

2013-2014  
Transition Home Survey

Please complete and return by May 16, 2014

Please make any corrections to the address label here:

Name of contact	
Name of organization	
Postal Address	
City	
Province/Territory	Postal Code

Authority

Statistics Act, Revised Statutes of Canada, 1985, Chapter S-19. 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.

Objective

This survey collects data used to produce statistics on facilities in Canada providing residential services for abused women and their children. In aggregated form, the information collected is used by researchers, service providers and policymakers in developing programs, policies and services for abused women and their children. Your information may be also used by Statistics Canada for other statistical and research purposes.

Confidentiality

Statistics Canada is prohibited by law from releasing any information it collects which could identify any person, business, or organization, unless consent has been given by the respondent or as permitted by the Statistics Act. Statistics Canada will use the information from this survey for statistical purposes.

Record linkages

To enhance the data from this survey and to minimize the reporting burden for respondents, Statistics Canada may combine the information you provide with other survey or administrative data sources.

Instructions

Please return this questionnaire by May 16, 2014. Questionnaires may be returned by mail:

Correspondence

Statistics Canada  
ATTN: Central Reception, SC 0505  
150 Tunney's Pasture DRWY  
Ottawa ON K1A 0T6  
Phone: Toll free 1-800-387-0479  
Fax: 1-888-883-7999  
E-mail: justice@statcan.gc.ca

Fax or e-mail transmission disclosure

Statistics Canada advises you that there could be a risk of disclosure during facsimile or other electronic transmission. However, upon receipt, Statistics Canada will provide the guaranteed level of protection afforded all information collected under the authority of the Statistics Act.

Data sharing agreements

To reduce respondent burden, Statistics Canada has entered into data-sharing agreements under Section 12 of the Statistics Act with the Canada Mortgage and Housing Corporation and the Public Health Agency of Canada, who have agreed to keep the data confidential and use them only for statistical purposes. Statistics Canada will only share data from this survey with those organizations that have demonstrated a requirement to use the data.

Under Section 12, you may refuse to share your information with any of these organizations by writing a letter of objection to the Chief Statistician and returning it with the completed questionnaire. Please specify the organizations with which you do not want to share your data.

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

SECTION 1 - FACILITY PROFILE AS OF NOON April 16, 2014

FACILITY

1. Please indicate which best describes your facility.  
(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)

3000

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):

4000

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).

5000

Number of beds

For Office Use only

Date Received	Edited	Keyed	FSC
DD MM YYYY	DD MM YYYY	DD MM YYYY	

AREA

3. Please indicate the area(s) your facility serves. **(Check all that apply)**  
**(Refer to Guidebook for definition)**

- 6000 ☐ Urban/suburban (1,000 or more people)
- 7000 ☐ Rural/Village (less than 1,000 people)
- 8000 ☐ Reserve

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.)

- a) Owned by a band council? ..... 9000 1 ☐ Yes 3 ☐ No
- b) Operated by a band council? ..... 10000 1 ☐ Yes 3 ☐ No

5. Is your facility located on a reserve? **(Refer to Guidebook for definition)** 11000 1 ☐ Yes 3 ☐ 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)**  
**(Refer to Guidebook for definition)**

