



# 2003-2004 Transition Home Survey

Confidential when completed

Collected under authority of Statistics Act, Revised Statutes of Canada, 1985, Chapter S19.

Version française disponible

**Please complete and return by  
May 14, 2004**

**Please make any corrections to the address label here:**

Name of organization
Postal Address
City, Province
Postal Code

### PURPOSE OF THE TRANSITION HOME SURVEY:

The purpose of the Transition Home Survey is to collect data on residential services for abused women and their children during the previous twelve months of operation, as well as to provide a one-day "snapshot" of the clientele being served on a specific date. The Transition Home Survey is distributed across Canada to all residential agencies serving women victims of family violence. While participation in this survey is voluntary, your cooperation is important to ensure that the information collected in this survey is as accurate and as comprehensive as possible. The information collected will be useful to service providers, non-profit organizations and governments in developing programs, policies and services for abused women and their children.

### SECTION 1 - FACILITY PROFILE : AS OF NOON APRIL 14, 2004

**PLEASE READ THE ATTACHED GUIDEBOOK FOR INSTRUCTIONS AND DEFINITIONS BEFORE COMPLETING THE QUESTIONNAIRE.**

#### FACILITY:

1. Please indicate which best describes your facility.

- 1  Transition House
- 2  Second Stage Housing
- 3  Safe Home Network
- 4  Satellite
- 5  Women's Emergency Centre
- 6  Emergency Shelter
- 7  Rural Family Violence Prevention Centres (Alberta only)
- 8  Interim Housing (Manitoba only)
- 9  Family Resource Centre (Ontario only, residential)
- 10  Other (please specify)

*Check only one. If there is more than one facility, for example a transition house and a second stage house, please complete two questionnaires.*

#### REFER TO GUIDEBOOK FOR DEFINITIONS

(a) \_\_\_\_\_

2. What is the total number of beds within your facility?

*(Count each bed, child's bed and crib. Do not count emergency beds [e.g., cots, sofas, sleeping bags, etc.] unless funded or licensed).*

--	--	--	--	--	--

#### AREA:

3. Please indicate the area(s) your facility serves (**Check all that apply**).

- 1  Urban/suburban (1,000 or more people)
- 2  Rural/Village (less than 1,000 people)
- 3  Reserve

### For Office Use Only

Date Received	Edited	Keyed	FSC
D/D M/M Y/Y/Y/Y	D/D M/M Y/Y/Y/Y	D/D M/M Y/Y/Y/Y	

4. Is your facility owned or operated by a band council? (Band council refers to a group of representatives elected by the on-reserve residents of the community.)
- |                                |                         |                         |
|--------------------------------|-------------------------|-------------------------|
|                                | Yes                     | No                      |
| a) Owned by a band council?    | 1 <input type="radio"/> | 2 <input type="radio"/> |
| b) Operated by a band council? | 1 <input type="radio"/> | 2 <input type="radio"/> |

5. Is your facility located on a reserve?
- 1  Yes  
2  No

**SERVICES**

6. Please indicate all services **your facility** provides on a regular basis to residents (column 1), to non-residents (column 2) and to ex-residents (column 3). If your facility does not distinguish between non-residents and ex-residents please use the non-resident column (column 2). In column 4, please indicate all services provided **by other agencies** to residents of your facility. (**Check all that apply**):

Services provided by your facility to			Services provided by other agencies to your residents	Not applicable
Residents of your facility	Non-residents of your facility	Ex-residents of your facility		

**A) Services for Women**

- |   |                         |                         |                         |                         |                         |
|---|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| 1) Individual short-term counselling  | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| 2) Individual long-term counselling   | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| 3) Group counselling  | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| 4) Family counselling programs (includes mother, child(ren) and partner)        | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| 5) Addiction counselling (e.g., information or support)                         | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| 6) Crisis telephone line (staffed 24-hour line)                                 | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| 7) Medical services (e.g., information or support)                              | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| 8) Mental health services (e.g., information or support)                        | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| 9) Legal services (e.g., information or support, paralegal services)            | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| 10) Financial assistance or welfare (e.g., information or support)              | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| 11) Life skills (e.g., banking, groceries, day-to-day management)               | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| 12) Job training or employment search   | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| 13) Parenting skills  | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| 14) Housing referral  | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| 15) Culturally sensitive services for Aboriginal women                          | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| 16) Culturally sensitive services for ethno-cultural and visible minority women | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| 17) Lesbian sensitive services  | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| 18) Services for women with disabilities  | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |

