recruiting a diverse set of participants to adequately represent minority populations. Therefore, this sample does not represent all women who have experienced IPV as adults. The data is self-reported and is subject to the usual limitations of memory and perception; however, as trained interviewers administered the survey, this allowed women to ask questions and increased consistency in responses. Care should be taken in relying on descriptive statistics regardless of the degree of statistical significance that is found as multivariate analysis may show a more nuanced understanding and will prevent assumptions from being made (Hewitt-Taylor, 2011).

Conclusion

Echoing the YWCA Canada's (2008) statement that "policy is driving the solutions in women's lives, rather than women's lives driving policy solutions" (p. 4), it is critical that policies and interventions in response to violence against women move beyond individual level responses to consider how systemic inequities, often not reflective of gender or cultural influences shape and impact women's opportunities to sustainably and safely exit violence. Likewise, policies surrounding affordable child care and housing for large families need further

examination to ensure that women with several children have the necessary resources to establish independence from their abuser. Adapting Housing First programs to meet the complex gendered and cultural needs of women and children could be both an intervention and a preventative measure if they break the cyclical nature of IPV. Further, knowledge translation must take place to ensure that policy-makers and frontline workers understand the intersectional nature of factors that impact women's experiences of IPV.

Future research should examine the role of broader economic, cultural and political factors including power, values, and ideology that shape public systems and public policies, including qualitative research that can add deeper context to the impacts of multiple experiences of marginality and the needed responses to deal with them. Future research should also assess the impact of offering culturally and gender appropriate permanent housing for women and children fleeing IPV to assess whether or not this intervention reduces the cyclical nature of IPV for both women and in the long-term, their children.

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References

- Baker, C. K., Billhardt, K. A., Warren, J., Rollins, C., & Glass, N. E. (2010). Domestic violence, housing instability, and homelessness: A review of housing policies and program practices for meeting the needs of survivors. *Aggression and Violent Behavior, 15*(6), 430–439.
- Barrett, B. J., & St. Pierre, M. (2011). Variations in Women's Help Seeking in Response to Intimate Partner Violence: Findings from a Canadian Population-Based Study. *Violence Against Women, 17*(1), 47–70.
- Bauer, G. R. (2014). Incorporating intersectionality theory into population health research methodology: Challenges and the potential to advance health equity. *Social Science & Medicine 110*:10-17.
- Bensley, L., Van Eenwyk, J., & Wynkoop Simmons, K. (2003). Childhood family violence history and women's risk for intimate partner violence and poor health. *American Journal of Preventive Medicine, 25*(1), 38–44. [https://doi.org/10.1016/S0749-3797\(03\)00094-1](https://doi.org/10.1016/S0749-3797(03)00094-1)
- Bombay, A., Matheson, K., & Anisman, H. (2013). The Intergenerational Effects of Indian Residential Schools: Implications for the Concept of Historical Trauma. *Transcultural Psychiatry, 51*(3) 320-338.
- Brennan, S. (2011). Violent victimization of Aboriginal women in the Canadian provinces, 2009. Retrieved July 6, 2016, from <http://www.statcan.gc.ca/pub/85-002-x/2011001/article/11439-eng.htm>
- Brown, A.J., Varcoe, C., Lavoia, J., Smye, V., Wong, S.T., Krause, M., Tu, D., Godwin, O., Khan, K & Fridkin, A. (2016). Enhancing health care equity with Indigenous populations: Evidence-based strategies from an ethnographic study. *BMC Health Services Research, 16*, 544-561.
- Buchanan, F., Power, C. & Verity, F. (2014). The Effects of Domestic Violence on the Formation of Relationships Between Women and Their Babies. *Journal of Family Violence, 29*(7), 713-724.

- Canadian Centre for Justice Statistics. (2013). *Measuring Violence Against Women: Statistical Trends*. Statistics Canada. Retrieved from <http://www.statcan.gc.ca/pub/85-002-x/2013001/article/11766-eng.pdf>
- Canadian Centre for Justice Statistics. (2014). *Family violence in Canada: A statistical profile, 2014*. Statistics Canada. Retrieved from <http://www.statcan.gc.ca/pub/85-002-x/2016001/article/14303-eng.pdf>
- Cannon, E. A., Bonomi, A. E., Anderson, M. L., & Rivara, F. P. (2009). The Intergenerational Transmission of Witnessing Intimate Partner Violence. *Archives of Pediatrics & Adolescent Medicine*, *163*(8), 706–708. <https://doi.org/10.1001/archpediatrics.2009.91>
- Cattaneo, L. B., & DeLoveh, H. L. M. (2008). The Role of Socioeconomic Status in Helpseeking from Hotlines, Shelters, and Police Among a National Sample of Women Experiencing Intimate Partner Violence. *American Journal of Orthopsychiatry*, *78*(4), 413–422.
- Clevenger, B. J. M., & Roe-Sepowitz, D. (2009). Shelter Service Utilization of Domestic Violence Victims. *Journal of Human Behavior in the Social Environment*, *19*(4), 359–374.
- Coker, A. L., Smith, P. H., McKeown, R. E., & King, M. J. (2000). Frequency and correlates of intimate partner violence by type: physical, sexual, and psychological battering. *American Journal of Public Health*, *90*(4), 553–559.
- Crenshaw, K. (1993). Race, gender and violence against women. *Family matters: Readings on Family Lives and the Law*. New Press: New York.
- Desai, S., Arias, I., & Thompson, M. P. (2002). Childhood Victimization and Subsequent Adult Revictimization Assessed in a Nationally Representative Sample of Women and Men. *Violence & Victims*, *17*(6), 639–653.
- Galano, M. M., Hunter, E. C., Howell, K. H., Miller, L. E., & Graham-Bermann, S. A. (2013). Predicting Shelter Residence in Women Experiencing Recent Intimate Partner Violence. *Violence Against Women*, *19*(4), 518–535.