	Column 1	Column 2	Column 3	Column 4	Column 5
	Residents of your facility	Non-residents of your facility	Ex-residents of your facility	Services provided by other agencies to your residents	Not applicable
<b>A) Services for Women</b>					
1) Individual short-term counselling	12000 <input type="checkbox"/>	13000 <input type="checkbox"/>	14000 <input type="checkbox"/>	15000 <input type="checkbox"/>	16000 <input type="checkbox"/>
2) Individual long-term counselling	17000 <input type="checkbox"/>	18000 <input type="checkbox"/>	19000 <input type="checkbox"/>	20000 <input type="checkbox"/>	21000 <input type="checkbox"/>
3) Group counselling	22000 <input type="checkbox"/>	23000 <input type="checkbox"/>	24000 <input type="checkbox"/>	25000 <input type="checkbox"/>	26000 <input type="checkbox"/>
4) Family counselling programs (includes mother, child(ren) and partner)	27000 <input type="checkbox"/>	28000 <input type="checkbox"/>	29000 <input type="checkbox"/>	30000 <input type="checkbox"/>	31000 <input type="checkbox"/>
5) Safety planning or protection planning	32000 <input type="checkbox"/>	33000 <input type="checkbox"/>	34000 <input type="checkbox"/>	35000 <input type="checkbox"/>	36000 <input type="checkbox"/>
6) Addiction counselling (e.g. information or support)	37000 <input type="checkbox"/>	38000 <input type="checkbox"/>	39000 <input type="checkbox"/>	40000 <input type="checkbox"/>	41000 <input type="checkbox"/>
7) Crisis telephone line (staffed 24 hour line)	42000 <input type="checkbox"/>	43000 <input type="checkbox"/>	44000 <input type="checkbox"/>	45000 <input type="checkbox"/>	46000 <input type="checkbox"/>
8) Medical services (e.g. information or support)	47000 <input type="checkbox"/>	48000 <input type="checkbox"/>	49000 <input type="checkbox"/>	50000 <input type="checkbox"/>	51000 <input type="checkbox"/>
9) Mental health services (e.g. information or support)	52000 <input type="checkbox"/>	53000 <input type="checkbox"/>	54000 <input type="checkbox"/>	55000 <input type="checkbox"/>	56000 <input type="checkbox"/>
10) Legal services (e.g. information or support, paralegal services)	57000 <input type="checkbox"/>	58000 <input type="checkbox"/>	59000 <input type="checkbox"/>	60000 <input type="checkbox"/>	61000 <input type="checkbox"/>
11) Financial assistance or welfare (e.g. information or support)	62000 <input type="checkbox"/>	63000 <input type="checkbox"/>	64000 <input type="checkbox"/>	65000 <input type="checkbox"/>	66000 <input type="checkbox"/>
12) Life skills (e.g. banking, groceries, day-to-day management)	67000 <input type="checkbox"/>	68000 <input type="checkbox"/>	69000 <input type="checkbox"/>	70000 <input type="checkbox"/>	71000 <input type="checkbox"/>
13) Job training or employment search	72000 <input type="checkbox"/>	73000 <input type="checkbox"/>	74000 <input type="checkbox"/>	75000 <input type="checkbox"/>	76000 <input type="checkbox"/>
14) Parenting skills	77000 <input type="checkbox"/>	78000 <input type="checkbox"/>	79000 <input type="checkbox"/>	80000 <input type="checkbox"/>	81000 <input type="checkbox"/>
15) Housing referral	82000 <input type="checkbox"/>	83000 <input type="checkbox"/>	84000 <input type="checkbox"/>	85000 <input type="checkbox"/>	86000 <input type="checkbox"/>
16) Culturally sensitive services for Aboriginal women	87000 <input type="checkbox"/>	88000 <input type="checkbox"/>	89000 <input type="checkbox"/>	90000 <input type="checkbox"/>	91000 <input type="checkbox"/>
17) Culturally sensitive services for ethno-cultural and visible minority women	92000 <input type="checkbox"/>	93000 <input type="checkbox"/>	94000 <input type="checkbox"/>	95000 <input type="checkbox"/>	96000 <input type="checkbox"/>
18) Lesbian sensitive services	97000 <input type="checkbox"/>	98000 <input type="checkbox"/>	99000 <input type="checkbox"/>	100000 <input type="checkbox"/>	101000 <input type="checkbox"/>
19) Services for women with disabilities	102000 <input type="checkbox"/>	103000 <input type="checkbox"/>	104000 <input type="checkbox"/>	105000 <input type="checkbox"/>	106000 <input type="checkbox"/>
20) Recreation services	107000 <input type="checkbox"/>	108000 <input type="checkbox"/>	109000 <input type="checkbox"/>	110000 <input type="checkbox"/>	111000 <input type="checkbox"/>
21) Advocacy on behalf of women	112000 <input type="checkbox"/>	113000 <input type="checkbox"/>	114000 <input type="checkbox"/>	115000 <input type="checkbox"/>	116000 <input type="checkbox"/>
22) Transportation/accompaniment (e.g., transportation to the shelter, to court)	117000 <input type="checkbox"/>	118000 <input type="checkbox"/>	119000 <input type="checkbox"/>	120000 <input type="checkbox"/>	121000 <input type="checkbox"/>
23) Specialized services for older women (55+)	122000 <input type="checkbox"/>	123000 <input type="checkbox"/>	124000 <input type="checkbox"/>	125000 <input type="checkbox"/>	126000 <input type="checkbox"/>
24) Other services for women (please specify):					
127000 a) _____	128000 <input type="checkbox"/>	129000 <input type="checkbox"/>	130000 <input type="checkbox"/>	131000 <input type="checkbox"/>	132000 <input type="checkbox"/>
133000 b) _____	134000 <input type="checkbox"/>	135000 <input type="checkbox"/>	136000 <input type="checkbox"/>	137000 <input type="checkbox"/>	138000 <input type="checkbox"/>
139000 c) _____	140000 <input type="checkbox"/>	141000 <input type="checkbox"/>	142000 <input type="checkbox"/>	143000 <input type="checkbox"/>	144000 <input type="checkbox"/>