**SERVICES (Continued)**

Services provided by your facility to			Services provided by other agencies to your residents	Not applicable
Residents of your facility	Non-residents of your facility	Ex-residents of your facility		

**A) Services for Women**

- 19) Recreation services 1  2  3  4  5
- 20) Advocacy on behalf of women 1  2  3  4  5
- 21) Specialized services for older women (55+) 1  2  3  4  5
- 22) Other services for women (*please specify*)
- a) \_\_\_\_\_ 1  2  3  4  5
- b) \_\_\_\_\_ 1  2  3  4  5
- c) \_\_\_\_\_ 1  2  3  4  5

**B) Services for Children**

- 23) Individual counselling 1  2  3  4  5
- 24) Group counselling or support 1  2  3  4  5
- 25) Programs for child witnesses or victims of abuse (e.g., play therapy) 1  2  3  4  5
- 26) Culturally sensitive services for Aboriginal children 1  2  3  4  5
- 27) Culturally sensitive services for ethno-cultural and visible minority children 1  2  3  4  5
- 28) School classes or tutoring for children 1  2  3  4  5
- 29) Child protection or family services 1  2  3  4  5
- 30) Supervised visiting for non-resident parent 1  2  3  4  5
- 31) Baby-sitting services 1  2  3  4  5
- 32) Outdoor recreation spaces for children 1  2  3  4  5
- 33) Indoor recreation spaces for children 1  2  3  4  5
- 34) Temporary placement of children without parents 1  2  3  4  5
- 35) Other services for children (*please specify*)
- a) \_\_\_\_\_ 1  2  3  4  5
- b) \_\_\_\_\_ 1  2  3  4  5
- c) \_\_\_\_\_ 1  2  3  4  5

**C) Services for Abusive Partners**

- 36) Treatment or counselling services 1  2  3  4  5
- 37) Other (*please specify*)
- a) \_\_\_\_\_ 1  2  3  4  5
- b) \_\_\_\_\_ 1  2  3  4  5
- c) \_\_\_\_\_ 1  2  3  4  5

**SERVICES (Continued)**

Services provided by your facility to			Services provided by other agencies to your residents	Not applicable
Residents of your facility	Non-residents of your facility	Ex-residents of your facility		

**D) General Services**

38) Information	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
39) Public education or prevention	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
40) Outreach programs	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
41) Advocacy	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
42) Political or social action (e.g., writing letters to politicians, marches, protesting)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
43) Help with pet accommodation	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
44) Food bank	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
45) Clothing items	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
46) Furniture items	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
47) Transportation/accompaniment	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
48) Other (please specify)					
a) _____	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b) _____	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c) _____	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

**ACCESSIBILITY:**

7. In what languages can your facility provide services?

Include staff, volunteers or others who can verbally communicate in the languages listed or that you specify.

(Check all that apply)

English	1 <input type="radio"/>
French	2 <input type="radio"/>
Arabic	3 <input type="radio"/>
Chinese	4 <input type="radio"/>
Cree	5 <input type="radio"/>
Dutch	6 <input type="radio"/>
German	7 <input type="radio"/>
Greek	8 <input type="radio"/>
Inuktituk	9 <input type="radio"/>
Italian	10 <input type="radio"/>
Ojibway	11 <input type="radio"/>
Polish	12 <input type="radio"/>
Portugese	13 <input type="radio"/>
Punjabi	14 <input type="radio"/>
Spanish	15 <input type="radio"/>
Tagalog (Philipino)	16 <input type="radio"/>
Ukrainian	17 <input type="radio"/>
Vietnamese	18 <input type="radio"/>
Other language(s) (please specify)	19 <input type="radio"/>