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- Goering, P., Veldhuizen, S., Watson, A., Adair, C., Kopp, B., Latimer, E., Aubry, T. (2014). *National At Home/Chez Soi Final Report*. Calgary, AB: Mental Health Commission of Canada. Retrieved from http://www.mentalhealthcommission.ca/sites/default/files/mhcc_at_home_report_national_cross-site_eng_2_0.pdf
- Grossman, S. F., & Lundy, M. (2011). Characteristics of Women Who Do and Do Not Receive Onsite Shelter Services from Domestic Violence Programs. *Violence Against Women*, 17(8), 1024–1045.
- Halket, M. M., Gormley, K., Mello, N., Rosenthal, L., & Mirkin, M. P. (2014). Stay With or Leave the Abuser? The Effects of Domestic Violence Victim's Decision on Attributions Made by Young Adults. *Journal of Family Violence*, 29(1), 35–49. <https://doi.org/10.1007/s10896-013-9555-4>
- Hewitt-Taylor, J. (2011). *Using Research in Practice – It Sounds Good, But Will It Work?* (Vol. 26). New York: Palgrave. Retrieved from <http://journals.rcni.com/doi/abs/10.7748/ns2012.07.26.45.30.b1381>
- Homes for Women (2013). *Housing first, women second: Gendering housing first*. Toronto. Retrieved from: <http://ywcacanada.ca/data/documents/00000382.pdf>
- Hyman, I., Forte, T., Mont, J. D., Romans, S., & Cohen, M. M. (2006). Help-Seeking Rates for Intimate Partner Violence (IPV) Among Canadian Immigrant Women. *Health Care for Women International*, 27(8), 682–694. <https://doi.org/10.1080/07399330600817618>
- Iyengar, R. & Sabik, L. (2009). The Dangerous shortage of domestic violence services. *Health Affairs*, 28(6). Retrieved from: <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.28.6.w1052>
- Javaherian, H., Krabacher, V., Andriacco, K., & German, D. (2007). Surviving Domestic Violence: Rebuilding One's Life. *Occupational Therapy In Health Care*, 21(3), 35–59. https://doi.org/10.1080/J003v21n03_03
- Kurtz, D.L.M., Nyberg, J.C., Tillart, S.V. & Mills, B. (2008). Silencing of Voice: An Act of Structural Violence Urban Aboriginal Women Speak Out About Their Experiences with Health Care. *Journal of Aboriginal Health*, 4(1), 53-63.

- Lee, D. S., Guy, L., Perry, B., Sniffen, C. K., & Mixson, S. A. (2007). Sexual Violence Prevention. *The Prevention Researcher*, 14(2), 15–20.
- Lundy, M., & Grossman, S. F. (2009). Domestic Violence Service Users: A Comparison of Older and Younger Women Victims. *Journal of Family Violence*, 24(5), 297–309.
- Mohr, W. K., Fantuzzo, J. W., & Abdul-Kabir, S. (2001). Safeguarding Themselves and Their Children: Mothers Share Their Strategies. *Journal of Family Violence*, 16(1), 75–92.
- Montesanti, S. R., & Thurston, W. E. (2015). Mapping the role of structural and interpersonal violence in the lives of women: implications for public health interventions and policy. *BMC Women's Health*, 15(100), 1–13. <https://doi.org/10.1186/s12905-015-0256-4>
- Nixon, K. L., Tutty, L M., Radtke, H. L, Ateah, C.A. & Ursel, E.J. (2017). Protective Strategies of Mothers Abused by Intimate Partners: Rethinking the Deficit Model. *Violence Against Women* 23(11):1271-1292.
- Noll, J. G. (2005). Does Childhood Sexual Abuse Set in Motion a Cycle of Violence Against Women? What We Know and What We Need to Learn. *Journal of Interpersonal Violence*, 20(4), 455–462.
- Pavao, J., Alvarez, J., Baumrind, N., Induni, M., & Kimerling, R. (2007). Intimate Partner Violence and Housing Instability. *American Journal of Preventive Medicine*, 32(2), 143–146.
- Perreault, S. & Brennan, S. (2010). Criminal victimization in Canada, 2009. *Juristat*. Statistics Canada, Canadian Centre for Justice Statistics. Catalogue no. 85-002-X, vol. 30, no. 2.
- Pico-Alfonso, M. A., Garcia-Linares, M. I., Celda-Navarro, N., Blasco-Ros, C., Echeburúa, E., & Martinez, M. (2006). The Impact of Physical, Psychological, and Sexual Intimate Male Partner Violence on Women's Mental Health: Depressive Symptoms, Posttraumatic Stress Disorder, State Anxiety, and Suicide. *Journal of Women's Health*, 15(5), 599–611. <https://doi.org/10.1089/jwh.2006.15.599>
- Ponic, P., Varcoe, C., Davies, L., Ford-Gilboe, M., Wuest, J., & Hammerton, J. (2011). Leaving ≠ Moving Housing Patterns of Women Who Have Left an Abusive Partner. *Violence Against Women*, 17(12), 1576–1600. <https://doi.org/10.1177/1077801211436163>