	Column 1	Column 2	Column 3	Column 4	Column 5
	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		
<b>B) Services for Children</b>					
25) Individual counselling	145000 <input type="checkbox"/>	146000 <input type="checkbox"/>	147000 <input type="checkbox"/>	148000 <input type="checkbox"/>	149000 <input type="checkbox"/>
26) Group counselling or support	150000 <input type="checkbox"/>	151000 <input type="checkbox"/>	152000 <input type="checkbox"/>	153000 <input type="checkbox"/>	154000 <input type="checkbox"/>
27) Programs for child witnesses or victims of abuse (e.g. play therapy)	155000 <input type="checkbox"/>	156000 <input type="checkbox"/>	157000 <input type="checkbox"/>	158000 <input type="checkbox"/>	159000 <input type="checkbox"/>
28) Culturally sensitive services for Aboriginal children	160000 <input type="checkbox"/>	161000 <input type="checkbox"/>	162000 <input type="checkbox"/>	163000 <input type="checkbox"/>	164000 <input type="checkbox"/>
29) Culturally sensitive services for ethno-cultural and visible minority children	165000 <input type="checkbox"/>	166000 <input type="checkbox"/>	167000 <input type="checkbox"/>	168000 <input type="checkbox"/>	169000 <input type="checkbox"/>
30) School classes or tutoring for children	170000 <input type="checkbox"/>	171000 <input type="checkbox"/>	172000 <input type="checkbox"/>	173000 <input type="checkbox"/>	174000 <input type="checkbox"/>
31) Child protection or family services	175000 <input type="checkbox"/>	176000 <input type="checkbox"/>	177000 <input type="checkbox"/>	178000 <input type="checkbox"/>	179000 <input type="checkbox"/>
32) Supervised visiting for non-resident parent	180000 <input type="checkbox"/>	181000 <input type="checkbox"/>	182000 <input type="checkbox"/>	183000 <input type="checkbox"/>	184000 <input type="checkbox"/>
33) Baby-sitting services	185000 <input type="checkbox"/>	186000 <input type="checkbox"/>	187000 <input type="checkbox"/>	188000 <input type="checkbox"/>	189000 <input type="checkbox"/>
34) Outdoor recreation spaces for children	190000 <input type="checkbox"/>	191000 <input type="checkbox"/>	192000 <input type="checkbox"/>	193000 <input type="checkbox"/>	194000 <input type="checkbox"/>
35) Indoor recreation spaces for children	195000 <input type="checkbox"/>	196000 <input type="checkbox"/>	197000 <input type="checkbox"/>	198000 <input type="checkbox"/>	199000 <input type="checkbox"/>
36) Temporary placement of children without parents	200000 <input type="checkbox"/>	201000 <input type="checkbox"/>	202000 <input type="checkbox"/>	203000 <input type="checkbox"/>	204000 <input type="checkbox"/>
37) Other services for children (please specify):	206000 <input type="checkbox"/>	207000 <input type="checkbox"/>	208000 <input type="checkbox"/>	209000 <input type="checkbox"/>	210000 <input type="checkbox"/>
205000 a) _____	212000 <input type="checkbox"/>	213000 <input type="checkbox"/>	214000 <input type="checkbox"/>	215000 <input type="checkbox"/>	216000 <input type="checkbox"/>
211000 b) _____	218000 <input type="checkbox"/>	219000 <input type="checkbox"/>	220000 <input type="checkbox"/>	221000 <input type="checkbox"/>	222000 <input type="checkbox"/>
217000 c) _____					
<b>C) Services for Abusive Partners</b>					
38) Treatment or counselling services	223000 <input type="checkbox"/>	224000 <input type="checkbox"/>	225000 <input type="checkbox"/>	226000 <input type="checkbox"/>	227000 <input type="checkbox"/>
39) Other (please specify):					
228000 a) _____	229000 <input type="checkbox"/>	230000 <input type="checkbox"/>	231000 <input type="checkbox"/>	232000 <input type="checkbox"/>	233000 <input type="checkbox"/>
234000 b) _____	235000 <input type="checkbox"/>	236000 <input type="checkbox"/>	237000 <input type="checkbox"/>	238000 <input type="checkbox"/>	239000 <input type="checkbox"/>
240000 c) _____	241000 <input type="checkbox"/>	242000 <input type="checkbox"/>	243000 <input type="checkbox"/>	244000 <input type="checkbox"/>	245000 <input type="checkbox"/>
<b>D) General Services</b>					
40) Information	246000 <input type="checkbox"/>	247000 <input type="checkbox"/>	248000 <input type="checkbox"/>	249000 <input type="checkbox"/>	250000 <input type="checkbox"/>
41) Public education or prevention	251000 <input type="checkbox"/>	252000 <input type="checkbox"/>	253000 <input type="checkbox"/>	254000 <input type="checkbox"/>	255000 <input type="checkbox"/>
42) Outreach programs	256000 <input type="checkbox"/>	257000 <input type="checkbox"/>	258000 <input type="checkbox"/>	259000 <input type="checkbox"/>	260000 <input type="checkbox"/>
43) Advocacy	261000 <input type="checkbox"/>	262000 <input type="checkbox"/>	263000 <input type="checkbox"/>	264000 <input type="checkbox"/>	265000 <input type="checkbox"/>
44) Political or social action (e.g. writing letters to politicians, marches, protesting)	266000 <input type="checkbox"/>	267000 <input type="checkbox"/>	268000 <input type="checkbox"/>	269000 <input type="checkbox"/>	270000 <input type="checkbox"/>
45) Help with pet accommodation	271000 <input type="checkbox"/>	272000 <input type="checkbox"/>	273000 <input type="checkbox"/>	274000 <input type="checkbox"/>	275000 <input type="checkbox"/>
46) Food bank	276000 <input type="checkbox"/>	277000 <input type="checkbox"/>	278000 <input type="checkbox"/>	279000 <input type="checkbox"/>	280000 <input type="checkbox"/>
47) Clothing items	281000 <input type="checkbox"/>	282000 <input type="checkbox"/>	283000 <input type="checkbox"/>	284000 <input type="checkbox"/>	285000 <input type="checkbox"/>
48) Furniture items	286000 <input type="checkbox"/>	287000 <input type="checkbox"/>	288000 <input type="checkbox"/>	289000 <input type="checkbox"/>	290000 <input type="checkbox"/>
49) Other (please specify):					
291000 a) _____	292000 <input type="checkbox"/>	293000 <input type="checkbox"/>	294000 <input type="checkbox"/>	295000 <input type="checkbox"/>	296000 <input type="checkbox"/>
297000 b) _____	298000 <input type="checkbox"/>	299000 <input type="checkbox"/>	300000 <input type="checkbox"/>	301000 <input type="checkbox"/>	302000 <input type="checkbox"/>
303000 c) _____	304000 <input type="checkbox"/>	305000 <input type="checkbox"/>	306000 <input type="checkbox"/>	307000 <input type="checkbox"/>	308000 <input type="checkbox"/>
<b>7. Are there any services that are currently needed but not offered or not offered at the level required to meet the needs of the residents, former residents or non-residents your facility serves? If so, please indicate the most important of these services (up to 3).</b>					
309000 1) _____					
310000 2) _____					
311000 3) _____					