a) \_\_\_\_\_

b) \_\_\_\_\_

<p><b>8.</b> Is at least one of your building entrances wheelchair accessible? (e.g., access ramps, street-level entrances, automatic or easy-to-open doors, etc.)</p>	<p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No ➤ <b>Go to Question 11</b></p>												
<p><b>9.</b> Are any bedrooms within your facility wheelchair accessible? (e.g., widened doorways, automatic or easy-to-open doors, etc.)</p>	<p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No</p>												
<p><b>10.</b> Are any bathrooms within your facility wheelchair accessible? (e.g., widened doorways, grab bars, automatic or easy-to-open doors, etc.)</p>	<p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No</p>												
<p><b>11.</b> Does your facility have services for people who are deaf or hearing impaired, such as:</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>a) TTY/TDD? (Teletypewriter, Telephone Device for Deaf) _____</td> <td style="text-align: center;">1 <input type="radio"/></td> <td style="text-align: center;">2 <input type="radio"/></td> </tr> <tr> <td>b) Sign language communication or interpretation? _____</td> <td style="text-align: center;">1 <input type="radio"/></td> <td style="text-align: center;">2 <input type="radio"/></td> </tr> <tr> <td>c) Other services? _____</td> <td style="text-align: center;">1 <input type="radio"/></td> <td style="text-align: center;">2 <input type="radio"/></td> </tr> </tbody> </table>		Yes	No	a) TTY/TDD? (Teletypewriter, Telephone Device for Deaf) _____	1 <input type="radio"/>	2 <input type="radio"/>	b) Sign language communication or interpretation? _____	1 <input type="radio"/>	2 <input type="radio"/>	c) Other services? _____	1 <input type="radio"/>	2 <input type="radio"/>
	Yes	No											
a) TTY/TDD? (Teletypewriter, Telephone Device for Deaf) _____	1 <input type="radio"/>	2 <input type="radio"/>											
b) Sign language communication or interpretation? _____	1 <input type="radio"/>	2 <input type="radio"/>											
c) Other services? _____	1 <input type="radio"/>	2 <input type="radio"/>											
<p><b>12.</b> Does your facility have services for people who are blind or visually impaired, such as:</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>a) Braille reading materials? _____</td> <td style="text-align: center;">1 <input type="radio"/></td> <td style="text-align: center;">2 <input type="radio"/></td> </tr> <tr> <td>b) Large print reading materials? _____</td> <td style="text-align: center;">1 <input type="radio"/></td> <td style="text-align: center;">2 <input type="radio"/></td> </tr> <tr> <td>c) Other services? _____</td> <td style="text-align: center;">1 <input type="radio"/></td> <td style="text-align: center;">2 <input type="radio"/></td> </tr> </tbody> </table>		Yes	No	a) Braille reading materials? _____	1 <input type="radio"/>	2 <input type="radio"/>	b) Large print reading materials? _____	1 <input type="radio"/>	2 <input type="radio"/>	c) Other services? _____	1 <input type="radio"/>	2 <input type="radio"/>
	Yes	No											
a) Braille reading materials? _____	1 <input type="radio"/>	2 <input type="radio"/>											
b) Large print reading materials? _____	1 <input type="radio"/>	2 <input type="radio"/>											
c) Other services? _____	1 <input type="radio"/>	2 <input type="radio"/>											
<p><b>MALE YOUTH:</b></p>													
<p><b>13.</b> How does your facility handle the admission of male youth? <i>(Check only one)</i></p>	<p>1 <input type="radio"/> Male youth are admitted up to an age limit. ➤ <b>Go to Question 14</b></p> <p>2 <input type="radio"/> Male youth may be admitted up to an age limit, but each case is reviewed individually before deciding whether or not to admit. ➤ <b>Go to Question 14</b></p> <p>3 <input type="radio"/> There is no age limit, but each case is reviewed individually before deciding whether or not to admit. ➤ <b>Go to Question 15</b></p> <p>4 <input type="radio"/> Not applicable (facility does not accept any children). ➤ <b>Go to Question 17</b></p>												
<p><b>14.</b> What is the age limit?</p>	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div>												
<p><b>15.</b> Does your facility refer male youth elsewhere?</p>	<p>1 <input type="radio"/> Yes</p> <p>2 <input type="radio"/> No ➤ <b>Go to Question 17</b></p>												
<p><b>16.</b> To whom or to what type of organization does your facility refer male youth? <i>(Check all that apply)</i></p>	<p>1 <input type="radio"/> Youth shelter</p> <p>2 <input type="radio"/> Social services/child protection services</p> <p>3 <input type="radio"/> Family service centre</p> <p>4 <input type="radio"/> Youth centre</p> <p>5 <input type="radio"/> Family or friends</p> <p>6 <input type="radio"/> Other organization type <i>(please specify)</i></p> <p>a) _____</p> <p>b) _____</p> <p>c) _____</p>												

