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## The Development of Program Evaluation Tools for Women and Children at Rural Women's Shelters

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## **The Development of Program Evaluation Tools For Women and Children at Rural Women’s Shelters**

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### **Abstract**

Women’s shelters have faced a near-constant state of flux since the start of the COVID-19 pandemic. This, combined with decades of being severely under-resourced, has culminated in a lack of program evaluation within women’s shelters. As such, the purpose of this research was to develop two universal program evaluation tools that will meet the needs of service users (i.e., women and children) and providers at two rural women’s shelters in Ontario. To develop the tools in partnership with the shelters, the Framework for Program Evaluation in Public Health, the Delphi Method, and Thorne’s Interpretive Description approaches were employed. Two tools were developed, with the adult version consisting of 18 questions (e.g., open-ended, Likert scales) and the child version consisting of nine (e.g., yes/no). Future research should explore the utility, feasibility, and acceptability of implementing these tools across a range of women’s shelters, including those of varying geographic and cultural contexts.

**Keywords:** program evaluation; women; children; women’s shelters; rural

## **Élaboration d’outils d’évaluation de programmes pour les femmes et les enfants dans les refuges pour femmes en milieu rural**

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### **Résumé**

Les refuges pour femmes sont en constante évolution depuis le début de la pandémie de COVID-19. Cette situation, combinée à des décennies de manque de ressources, a entraîné un manque d’évaluation de programmes au sein des refuges pour femmes. L’objectif de cette recherche était donc de développer deux outils universels d’évaluation de programmes pour répondre aux besoins des utilisateurs de services (c.-à-d. les femmes et les enfants) et des prestataires de services dans deux refuges pour femmes en milieu rural en Ontario. Pour développer les outils en partenariat avec les refuges, le cadre d’évaluation de programmes en santé publique, la méthode Delphi et les approches de description interprétative de Thorne ont été utilisés. Deux outils ont été développés, la version adulte comprenant 18 questions (e.g., échelles de Likert ouvertes) et la version enfant comprenant neuf questions (e.g., oui/non). Les recherches futures devraient explorer l’utilité, la faisabilité et l’acceptabilité de la mise en œuvre de ces outils dans un éventail de refuges pour femmes, y compris ceux de contextes géographiques et culturels variés.

**Mots clés :** évaluation de programmes, femmes, enfants, refuges pour femmes, milieu rural

## 1.0 Introduction

Gender-based violence (GBV) is broadly defined as harmful acts directed at an individual based on their gender (United Nations, 2022). Intimate partner violence (IPV), a pattern of physical, sexual, or emotional abuse and controlling behavior from an intimate partner, is the most common form of GBV affecting one in three women in Canada in their lifetimes (Tjaden & Thoennes, 2000; World Health Organization [WHO], 2012). GBV is a wicked social problem, meaning it is complex, multi-faceted and defies simple solutions (Montesanti & Thurston, 2015). Difficulties addressing GBV are, in part, related to the well-established pervasive consequences of GBV. These consequences include social isolation, loss of employment, loss of economic mobility, housing insecurity, mental/physical health problems, and femicide (Baker et al., 2010; Campbell, 2002; Dixon et al., 2008; Gillespie et al., 2013; Showalter, 2016). The economic burden of violence is an estimated 7 billion dollars annually in Canada, including both direct and indirect costs (Varcoe et al., 2011; Zhang et al., 2012). Together, the complexity, consequences, and costs position GBV as a significant societal concern.