ACCESSIBILITY

8. In what languages can your facility provide services?  
Include languages that staff, volunteers or others can speak to **verbally communicate** when providing services.  
*(Check all that apply)*  
*(Refer to Guidebook for definition)*

- 312000

☐

English
- 313000

☐

French
- 314000

☐

Arabic
- 315000

☐

Chinese (Mandarin, Cantonese, Hakka)
- 316000

☐

Cree
- 317000

☐

Dutch
- 318000

☐

German
- 319000

☐

Greek
- 320000

☐

Inuktitut
- 321000

☐

Italian
- 322000

☐

Ojibway
- 323000

☐

Polish
- 324000

☐

Portuguese
- 325000

☐

Punjabi
- 326000

☐

Spanish
- 327000

☐

Tagalog (Pilipino)
- 328000

☐

Ukrainian
- 329000

☐

Vietnamese
- 329100

☐

Urdu
- 329200

☐

Persian (Farsi)
- 329300

☐

Russian
- 329400

☐

Hindi
- 330000

☐

Other languages(s) (please specify):
- 331000

a)
- 332000

b)

9. Is at least one of your building entrances wheelchair accessible?  
(e.g. access ramps, street-level entrances, automatic or easy-to open doors, etc.)

333000

1

☐

Yes

3

☐

No

→ Go to Question 12

10. Are any bedrooms within your facility wheelchair accessible?  
(e.g. widened doorways, automatic or easy-to-open doors, etc.)

334000

1

☐

Yes

3

☐

No

11. Are any bathrooms within your facility wheelchair accessible?  
(e.g. widened doorways, grab bars, automatic or easy-to-open doors, etc.)

335000

1

☐

Yes

3

☐

No

12. Does your facility have services for people who are deaf or hearing impaired, such as:

- a) TTY/TDD?  
(Teletypewriter, Telephone Device for Deaf).....

336000

1

☐

Yes

3

☐

No
- b) Sign language communication or interpretation?

337000

1

☐

Yes

3

☐

No
- c) Other services?.....