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- Public Health Agency of Canada. (2008). *Aboriginal Women and Family Violence* (p. 42). National Clearinghouse on Family Violence, Public Health Agency of Canada. Retrieved from <http://www.onwa.ca/upload/documents/aboriginal-women-and-family-violence.pdf>
- Rollins, C., Glass, N. E., Perrin, N. A., Billhardt, K. A., Clough, A., Barnes, J., ... Bloom, T. L. (2012). Housing Instability Is as Strong a Predictor of Poor Health Outcomes as Level of Danger in an Abusive Relationship: Findings From the SHARE Study. *Journal of Interpersonal Violence*, 27(4), 623–643. <https://doi.org/10.1177/0886260511423241>
- Russo, N. F., & Pirlott, A. (2006). Gender-Based Violence: Concepts, Methods, and Findings. *Annals of the New York Academy of Sciences*, 1087, 178–205.
- Samuels, G. M. & Ross –Sheriff, F. (2008). Editorial: Identity, Oppression and Power, Feminisms and Intersectionality Theory. *Journal of Women and Social Work* 23(1):5-9.
- Samuels-Dennis, J., Bailey, A., & Ford-Gilboe, M. (2011). Intersectionality model of trauma and post-traumatic stress disorder. In O. Hankivsky (Ed.), *Health inequities in Canada: Intersectional frameworks and practices* (pp. 274-293). Vancouver, BC: UBC Press.
- Smith, P. H., White, J. W., & Holland, L. J. (2003). A Longitudinal Perspective on Dating Violence Among Adolescent and College-Age Women. *American Journal of Public Health*, 93(7), 1104–1109.
- Smye, V. & Brown, A. (2013). 'Cultural Safety' and the Analysis of Health Policy Affecting Aboriginal People. *Nurse Researcher*, 9(3), 42-56.
- Sokoloff, N.J. & Dupont, I. (2005). Domestic Violence at the Intersections of Race, Class, and Gender: Challenges and Contributions to Understanding Violence Against Marginalized Women in Diverse Communities. *Violence Against Women*, 11(1), 38-64.
- Strube, M.J. & Barber, L.S. (1983). The Decision to Leave an Abusive Relationship: Economic Dependence and Psychological Commitment. *Journal of Marriage and Family*, 45(4), 785-793.
- True, J. (2010). Mainstreaming Gender in Global Public Policy. *International Feminist Journal of Politics*, 5(3), 368-396.

- Tutty, L. M., Ogden, C., Giurgiu, B., Weaver-Dunlop, G., Damant, D., Thurston, W. E., ... Solerno, J. (2009). *"I Built My House of Hope: " Best Practices to Safely House Abused Women and Homeless Women*. RESOLVE Alberta. Retrieved from <http://learningtoendabuse.ca/sites/default/files/Safely%20Housing%20Abused%20Women%20Final.pdf>
- Varia, R., Abidin, R.R. & Dass, P. (1996). Perceptions of Abuse: Effects on Adult Psychological and Social Adjustment. *Child Abuse & Neglect*, 20(6), 511-526.
- Wilke, D. J., & Vinton, L. (2005). The Nature and Impact of Domestic Violence Across Age Cohorts. *Affilia*, 20(3), 316–328.
- Young, J.C. & Widom, C.S. (2014). *Child Abuse & Neglect*, 38(8), 1369-1381.
- YWCA Canada. (2008). *Beyond Shelter Walls: No More Running in Circles* (p. 48). YWCA Canada. Retrieved from <http://ywcacanada.ca/data/publications/00000007.pdf>
- Zink, T., Regan, S., Jacobson, C. J., & Pabst, S. (2003). Cohort, Period, and Aging Effects A Qualitative Study of Older Women's Reasons for Remaining in Abusive Relationships. *Violence Against Women*, 9(12), 1429–1441. <https://doi.org/10.1177/1077801203259231>