It is well established that experiences of violence were exacerbated by the COVID-19 pandemic (e.g., Swaich et al., 2023). During the pandemic, there was a notable rise in both the incidence and severity of violence experienced by women, which were attributed, in part, to the stay-at-home orders enacted to reduce the spread of the COVID-19 virus (Peterman et al., 2020; Roesch et al., 2020). In 2013, The World Health Organization declared violence against women a global public health problem of epidemic proportions; in a 2018 report, this idea was updated to pandemic proportions (WHO 2013, 2021). From these declarations of violence against women being coined a pandemic, the United Nations referred to GBV during the COVID-19 pandemic as a “shadow pandemic” (UN Women, 2020, p. 2). While terminology like this was likely meant to illustrate that GBV exists largely in the shadows or privacy of individuals’ homes, this language inadvertently created a hierarchy wherein COVID-19 was the main pandemic, and GBV was the secondary pandemic (Shillington et al., 2022). In reality, the COVID-19 and GBV pandemics are better understood as a *syndemic* (Haag et al., 2022). A syndemic acknowledges how health and wellbeing are impacted by socioeconomic, political, or environmental contexts which, when co-existing, interact and lead to synergistic vulnerability for at-risk populations, amplifying existing social and structural inequities (Haag et al., 2022; Khanlou et al., 2020; Willen et al., 2017). It was the co-occurrence of the COVID-19 and GBV pandemics that placed women at a disproportionate risk than if they had experienced either pandemic alone (Mantler et al., 2022<sup>a</sup>). While the disproportionate risk of experiencing violence among women is an important idea to highlight, it is important to recognize that the idea of a syndemic does not inspire a call for action or obligation for change among systems—something that was largely missing during the COVID-19 pandemic and, at least partially, as a result, led to negative implications for the health and wellbeing of women experiencing these co-occurring pandemics.

A common resource for women who have experienced GBV are women’s shelters (Mantler et al., 2018). In Canada, women’s shelters provide both onsite services, such as safe places for women during a crisis, as well as outreach programs focusing on safety planning, advocacy, transportation services, housing referrals, system navigation, and counseling (Burnett et al., 2015; Mantler et al., 2018; Tutty, 2015; Wathen et al., 2014). When the COVID-19 global pandemic was declared in March

2020, shelters, like all service providers, had to find ways to adapt programming to meet the needs of women while adhering to public health mandates (Burd et al., 2022; MacGregor et al., 2022; Wathen et al., 2022). As the COVID-19 mandates continued to evolve, women's shelters were in a near-constant state of pivoting to provide vital programming to women experiencing GBV. The rapid changes in service delivery resulted in a lack of program evaluation as all available resources were utilized to extend and modify services to meet the increasing demands of women while adhering to changing public health guidelines (Women's Shelter's Canada, 2020).

The evaluation gap within women's shelters existed prior to the COVID-19 pandemic. The lack of evaluation has been attributed by service providers to evaluation fatigue, frustration with inconsistent evaluation models, and ineffective assessments from government funders for decades, with providers from 97 shelters highlighting gaps in program evaluation as a key issue in 2020 (Women's Shelter's Canada, 2020). Many frontline service providers in shelters attributed the lack of evaluation, in part, to the crisis in funding available for women's shelters in Canada (Mantler et al., 2018; Peek-Asa et al., 2011). Specifically, Canadian women's shelters have historically operated on a patchwork of funding, with most receiving core operation funds from their provinces or territories that are just enough to keep the lights on and building functional (von Stackelberg, 2023). To help supplement the bare minimum additional costs of paying for staff and services, shelters must rely on donors, fundraising, and/or one-time grants that are difficult to secure (von Stackelberg, 2023). Recent research has highlighted that during the COVID-19 pandemic, existing systemic and structural weakness in the GBV sector, including insufficient funding, further impacted service provision (Mantler et al., 2022<sup>b</sup>). When there is a lack of funding to provide core services, it is not surprising that program evaluations are not a priority.

Despite the feasible program evaluation gap at an in-shelter level, findings from research done in collaboration with women's shelter service providers highlighted the importance and desire to conduct evaluation to ensure programs are meeting the needs of women (Lyon & Sullivan, 2007). Furthermore, service providers have underscored the need to build on programs that are identified as useful for women and discontinue ineffective programs, as this is not only a women-centered approach that takes lived experiences into consideration, but is also pragmatic in the face of ongoing funding constraints (Lyon & Sullivan, 2007). The Ministry of Children, Community and Social Services echoed this sentiment, calling for women's lived experiences to be valued and taken into consideration in the delivery and evaluation of shelter services (Ministry of Children, Community and Social Services, 2018). Despite the known importance and benefits of program evaluation in the domestic violence sector, the Government of Canada lacks an action plan on violence against women that includes any standard monitoring and evaluation mechanisms for programs (Women's Shelters Canada, 2019). This leaves individual shelters, which are already in a state of financial crisis with overburdened and burnt-out teams, responsible for the creation and implementation of shelter-specific program evaluation tools. Broader evaluation projects have been taken on, such as the evaluation of family violence community hubs in Ontario (Bergen, 2018); however, these have largely been shelter-wide evaluations and lack a specificity to the individual programs at different shelters.