**SECTION 2 - RESIDENT PROFILE AS OF NOON ON APRIL 14, 2004**

The purpose of this section (Questions 17 – 22) is to obtain a **one-day snapshot** of the clientele being served on a particular day in the year (i.e., April 14, 2004). Appreciating that a number of residents to whom space has been assigned may be temporarily absent on April 14, 2004, please include all **admitted** residents when completing the following questions including those who are temporarily absent.

17. For each adult woman residing in your facility **as of noon on April 14, 2004**, please indicate the reason(s) she came to your facility.

**Counting as many as apply** for each adult resident, indicate the number of women who came to your facility for each of the reasons listed. For example, if you have 10 adult residents on April 14, 2004, and all of them came because of physical abuse and threats write "10" in each of these two categories. If 5 of these 10 women also came because their child(ren) were physically abused, write "5" in the category "protection of her child(ren) - physical abuse".

**Please ensure that only the women are counted.** Do not count the children in this question.

	Number
<b>Abuse:</b>	
Physical abuse	1
Sexual abuse	2
Financial abuse	3
Emotional/Psychological abuse	4
Threats	5
Harassment	6
Protection of her child(ren):	7a)
Physical abuse	7b)
Sexual abuse	7c)
Threats	7d)
Psychological abuse	7e)
Neglect	7f)
Witnessing abuse of mother	8a)
Other (abuse) (please specify)	8b)
	8c)
	9a)
<b>Reasons other than abuse:</b>	
Housing problems	
Housing emergency (e.g., had to leave last home because of eviction or damage caused by fire, flood or natural disaster)	9b)
Unable to find affordable housing	9c)
Short-term housing problem (e.g., on list for subsidized housing or waiting to move but unable to secure housing in the meantime)	10
Mental health problems	11
Drug and alcohol addiction	12a)
Other (please specify)	12b)
	12c)
	13
Reason unknown/Don't know	

**Number of residents (women and children) on April 14, 2004**

18. Of the total number of residents in your facility as of noon on April 14, 2004, how many women and accompanying children were there **primarily** because of **ABUSE**?

(Enter "0" if there were none. **Count each woman and child only ONCE.**)

	Women	Children	Total
1			
2			
3			

19. Of the total number of residents in your facility as of noon on April 14, 2004, how many women and accompanying children were there for reasons **OTHER THAN ABUSE** (e.g. housing problem)?

(Enter "0" if there were none. **Count each woman and child only ONCE.**)

	Women	Children	Total
1			
2			
3			

20. Please indicate the **TOTAL** number of women and children who were residing in your facility as of noon April 14, 2004.

(Enter "0" if there were none. **Count each woman and child only ONCE.**)

	Women	Children	Total
1			
2			
4			

21. What were the referral sources for each woman?  
Count as many referral sources as apply for each woman.

- a) Self-referred only
- b) Family/friend
- c) Ministry for Children and Families
- d) Ministry of Human Resources
- e) Other Ministry
- f) House resident (current or former)
- g) Hospital
- h) Doctor
- i) Police/RCMP
- j) Other Transition House
- k) Aboriginal/First Nations organization or reserve
- l) Other community agency
- m) Other
- n) Don't know/no data
- o) **TOTAL**

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15

22. a) Of the women residents in your facility as of noon April 14, 2004, how many had been there before?

1
---

b) How many women had been there:

1 time in the previous year?

1
---

2-4 times in the previous year?

2
---

5+ times in the previous year?