338000

1

☐

Yes

3

☐

No

(please specify):

339000

1)

340000

2)

13. Does your facility have services for people who are blind or visually impaired, such as:

- a) Braille reading materials?.....341000 1 ☐ Yes 3 ☐ No
- b) Large print reading materials?.....342000 1 ☐ Yes 3 ☐ No
- c) Other services?.....343000 1 ☐ Yes 3 ☐ No

(please specify): 344000 1) \_\_\_\_\_  
345000 2) \_\_\_\_\_

ADMISSIONS OF YOUTH

14. Does your facility admit children and/or youth?  
(Children and youth are defined as being under 18 and accompanied by a parent or caregiver.)

- 345500 1 ☐ Yes
- 3 ☐ No → Go to Question 17

15. How does your facility handle the admission of male youth?  
(Check only one)

- 346000 1 ☐ Male youth are automatically admitted up to an age limit. → Go to Question 16
- 2 ☐ Male youth may be admitted up to an age limit, but each case is reviewed individually before deciding whether or not to admit. → Go to Question 16
- 3 ☐ There is no age limit, but each case is reviewed individually before deciding whether or not to admit. → Go to Question 17

16. What is the age limit?

347000   years

17. Does your facility refer male youth elsewhere?

- 348000 1 ☐ Yes
- 3 ☐ No → Go to Question 19

18. To whom or to what type of organization does your facility refer male youth?  
(Check all that apply)

- 349000 ☐ Youth shelter
- 350000 ☐ Social services or child protection services
- 351000 ☐ Family service centre
- 352000 ☐ Youth centre
- 353000 ☐ Family or friends
- 354000 ☐ Other type of organization (please specify):
- 355000 a) \_\_\_\_\_
- 356000 b) \_\_\_\_\_
- 357000 c) \_\_\_\_\_

SECTION 2 - RESIDENT PROFILE AS OF NOON ON APRIL 16, 2014

The purpose of Section 2 is to obtain a **one-day snapshot** of the clientele being served on a particular day in the year (i.e., April 16, 2014). Appreciating that a number of residents to whom space has been assigned may be temporarily absent on April 16, 2014, please include all **admitted** residents when completing the following questions including those who are temporarily absent.

19. For each adult woman residing in your facility **as of noon on April 16, 2014**, please indicate the reason(s) she came to your facility.

**Count all the reasons that apply.**  
*For example, a woman suffering physical abuse, financial abuse and threats who is also experiencing mental health problems would be counted once in each of the 4 corresponding categories.*

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

	Number
1) Physical abuse	358000
2) Sexual abuse	359000
3) Financial abuse	360000
4) Emotional/Psychological abuse	361000
5) Threats	362000
6) Harassment	363000
7) Human trafficking	363500
8) Protection of her child(ren):	364000
a) Physical abuse	365000
b) Sexual abuse	366000
c) Threats	367000
d) Psychological abuse	368000
e) Neglect	369000
f) Witnessing abuse of mother	371000
9) Other abuse (please specify):	
a) _____	370000
b) _____	372000
c) _____	374000
10) Housing problems	376000
a) Housing emergency (e.g. had to leave last home because of eviction or damage caused by fire, flood or natural disaster)	377000
b) Unable to find affordable housing	378000
c) Short-term housing problem (e.g. on list for subsidized housing or waiting to move but unable to secure housing in the meantime)	379000
11) Mental health problems	380000
12) Drug and alcohol addiction	382000
13) Other (please specify):	
a) _____	381000
b) _____	383000
c) _____	385000
14) Reason unknown/Don't know	387000



Number of residents (women and children) as of noon on April 16, 2014

Count each woman and child only ONCE

20. Of the total number of residents in your facility as of noon on April 16, 2014, how many women and accompanying children were there primarily because of ABUSE ?  
(Enter "0" if there were none.)

21. Of the total number of residents in your facility as of noon on April 16, 2014, how many women and accompanying children were there primarily for reasons OTHER THAN ABUSE (e.g. housing problem) ?  
(Enter "0" if there were none.)

22. Please indicate the TOTAL number of women and children who were residing in your facility as of noon April 16, 2014.  
(Enter "0" if there were none.)

Women	Children	Total
388000	389000	390000
391000	392000	393000
394000	395000	396000

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

	Number		Number
a) Self-referred only	397000	h) Clergy, minister of religion	404000
b) Family/friend	398000	i) Police or RCMP	405000
c) Ministry for Children and Families	399000	j) Other Transition House	406000
d) Ministry of Human Resources	400000	k) Aboriginal or First Nations organization or reserve	407000
e) Other Ministry	401000	l) Other community agency	408000
f) House resident (current or former)	402000	m) Other	409000
g) Hospital, doctor, nurse, other health care practitioner or hospital social worker	403000	n) Don't know/no data	410000
			411000
		TOTAL	

24. a) Of the women residents in the facility as of noon on April 16, 2014, how many had been there before ?