The importance of useful and effective programming in women’s shelters cannot be understated. In previous research, it was found that when rural shelters help women hone their strengths, some are able to overcome barriers that previously seemed immovable (Mantler et al., 2018). However, without proper evaluation of shelters’ programming, there is no way to know if these benefits are being achieved by programs or if programs need to shift to better meet the changing needs of women. Rural women’s shelters in Ontario provide safe spaces for women and families to thrive in healthy relationships and have identified their current lack of program evaluation as a critical gap in service delivery. Due to the syndemic of GBV and COVID-19, the ongoing lack of guidance and support from government sources, and the ever-evolving programming at shelters to be responsive to the changing needs of women, there continues to be a critical gap in program evaluation that women’s shelters alone do not have the resources or knowledge to fill. As such, the purpose of this research was to develop two universal program evaluation tools (i.e., one for women and one for children) that will meet the needs of service users and providers at two rural women’s shelters in Ontario. Guiding principles for the creation of these universal program evaluation tools included: (1) capturing women’s experiences of programs; (2) ease of implementation for service providers; and (3) no ongoing cost to promote the long-term sustainability of program evaluation.

## **2.0 Methods**

### ***2.1 Study Design***

This longitudinal, mixed-methods study was conducted from September 2022 to March 2023 and received ethics approval from the Non-Medical Research Ethics Board of the host institution (NMREB #121411). To develop two universal program evaluation tools in partnership with two rural women’s shelters in Ontario, the Framework for Program Evaluation in Public Health, the Delphi Method, and Thorne’s Interpretive Description (ID) approach were employed (Milstein & Wetterhall, 1999; Niederberger & Spranger, 2020; Thorne 2016). The Framework for Program Evaluation was designed to guide professionals in summarizing and organizing the essential components of their program evaluations (Milstein & Wetterhall, 1999). This framework ensured the program evaluation was completed in a systematic way by involving useful, feasible, ethical, and accurate procedures (Milstein & Wetterhall, 1999). In addition, the Delphi Method was employed as the research team relied on and engaged with experts (i.e., service users and providers at the rural women’s shelters) who were knowledgeable about the programs throughout each iteration of the tool’s development (Niederberger & Spranger, 2020). Finally, ID is a flexible, inductive, applied qualitative approach that is useful for addressing questions that are driven by practical intent. Through employing the Delphi Method, the partnership between researchers and the two rural women’s shelters facilitated the engagement of experts in the field to ensure the final evaluation tools met their needs. These needs included easily administered program evaluation tools that would not place any undue burden on service providers administering the tools and/or service users filling out the tools. Further, the tools needed to produce easy-to-use data that could translate into program improvements or be used in grant applications for potential funding opportunities. Through implementing trauma-informed practices during all phases of the research, it was concluded that focusing on experiences with the programming and not probing into participants’ experiences of trauma that may have brought them to use the programs would best serve both providers and users of

said programs. By eliciting the experiences of both women who have experienced IPV and service providers in rural communities, a contextualized understanding of the program evaluation needs of the shelters, which informed the creation of tailored program evaluation tools, was obtained.

## 2.2 Recruitment, Eligibility, and Safety

Purposeful sampling was used to recruit 10 rural service users and 9 rural service providers (Hagaman & Wutich, 2017; Kuzel, 1992). Eligibility criteria for service users included having used at least one service at the participating women’s shelters in the past six months, and for service providers included working at participating women’s shelters for at least three months (inclusive of frontline staff and management). Prior to participation in the project, safety plans that outlined contact information and safe project practices were developed (e.g., meeting location, best contact practices; Ford-Gilboe et al., 2009).