3
---

**SECTION 3 - QUESTIONS 23 to 25 APPLY ONLY TO PEOPLE WHO ARE RESIDING IN YOUR FACILITY AS OF NOON APRIL 14, 2004 AND CAME PRIMARILY BECAUSE OF ABUSE (See Question 18)**

**Characteristics:**

23. As of noon on April 14, 2004, indicate the number of residents from abusive situations in each of the following age groups (*Count each woman and child only once*):

a.	Age categories of women		Age categories of accompanying children		
		Number of women		Number of Female Children	Number of Male Children
	15-19 years	1	Under 1 year	11	20
	20-24 years	2	1-4 years	12	21
	25-29 years	3	5-9 years	13	22
	30-34 years	4	10-12 years	14	23
	35-44 years	5	13-15 years	15	24
	45-54 years	6	16-18 years	16	25
	55-64 years	7	19-24 years	17	26
	65 years +	8	25-29 years	18	27
	Age unknown	9	Age unknown	19	28
	<b>Total Women (Should equal total number of women in Question 18)</b>	10	<b>Total Children (Should equal total number of children in Question 18)</b>	29	

b.	Number of women ( <i>Count each woman only once</i> ):	Number
	a) Admitted with their children	1
	b) Admitted without their children	2
	c) Who have no children or parenting responsibilities	3
	d) Facility doesn't know if they have children or parenting responsibilities	4
	<b>e) Total (Should equal total number of women in Question 18)</b>	5

c.	Number of residents with: [Count each woman and child as often as applies. Include residents with permanent and temporary physical disabilities (e.g., someone on crutches due to a broken leg)]	Women	Children
	a) Mobility disabilities	1	9
	b) Visual disabilities	2	10
	c) Hearing disabilities	3	11
	Other disabilities (specify):	4	12
	d) _____	5	13
	e) _____	6	14
	f) _____	7	15
	g) No disabilities	8	16
	h) Don't know		



**Relationship to abuser:**

24. As of noon April 14, 2004, please indicate the relationship between each woman resident and her abuser. (Count each woman only once. Do not include children):

- a) Spouse (legally married)
- b) Common-law partner
- c) Ex-spouse or ex-common-law partner
- d) Dating relationship (couples who do not live together)
- e) Ex-dating relationship
- f) Relative (parent, child, other)
- g) Friend or acquaintance
- h) Caregiver (a non-relative responsible for taking care of the victim full or part-time. Caregivers who are also relatives should be categorized as "relative")
- i) Authority figure (professor, employer, person in a position of trust)
- j) Other (please specify) \_\_\_\_\_
- k) Don't know
- l) Total (Should equal total number of women in Question 18)

Number	
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	

**Involvement of the criminal justice system in the most recent abusive situation**

This question refers to the most recent abusive situation for which the woman was admitted to your facility. It DOES NOT refer to previous incidents of abuse for which the police may have been involved.

25. As of noon on April 14, 2004, please answer the following questions in relation to the involvement of the criminal justice system for the **most recent abusive situation** of each woman (Enter "0" if there were none.)

In how many cases:

- a) was the incident reported to police?
- b) were charges laid against the abuser (e.g., by the woman, police or Crown)?
- c) was an order obtained for the abuser to stay away (peace bond, restraining order, undertaking to keep the peace and have good conduct, conditions of probation, emergency intervention order, emergency protection order, victim's assistance order, order to abstain from persistently following a person about from place to place, etc.)?

Yes (number)	No (number)	Don't know (number)	Total (Should equal total number of women in Question 18) (number)
1	2	3	4
1	2	3	4
1	2	3	4

**QUESTIONS 26 TO 29 APPLY TO DEPARTURES AND TURNAWAYS THAT OCCURRED BETWEEN MIDNIGHT AND NOON ON APRIL 14, 2004.**

**Departures:**

26. How many women and children departed from your facility between midnight and noon on April 14, 2004?

Women

Children

**Total Departures**

Number	
1	
2	
3	

**If total departures equals ZERO Go to Question 28**

27. Upon departure where did the **women** go? This question refers to departures between midnight and noon on April 14, 2004. (*Count each woman only once. Do not count the children in this question.*)