Number
412000

If number of repeat residents equals ZERO, go to Question 25.

b) How many women have been there: 1 time previously in the last 12 months ?

2-4 times previously in the last 12 months ?

5+ times previously in the last 12 months ?

How many women have previously stayed in the facility in the last 12 months for an unknown number of times ?

How many women have stayed in the facility before, but it has been more than 12 months since their last stay ?

Total (Should equal number of women in Question 24 a)

Number
413000
414000
415000
416000
417000
418000

Characteristics

25. As of noon on April 16, 2014, 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

	Number of Women
15-19 years	419000
20-24 years	420000
25-29 years	421000
30-34 years	422000
35-44 years	423000
45-54 years	424000
55-64 years	425000
65 years +	426000
Age unknown	427000

Total Women  
(Should equal total number of women in Question 20).

428000

Age categories of accompanying children

	Number of Female Children	Number of Male Children
Under 1 year	429000	439000
1-4 years	430000	440000
5-9 years	431000	441000
10-12 years	432000	442000
13-15 years	433000	443000
16-18 years	434000	444000
19-24 years	435000	445000
25-29 years	436000	446000
Age unknown	437000	447000

Total

438000448000

Total Children  
(Should equal total number of children in Question 20).

449000

B. As of noon on April 16, 2014, indicate the number of women:  
(Refer to Guidebook for definition.)  
(Count each woman only once.)

	Number
a) Who were admitted with their children	450000
b) Who were admitted without their children	451000
c) Who have no children or parenting responsibilities	452000
d) Facility doesn't know if they have children or parenting responsibilities	453000
e) Total (Should equal total number of women in Question 20)	454000

C. As of noon on April 16, 2014, indicate the number of residents with a disability.

	Number
Women	455000
Children	456000
Total residents with a disability	457000

(If total residents with a disability equals ZERO, go to Question 26)

Don't know 458000 ☐ → Go to Question 26



D. As of noon on April 16, 2014, indicate the number of residents with:  
(Count each woman and each child as often as applies, if more than one disability.  
Include residents with permanent and temporary physical disabilities [e.g., someone on crutches due to a broken leg])

	Women	Children
a) Mobility disabilities	462000	469000
b) Visual disabilities	463000	470000
c) Hearing disabilities	464000	471000
Other disabilities (please specify):	465000	472000
459000 d)	466000	473000
460000 e)	467000	474000
461000 f)	468000	475000
g) Don't know		

Relationship to abuser

26. As of noon on April 16, 2014, please indicate the number of women residents by the relationship with their abuser. (Count each woman only once. Do not include children)

	Number
a) Spouse (legally married)	476000
b) Common-law partner	477000
c) Ex-spouse	478000
d) Ex-common-law partner	479000
e) Dating relationship (couples who do not live together)	480000
f) Ex-dating relationship	481000
g) Relative (parent, child, other)	482000
h) Friend or acquaintance	483000
i) 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")	484000
j) Authority figure (teacher, professor, employer, person in a position of trust)	485000
k) Other (please specify): 486000	487000
l) Don't know	488000
m) Total (Should equal total number of women in Question 20)	489000

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.

27. As of noon on April 16, 2014, 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:	Yes (number)	No (number)	Don't know (number)	Total (Should equal total number of women in Question 20) (number)
a) was the incident reported to police ?	490000	491000	492000	493000
b) were charges laid against the abuser (e.g. by the woman, police or Crown) ?	494000	495000	496000	497000
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.) ?	498000	499000	500000	501000

SECTION 3 - DEPARTURES AND TURN-AWAYS:  
MIDNIGHT TO NOON ON April 16, 2014

Questions 28 to 31 apply to Departures and Turnaways that occurred between midnight and noon on April 16, 2014.

Departures (Refer to Guidebook for definition)

28. How many women and children departed from your facility between midnight and noon on April 16, 2014?

	Number
Women	502000
Children	503000
Total Departures	504000

If total departures equals ZERO,  
Go to Question 30.

29. Upon departure where did the women go?  
This question refers to departures between midnight and noon on April 16, 2014.  
(Count each woman only once. Do not count the children in this question.)