## 2.3 Data Collection and Analysis

To achieve engagement of stakeholders, focusing on the evaluation design, and iteratively gathering feedback (per the Framework for Program Evaluation in Public Health; Milstein & Wetterhall, 1999), service users and providers were invited to share their experiences of the programs and insights into key areas of program evaluation via approximately 1-hour semi-structured individual interviews. The semi-structured interview guide included questions pertaining to what makes a program effective, what needs to be captured in a program evaluation tool, goals and desired outcomes of the program, and how a program evaluation tool might be implemented for best uptake (see Table 1 for interview questions).

Table 1. *Round 1: Semi-Structured Interview Questions*

Round of Feedback	Participant Group	Interview Questions
1	Service Users (n = 10)	<ol style="list-style-type: none"> <li>1. What services have you or your child(ren) used at the shelter?</li> <li>2. In your opinion, what makes a program effective?                             <ol style="list-style-type: none"> <li>a. What do you look for in a program?</li> <li>b. What aspects of the program do you/your child(ren) find most enjoyable?</li> </ol> </li> <li>3. When creating the new program evaluation tool, what do you think must be captured in order for the tool to be most effective in evaluating and improving existing programming at the shelter?</li> <li>4. What are your goals for the program evaluation tool?</li> <li>5. What are your desired outcomes of the program evaluation tool?</li> <li>6. Do you have any ideas regarding how we might implement this tool for the best uptake from service users?</li> </ol>

**Table 1 continued**

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1	Service providers ( <i>n</i> = 9)	<ol style="list-style-type: none"><li>1. What services have you delivered at the shelter?</li><li>2. In your opinion, what makes a program effective?<ol style="list-style-type: none"><li>a. What aspects of the program do women find most enjoyable?</li></ol></li><li>3. When creating the new program evaluation tool, what do you think must be captured in order for the tool to be most effective in evaluating and improving existing programming at the shelter?</li><li>4. What are your goals for the program evaluation tool?</li><li>5. What are your desired outcomes of the program evaluation tool?</li><li>6. Do you have any ideas regarding how we might implement this tool for the best uptake from service users and/or providers?</li></ol>
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All interviews were subsequently transcribed and analysed concurrently to promote responsiveness between data collection and analysis, such that insights during early interviews were integrated into ongoing data collection questions (Hunt, 2009). Initially, all became immersed in the data through iterative readings of the narratives alongside the research questions, and then data was reframed based on the whole of the narrative. Next, categories were identified, then linkages across categories were made, and subsequently, relationships/patterns were explored across data sources (Hunt, 2009; Thorne, 2016). Following the analysis of preliminary interview data, using ID, the research team developed preliminary questions for the first iteration of the program evaluation tools. Then, the tools were pilot tested with service users and providers wherein feedback was sought by having participants comment on the acceptability, utility, and order of the items, as well as identifying gaps in items (see Table 2 for feedback requested).

For the second round of feedback, participants were given the option of participating in an additional semi-structured interview or providing feedback via email. This feedback was then analyzed and integrated into the second iteration of the tools. The process of pilot testing outlined above was conducted again with the second iteration of the tools. Once the second round of feedback was received, a final round of revisions based on data analysis was completed, after which the final universal program evaluation tools were created and provided to women’s shelters.

Table 2. Round 2: Feedback Requested from Service Users and Providers

Round of Feedback	Participant Group	Feedback Questions
2	Service Providers (n = 9)	<ol style="list-style-type: none"> <li>1. For which program did you administer the pilot evaluation tool?</li> <li>2. How was the evaluation tool received by women at the shelter, and what was your experience using the evaluation tool?               <ol style="list-style-type: none"> <li>a. How was the evaluation tool received by children at the shelter?</li> </ol> </li> <li>3. To what extent did the evaluation tool target the goals of the program?               <ol style="list-style-type: none"> <li>a. What could be improved on the evaluation tool to better target the goals of the program?</li> </ol> </li> <li>4. Which items, if any, on the evaluation tool need to be changed/removed?               <ol style="list-style-type: none"> <li>a. In what ways can the items be changed to better reflect the goals of the evaluation tool?</li> </ol> </li> <li>5. What gaps, if any, still exist in the evaluation tool?               <ol style="list-style-type: none"> <li>a. In what ways can evaluation tool be changed to fill these gaps?</li> </ol> </li> <li>6. Is there anything else I haven't asked you about administering the tool that we should be aware of?</li> </ol>