	Number
a) Returned to spouse/common-law partner	1
b) Returned home without spouse/common-law partner	2
c) Second stage housing	3
d) Another emergency shelter	4
e) Out of province/territory shelter	5
f) New accommodation without spouse/common-law partner	6
g) Living with friends or relatives	7
h) Hospital	8
i) Residential services (e.g., group home, hostel, detox centre, addictions rehabilitation centre or other adult care facility)	9
Other ( <i>specify</i> )	10
j) _____	11
k) _____	12
l) _____	13
m) Unknown	14
n) <b>Total (Should equal number of women in Question 26)</b>	

**Turn-aways:**

28. How many women and children were turned away from your facility between midnight and noon on April 14, 2004?

	Number
Women	1
Children	2
<b>Total Turn-aways</b>	3

**If total turn-aways equals ZERO, Go to Question 30**

29. Please list the reason(s) women and children were turned away.

(*Check all that apply*)

- 1  Shelter was full
- 2  Alcohol and drug issues
- 3  Mental health issues
- 4  Under age without parent
- 5  Non-admit or caution list
- 6  Other (*please specify*)

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

**SECTION 4 - SERVICES FOR NON-RESIDENTS AND EX-RESIDENTS**

The purpose of this section is to obtain information on contacts for assistance from non-residents and ex-residents. Question 30 deals with contacts **on the day of April 14, 2004** and contacts for an **average month**.

**30.** Please report the number of phone, letter, e-mail, fax, walk-in or other contacts received from **non-residents** and **ex-residents**. This includes outreach services. **(Enter "0" if there were none. Count each contact for assistance.) (Refer to Guidebook for Definitions)**

	a) Contacts on April 14, 2004	b) Contacts for an average month
Housing related (e.g. crisis, needs housing because of abuse; housing problem, non-abuse, etc.)	1 <input type="text"/>	1 <input type="text"/>
Other (non-housing related) (e.g. crisis, needs medical help; general information; emotional support; etc.)	2 <input type="text"/>	2 <input type="text"/>
<b>TOTAL</b>	3 <input type="text"/>	3 <input type="text"/>

**Outreach work: (REFER TO GUIDEBOOK FOR DEFINITIONS)**

**31.** How many hours per week are dedicated to doing outreach?  
*(Please note, if there are 3 staff each doing 20 hours of outreach work a week this would equal 60 hours. Include paid staff, volunteers and others.)*

hours per week

**SECTION 5 - ANNUAL INFORMATION**

The purpose of Section 5 is to obtain annual information on admissions, physical repairs and improvements for your residential facility. This information is to be provided for the 12-month period ending March 31, 2004 or your own 12-month fiscal period. A space is provided for you to specify the 12-month reference period used.

**Reference Period.** Please specify the 12-month period used in providing information for Section 5:

From:  D/D  M/M  Y/Y  Y/Y  To:  D/D  M/M  Y/Y  Y/Y

**32.** Please indicate the total number of admissions during the reference period (between April 1, 2003 and March 31, 2004 or during your own 12-month fiscal period if March 31, 2004 is not your fiscal year end).

**(Enter "0" if there were none):**

Number of women

Number of children

**Total admissions**

Number	
1	<input type="text"/>
2	<input type="text"/>
3	<input type="text"/>

**Adult Males:**

Questions 33 to 37 refer to adult men, 15 years of age and over, who were admitted to a facility with or without their dependent children. These questions refer to the time period between April 1, 2003 and March 31, 2004 or during your own 12-month fiscal period if March 31, 2004 is not your fiscal year end. **(DO NOT include adult men who were admitted with a parent.)**

**33.** Does your facility have a policy on admitting adult men with or without children?

**(Check only one)**

- Policy allows adult men to be admitted
- Policy does not allow adult men to be admitted
- There is no facility policy on admitting adult men

➤ **Go to Question 38**

**34.** During the reference period (between April 1, 2003 and March 31, 2004 or during your 12-month fiscal period if March 31, 2004 is not your fiscal year end), how many adult men were admitted to your facility? **(If no men were admitted, enter "0" and go to Question 38.)**