	Number		Number
a) Returned to spouse/ common-law partner	505000	i) Residential services (e.g. group home, hostel, detox centre, addictions rehabilitation centre or other adult care facility)	513000
b) Returned home without spouse/ common-law partner	506000	Other (please specify):	515000
c) Second stage housing	507000	514000	
d) Another emergency shelter	508000	j) _____	517000
e) Out of province/territory shelter	509000	k) _____	519000
f) New accommodation without spouse/common-law partner	510000	518000	
g) Living with friends or relatives	511000	l) _____	520000
h) Hospital	512000	m) Unknown	
		n) Total (Should equal number of women in Question 28)	521000

Turn-aways

30. How many women and children were turned away from your facility between midnight and noon on April 16, 2014?

	Number
Women	522000
Children	523000
Total Turn-aways	524000

If total turn-aways equals ZERO,  
Go to Question 32.

31. Please list the reason(s) women and children were turned away.  
(Check all that apply)

525000	<input type="checkbox"/>	Shelter was full
526000	<input type="checkbox"/>	Alcohol and drug issues
527000	<input type="checkbox"/>	Mental health issues
528000	<input type="checkbox"/>	Transportation issue (e.g., no transportation to get to facility)
529000	<input type="checkbox"/>	Accessibility issues (e.g., not wheelchair accessible)
530000	<input type="checkbox"/>	Language barrier
531000	<input type="checkbox"/>	Under age without parent
532000	<input type="checkbox"/>	Non-admit or caution list
533000	<input type="checkbox"/>	Other (please specify):
534000	a)	_____
535000	b)	_____
536000	c)	_____

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

The purpose of Section 4 is to obtain information on contacts for assistance from non-residents and ex-residents. Question 32 deals with contacts **on the day of April 16, 2014** and contacts for an **average month**.

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

	A. Contacts on April 16, 2014	B. Contacts for an average month
Housing related (e.g. crisis, needs housing because of abuse; housing problem, non-abuse, etc.)	537000	540000
Other (non-housing related) (e.g. crisis, needs medical help; general information; emotional support; etc.)	538000	541000
	539000	542000
TOTAL		

Outreach work (REFER TO GUIDEBOOK FOR DEFINITIONS)

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

Hours per week
543000

SECTION 5 - ANNUAL INFORMATION

The purpose of Section 5 is to obtain annual information on admissions and physical repairs and improvements for your residential facility. This information is to be provided for a 12-month fiscal period, for example, April 1, 2013 to March 31, 2014.

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

From: 

DDMMYYYY

544000545000546000

To: 

DDMMYYYY

547000548000549000

34. Please indicate the total number of admissions during the reference period. Please count admissions to **residential** programs only. Please count each woman and child each time they were admitted **(include repeat admissions)**. Refer to Guidebook for definitions.

	Number
Number of women	550000
Number of children	551000
Total admissions	552000

(Enter “0” if there were none.)

B. Adult males

Questions 35 to 39 refer to adult men, 15 years of age and over, who were admitted to a facility with or without their dependent children. **(DO NOT include adult men who were admitted with a parent.)**

35. Does your facility have a policy on admitting adult men (15 years and over) with or without children ? **(Check only one)**

553000

1

☐

Policy allows adult men to be admitted

2

☐

Policy does not allow adult men to be admitted → Go to Part C. **Physical repairs or improvements**

3

☐

There is no facility policy on admitting adult men

36. During the reference period (between April 1, 2013 and March 31, 2014 or during your 12-month fiscal period if March 31, 2014 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 Part C. Physical repairs or improvements)

Number of men

Number
554000

37. During the reference period, were any adult men admitted for reasons of abuse? 555000 1 ☐ Yes  
3 ☐ No → Go to Part C. Physical repairs or improvements

38. During the reference period, how many adult men were admitted to your facility for reasons of abuse? (If no men were admitted, enter “0” and go to Part C. Physical repairs or improvements)

Number of men

Number
556000

39. During the reference period, of those adult men admitted for reasons of abuse, how many were victims of spousal violence? (If no men were admitted, enter “0”)

Number of men

Number
557000

C. Physical repairs or improvements

The purpose of Questions 40 to 43 is to collect information on physical repairs or improvements that have been made to your facility during the reference period (between April 1, 2013 and March 31, 2014 or during your own 12-month fiscal period if March 31, 2014 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.

40. Have any physical repairs or improvements (e.g., new roof, flooring, windows, floor tiles, plumbing fixtures) been made to your facility during the reference period? 558000 1 ☐ Yes  
3 ☐ No → Go to Question 44

41. What types of physical repairs or improvements have been made to your facility during the reference period? (Check all that apply)

Major physical repairs or improvements 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 physical repairs or improvements refers to missing or loose floor tiles, bricks or shingles, defective steps, railing or siding, etc. Stuctural 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.