### 3.0 Results

Among both service providers and women, there were consistencies mentioned regarding important features, questions, and formatting of the evaluation tools. Specifically, for the program evaluation tool used among women, service providers mentioned ensuring the survey was easy to comprehend for women of varying educational backgrounds and quick to complete to ensure women were not overburdened by the survey. Moreover, women and service providers alike stressed the importance of including opportunities to provide written feedback (i.e., open-ended response questions) while ensuring women knew what the question was asking. Through the multiple iterations of the tool, service providers found that providing a few examples for each open-ended response question was most valuable to women filling out the tools. Beyond this, ensuring that the questions included allowed for numerical data to be gathered for the purposes of reporting the effectiveness and utility of programming to potential funders was essential (i.e., multiple-choice and yes/no questions). Finally, service providers underscored the importance of the tools aligning with the values of the shelter. The full program evaluation tool for women can be found in Figure 1.

Figure 1. Program evaluation tool to assess women’s programming at women’s shelters.

<p><b>Program Evaluation Tool—Women</b></p> <ol style="list-style-type: none"><li>1. Which program/service did you attend, and are you providing feedback on? _____</li><li>2. How would you rate the quality of the program?<ol style="list-style-type: none"><li>a. Excellent</li><li>b. Good</li><li>c. Fair</li><li>d. Poor</li></ol></li><li>3. To what extent did this program meet your needs?<ol style="list-style-type: none"><li>a. Almost all of my needs have been met.</li><li>b. Most of my needs have been met.</li><li>c. Only a few of my needs have been met.</li><li>d. None of my needs have been met.</li></ol></li><li>4. This program taught me something valuable.<ol style="list-style-type: none"><li>a. Yes</li><li>b. No</li></ol></li><li>5. This program was sensitive to my culture.<ol style="list-style-type: none"><li>a. Yes</li><li>b. No</li></ol></li><li>6. The program helped me better understand and learn about myself.<ol style="list-style-type: none"><li>a. Yes</li><li>b. No</li></ol></li><li>7. The most helpful part of this program was (e.g., supportive staff, accessible timing): _____</li><li>8. The least helpful part of this program was (e.g., group format, time constraints): _____</li><li>9. The part of this program that stood out to me in a positive way was (e.g., food provided, meeting other participants): _____</li><li>10. The part of the program that needs work is (e.g., not enough flexibility in discussion, offering in-person/virtual): _____</li></ol>
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11. Please provide any suggestions you may have to improve this program (e.g., childcare needed to participate, different space required): \_\_\_\_\_
12. The staff did a good job at delivering this program.
  - a. Strongly agree
  - b. Agree
  - c. Neutral
  - d. Disagree
  - e. Strongly disagree
13. If possible, please provide a reason why you agree or disagree that the staff did a good job at delivering this program. \_\_\_\_\_
14. The staff were friendly and approachable.
  - a. Strongly agree
  - b. Agree
  - c. Neutral
  - d. Disagree
  - e. Strongly disagree
15. If possible, please provide a reason why you agree or disagree that the staff were friendly and approachable. \_\_\_\_\_
16. I would recommend this program to someone as a useful program.
  - a. Yes
  - b. No
17. If needed, I would access this program again in the future.
  - a. Yes
  - b. No
18. Overall, this program was effective.
  - a. Strongly agree
  - b. Agree
  - c. Neutral
  - d. Disagree
  - e. Strongly disagree

For the program evaluation tool for children, ensuring the tool was accessible to children of all grade levels and short in length were the most commonly mentioned features of the tool by both service providers and women with children who used shelter programming. This involved including language that is taught in schools (e.g., most/least favourite). Further, most parent participants mentioned the inclusion of images and/or symbols to which children could relate their answers (e.g., emojis to depict emotions). Finally, to ensure the simplicity of the tool and to ensure most children could fill out the tool on their own, most questions were yes/no style questions. Please see Figure 2 for the full program evaluation tool for children.