Number of men

**SECTION 5 - ANNUAL INFORMATION (continued)**

35. During the reference period, were any adult men admitted for reasons of abuse?

- 1  Yes  
 2  No ➤ **Go to Question 38**

36. During the reference period, how many adult men were admitted to your facility for reasons of abuse? *(If no men were admitted, enter "0")*

Number of men

37. During the reference period, of those adult men admitted for reasons of abuse, how many were victims of family violence? *(If no men were admitted, enter "0")*

Number of men

**Physical repairs or improvements:**

The purpose of Questions 38 to 41 is to collect information on physical repairs or improvements that have been made to your facility during the reference period (between April 1, 2003 and March 31, 2004 or during your own 12-month fiscal period if March 31, 2004 is not your fiscal year end). In this section, **do not** include funds received from Canada Mortgage and Housing Corporation (CMHC) for the construction of new units.

**DO NOT INCLUDE REGULAR MAINTENANCE WHEN RESPONDING TO THESE QUESTIONS.** Regular maintenance refers to painting, repairing leaky faucets, furnace cleaning, etc.

38. Have any physical repairs or improvements been made to your facility during the reference period?

- 1  Yes  
 2  No ➤ **Go to Question 42**

39. What types of physical repairs or improvements have been made to your facility during the reference period?

- 1  Major  
 2  Minor  
 3  Structural Improvements

*(Check all that apply)*

**Major** refers to defective plumbing or electrical wiring, structural repairs to walls, floors or ceilings, etc. In other words, there is a legal necessity to make these repairs so that your facility is in accordance with municipal building codes. These repairs are deemed essential for safety reasons and for meeting municipal standards.

**Minor** refers to missing or loose floor tiles, bricks or shingles, defective steps, railing or siding, etc.

**Structural improvements** refers to improvements not required for safety reasons or meeting municipal standards, such as making rooms wheelchair accessible, adding a new security system, adding ramps, adding an outside play area for children, creating a ventilated inside smoking area.

40. How were the physical repairs or improvements made during the reference period funded?

*(Check all that apply)*

- 1  Shelter enhancement program (CMHC)  
 2  Other federal department funding  
 3  Provincial or Territorial government funding  
 4  Joint Federal/Provincial/Territorial agreement funding  
 5  Regional/Municipal government funding  
 6  Fundraising  
 7  Donations  
 8  Other *(please specify)*  
 a) \_\_\_\_\_  
 b) \_\_\_\_\_

41. How much did the physical repairs or improvements made during the reference period cost?

*(If the exact cost is not available please provide an accurate estimate)*

- a) Exact   
 b) Estimate   
 c) Don't know

**Issues and Challenges:**

42. What would you identify as the top three issues or challenges facing your facility in the upcoming year?

(1) \_\_\_\_\_  
\_\_\_\_\_

(2) \_\_\_\_\_  
\_\_\_\_\_

(3) \_\_\_\_\_  
\_\_\_\_\_

**Interdepartmental Agreements**

In order to reduce response burden and to provide consistent statistics, Statistics Canada has entered into data sharing agreements under Section 12 of the *Statistics Act* with Health Canada and the Canada Mortgage and Housing Corporation. The information we provide to these agencies will be kept confidential and used only for statistical purposes. Under Section 12 of the *Statistics Act*, you may refuse to share your information with the agencies listed above by writing to the Chief Statistician and returning your letter of objection along with the completed questionnaire in the enclosed return envelope.

Questionnaire completed by (block letters):	Date	Telephone number Area code	For office use only

**Comments**

**Thank you for taking the time to complete this questionnaire.** Please keep a copy of the completed questionnaire in the event that Statistics Canada contacts you for clarification of information given. National, provincial and territorial fact sheets for this survey are available for free at [www.statcan.ca/english/freepub/85-404-MIE/free.htm](http://www.statcan.ca/english/freepub/85-404-MIE/free.htm). It is hoped that the information will assist us in better understanding the services available within the community to address the needs of victims of abuse. Should you have any comments or questions regarding the questionnaire or the survey itself, please do not hesitate to contact us (telephone number provided in the instructions). The following space is provided for those of you who would prefer to write down your comments. *Please print carefully.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Thank you for your cooperation!**