559000	<input type="checkbox"/>	Major
560000	<input type="checkbox"/>	Minor
561000	<input type="checkbox"/>	Structural Improvements

42. How were the physical repairs or improvements made during the reference period funded?  
(Check all that apply)

- 562000

☐

Shelter enhancement program (CMHC)
- 563000

☐

Other federal department funding
- 564000

☐

Provincial or Territorial government funding
- 565000

☐

Joint Federal/Provincial/Territorial agreement funding
- 566000

☐

Regional/Municipal government funding
- 567000

☐

Fundraising
- 568000

☐

Donations
- 569000

☐

Other (please specify):
- 570000

a)
- 571000

b)
- 572000

☐

Don't know

43. 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

573000

\$

574000

\$

b) Estimate

575000

c) Don't know

575000

44. Within the next five years, do you anticipate necessary physical repairs or improvements to your facility?  
(Check all that apply)

**Major** physical repairs or improvements 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** physical repairs or improvements 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.

- 576000

☐

Major
- 577000

☐

Minor
- 578000

☐

Structural Improvements

45. Within the next five years, from which of the following do you anticipate funding for these necessary physical repairs or improvements?  
(Check all that apply)

- 579000

☐

Shelter enhancement program (CMHC)
- 580000

☐

Other federal department funding
- 581000

☐

Provincial or Territorial government funding
- 582000

☐

Joint Federal/Provincial/Territorial agreement funding
- 583000

☐

Regional/Municipal government funding
- 584000

☐

Fundraising
- 585000

☐

Donations
- 586000

☐

Other (please specify):
- 587000

a)
- 588000

b)
- 589000

☐

Don't know

SECTION 6 - REVENUES AND EXPENDITURES

The purpose of Section 6 is to collect information on the revenues and expenditures of your facility for the reference period.

REVENUES

46. Please report the amounts received from each of the following sources of funding and the total revenue for your facility. (You can provide either estimated or audited year end figures. Please round figures to the nearest dollar [e.g. \$457 rather than \$457.25].)

	Dollar Amount
1) Ministry of Aboriginal Affairs and Northern Development Canada	590000 \$
2) Other federal departments	591000 \$
3) Provincial / Territorial government – Housing	592000 \$
4) Provincial / Territorial government – Social Services	593000 \$
5) Other provincial/territorial departments	594000 \$
6) Municipal government	595000 \$
7) Regional Authority	596000 \$
8) Foundations	597000 \$
9) Loans or grants for major repairs or improvements	598000 \$
10) United Way	599000 \$
11) Indian Bands	600000 \$
12) Resident fees	601000 \$
13) Provincial / Territorial lotteries (includes the Associated Entities Fund in Saskatchewan, Bingos, Nevada tickets)	602000 \$
14) Donations (money only)	603000 \$
15) Fundraising	604000 \$
16) Other (please specify):	606000 \$
605000 a)	608000 \$
607000 b)	609000 \$
17) Total annual facility revenues	



EXPENDITURES

47. Please report the total annual expenditures for your facility and the dollar amount of your total annual expenditures spent on the following: (You can provide either estimated or audited year end figures. Please round figures to the nearest dollar [e.g. \$457 rather than \$457.25].)

	Dollar Amount
1) Salary costs (all salary and benefits, includes casuals and fee for service costs)	610000 \$
2) Rent (e.g. outreach offices)	611000 \$
3) Mortgage and taxes	612000 \$
4) Regular maintenance	613000 \$
5) Major repairs or improvements	614000 \$
6) Other housing costs (house insurance, utilities, furniture, etc.)	615000 \$
7) Administrative costs (e.g. staff and board insurance)	616000 \$
8) Staff training (includes conferences)	617000 \$
9) Office costs (office supplies, postage, etc.)	618000 \$
10) Direct client costs (food, supplies, transportation, and disbursements to residents)	619000 \$
11) Contributions to reserve fund (as required by CMHC)	620000 \$
12) Other (please specify):	
621000 a)	622000 \$
623000 b)	624000 \$
13) Total annual facility expenditures	625000 \$

48. Are the revenue and expenditure figures that were provided in questions 46 and 47 based on (Check only one):

- 6260001
- ☐ Estimated data
- 2
- ☐ Audited financial data
- 3
- ☐ Don't know

SECTION 7 - ISSUES AND CHALLENGES

49. A) What would you identify as the top three issues or challenges facing **your facility** in the upcoming year? (*Refer to Guidebook for definition*)

627000 1)

628000 2)

629000 3)

B) What would you identify as the top three issues or challenges for **the women and children using your facility** in the upcoming year? (*Refer to Guidebook for definition*)

630000 1)

631000 2)

632000 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 the Public Health Agency of 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

Questionnaire completed by (block letters):	Date	Telephone Area code	For office use only
<div></div>	<div></div>	<div></div>	<div></div>

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. 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 at 1-800-387-0479. The following space is provided for those of you who would prefer to write down your comments. *Please print carefully.*

633000

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