Figure 2. Program evaluation tool to assess children’s programming at women’s shelters.

**Program Evaluation Tool—Children**

1. Which program did you take part in? \_\_\_\_\_
2. How did you like this program?
  - a. I liked it. 
  - b. It was okay. 
  - c. I did not like it. 
2. Did you enjoy the activities?
  - a. Yes
  - b. No
3. Would you do this program again?
  - a. Yes
  - b. No
4. My favourite part of this program was: \_\_\_\_\_ 
5. My least favourite part of this program was: \_\_\_\_\_ 
6. I liked the staff.
  - a. Yes
  - b. No
7. This program made me feel understood.
  - a. Yes
  - b. No
8. Other kids should use this program.
  - a. Yes
  - b. No

## **4.0 Discussion**

The purpose of this research was to develop two short universal program evaluation tools (i.e., one for women and one for children) that will meet the needs of service users and providers and reflect the values of two rural women’s shelters in Ontario. Through following the principles of the Framework for Program Evaluation in Public Health, the Delphi Method, and Thorne’s ID, two novel, trauma-informed program evaluation tools were produced that can be universally used by women’s shelters to address their evaluation needs. Importantly, the guiding principles for the creation of these tools were all met. Notably, women’s experiences in the programs can now be captured in seamless ways by service providers at no ongoing cost to the shelters, thus ensuring the longevity and utility of these programs, while also prioritizing the health and wellbeing of women by ensuring no re-traumatization occurs during program evaluation.

Results from the Women’s Shelters Canada national organization highlighted gaps in program evaluation as a key issue in 2020 (Women’s Shelter’s Canada, 2020). These existing gaps in program evaluation, coupled with the constant state of pivoting of vital shelter services resulting from the COVID-19 pandemic circumstances, made the development of a universal program evaluation tool essential to women’s shelters. Given that the program evaluation tools currently in existence do not meet the needs of service users and providers in rural women’s shelters, this project was seen as a critical first step in filling this gap. The evaluation tools created aim to ensure programs continue to meet the changing needs of women and children in shelters, while also offering a pragmatic solution for shelters experiencing continual funding restraints (Lyon & Sullivan, 2007).

While the evaluation tools are generic in nature, the design of the tools was intended to be universal. That is, the partnering shelters stressed the importance of the tools being easily amendable to future programs to ensure the long-term usability of these tools. Moreover, the tools were not created to be used among specific programs since these are likely to change on an ongoing basis and would severely decrease the longevity of the tools while, in turn, creating the need for shelters to once again update their evaluation methods with limited resources. The universal design of these tools also provides an opportunity for these tools to be widely applied across women’s shelters—a sector that is consistently under-funded (Lyon & Sullivan, 2007)—at no cost to each individual shelter. According to Vendug (1997), the translation of evaluation outcomes that are consistent across any given sector has the greatest potential to impact future decision-making processes in the public policy sphere. Given this, the universal design of the evaluation tools was deemed essential to ensure the greatest impact for change, not only among individual shelters, but also at a public policy level.

### ***4.1 Implications for Practice and Future Directions of Research***

The program evaluation tools created will be useful across women’s shelters in providing evaluation metrics of existing programming to make improvements or changes where necessary. Further, through simple analysis of the evaluation results, shelters can use this information in practice when applying for future government funding opportunities. Additionally, the evaluation tools will be beneficial to women and children staying in shelter, by providing them with opportunities to voice their opinions and create meaningful change at an organizational level. Thus, potentially bolstering women’s and children’s autonomy and self-confidence.

While this research successfully culminated in two novel program evaluation tools that meet the needs of both service users and providers at two rural women’s shelters in Ontario, there is no firm indication that these tools can meet the needs of women’s shelters outside of this context. Future research should explore the utility, feasibility, and acceptability of implementing these tools across a range of women’s shelters, including those of varying geographic and cultural contexts.

#### **4.2 Limitations**

Results from this project should be considered within the context of this work’s limitations. First, the interviews only included service providers and women from two rural shelters in Ontario. As such, the results found may not be applicable to other contexts. Despite this, the service providers involved in the current study had many years of experience working in the sector. Thus, the service providers could be deemed subject-matter experts in their field and, therefore, were able to provide valuable feedback as part of the Delphi method integrated into this project’s methods. Secondly, the interviews introduced the possibility of social desirability bias; however, honesty demands (i.e., “I want you to know that there are no right or wrong answers, we are simply interested in what is true for you”) were included at the beginning of each interview to limit this risk (per Bates, 1992). Finally, the number of women and service providers who provided feedback decreased between each iteration of the tool. This points to the fact that service providers are likely over-burdened in their roles and, although the desire to help was evident, have little time to give to non-job-specific tasks. Attrition among women may have been due to other life tasks needing their time, an indication that they have moved on past the shelter and/or the relocation of some women to other regions.

#### **5.0 Conclusion**

Women’s shelters have been under immense pressure since long before the pandemic, resulting in a gap in program evaluation. Without the evaluation of shelter programming, there is little indication if the programs are meeting their goals, the women’s needs, and/or the milestones that are required to secure government grants and funding for future programming. As such, in partnership with two rural women’s shelters, this project developed and piloted two short, trauma-informed universal program evaluation tools—one for women’s programming and one for children’s—following the guidelines of the Framework for Program Evaluation in Public Health, the Delphi Method, and Thorne’s ID. The universal design of the tools will allow women’s shelters across Canada to apply these tools to address their current gaps in evaluation. Future research should explore this possibility across a range of shelters in various geographic and cultural contexts to ensure its ubiquitous nature.

#### **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. <https://doi.org/10.1016/j.avb.2010.07.005>
- Bates B. L. (1992). The effect of demands for honesty on the efficacy of the Carleton Skills-Training program. *The International journal of clinical and experimental hypnosis*, 40(2), 88–102. <https://doi.org/10.1080/00207149208409650>

- Bergen, A. (2018). Family violence/VAW community hubs in Ontario: Recap of pilot project evaluation (2015-2017). [https://cdn.prod.website-files.com/630cf4b6d0b3bed24a33583e/66fea60b70ff5555b4570afe\\_FV%20Community%20Hubs%20in%20Ontario-%20Recap%20of%20Pilot%20Project%20Evaluation\\_v2\\_5%20Jan%202018%20\(1\).pdf](https://cdn.prod.website-files.com/630cf4b6d0b3bed24a33583e/66fea60b70ff5555b4570afe_FV%20Community%20Hubs%20in%20Ontario-%20Recap%20of%20Pilot%20Project%20Evaluation_v2_5%20Jan%202018%20(1).pdf)
- Burd, C., MacGregor, J. C. D., Ford-Gilboe, M., Mantler, T., McLean, I., Veenendaal, J., & Wathen, N. (2022). The impact of the COVID-19 pandemic on staff in violence against women services. *Violence Against Women*, 29(9), 1764–1786. <https://doi.org/10.1177/10778012221117595>
- Burnett, C., Ford-Gilboe, M., Berman, H., Ward-Griffin, C., Wathen, N. (2015). A critical discourse analysis of provincial policies impacting shelter service delivery to women exposed to violence. *Policy, Politics and Nursing Practice*, 16 (2), 5–16. <https://doi.org/10.1177/1527154415583123>
- Campbell J. C. (2002). Health consequences of intimate partner violence. *Lancet (London, England)*, 359(9314), 1331–1336. [https://doi.org/10.1016/S0140-6736\(02\)08336-8](https://doi.org/10.1016/S0140-6736(02)08336-8)
- Dixon, L., Hamilton-Giachritsis, C., & Browne, K. (2008). Classifying partner femicide. *Journal of Interpersonal Violence*, 23(1), 74–93. <http://dx.doi.org/10.1177/0886260507307652>
- Ford-Gilboe, M., Wuest, J., Varcoe, C., Davies, L., Merritt-Gray, M., & Campbell J, et al. (2009). Modelling the effects of intimate partner violence and access to resources on women’s health in the early years after leaving an abusive partner. *Social Science Medicine*, 68(6), 1021–1029. <https://www.sciencedirect.com/science/article/pii/S0277953609000045>
- Gillespie, L. K., Richards, T. N., Givens, E. M., & Smith, M. D. (2013). Framing deadly domestic violence: Why the media’s spin matters in newspaper coverage of femicide. *Violence Against Women*, 19(2), 222–245. <https://doi.org/10.1177%2F1077801213476457>
- Haag, H. L., Toccalino, D., Estrella, M. J., Moore, A., & Colantonio, A. (2022). The shadow pandemic: A qualitative exploration of the impacts of COVID-19 on service providers and women survivors of intimate partner violence and brain injury. *The Journal of head trauma rehabilitation*, 37(1), 43–52. <https://doi.org/10.1097/HTR.0000000000000751>
- Hagaman, A. K., & Wutich, A. (2017). How many interviews are enough to identify metathemes in multisited and cross-cultural research? Another perspective on Guest, Bunce, and Johnson's (2006) landmark study. *Field Methods*, 29, 23–41. <https://doi.org/10.1177/1525822X16640447>
- Hunt, M. R. (2009). Strengths and challenges in the use of interpretive description: Reflections arising from a study of the moral experience of health professionals in humanitarian work. *Qualitative Health Research*, 19(9), 1284–1292. <https://doi.org/10.1177/1049732309344612>

- Khanlou, N., Ssawe, A., Vazquez, L. M., Pashang, S., Connolly, J. A., Bohr, Y., Epstein, I., Zahraei, S., Ahmad, F., Mgwigwi, T., & Alamdar, N. (2020). *COVID-19 pandemic guidelines for mental health support of racialized women at risk of gender-based violence: Knowledge synthesis report*. Government of Canada. <https://cihr-irsc.gc.ca/e/52062.html>
- Kuzel, A. J. (1992). Sampling in qualitative inquiry. In B. F. Crabtree, & W. L. Miller (Eds.), *Doing qualitative research* (pp. 33–45). Thousand Oaks, CA: Sage Publications.
- Lyon, E., & Sullivan, C. M. (2007). Outcome evaluation strategies for domestic violence service programs receiving FVPSA funding: A Practical guide. *National Resource Center on Domestic Violence*. <https://nrcdv.org/FVPSAOutcomes/Manual/FVPSAOutcomesManual.pdf>
- MacGregor, J.C.D., Burd, C., Mantler, T., McLean, I., Veenendaal, J., Rodger, S., & Wathen, N. C. (2022). Experiences of women accessing violence against women outreach services in Canada during the COVID-19 pandemic: A brief report. *Journal of Family Violence*, 38, 997–1005. <https://doi.org/10.1007/s10896-022-00398-2>
- Mantler, T., Jackson, K. T., & Ford-Gilboe, M. (2018). The CENTRAL Hub Model: Strategies and innovations used by rural women’s shelters in Canada to strengthen service delivery and support women. *Journal of Rural and Community Development*, 13(3), 115–132.
- Mantler, T., Shillington, K. J., Yates, J., Tryphonopoulos, P., Jackson, K. T., & Ford-Gilboe, M. (2022<sup>a</sup>). Resilience is more than Nature: An exploration of the conditions that nurture resilience among rural women who have experienced IPV. *Journal of Family Violence*, 39, 165–175. <https://doi.org/10.1007/s10896-022-00479-2>
- Mantler, T., Shillington, K. J., Davidson, C. A., Yates, J., Irwin, J. D., Velker, B., & Jackson, K. T. (2022). Impacts of COVID-19 on the coping behaviours of Canadian women experiencing intimate partner violence. *Global Social Welfare*, 1-16. <https://doi.org/10.1007/s40609-022-00224-z>
- Milstein, B., & Wetterhall, S. F. (1999, September 17). Framework for program evaluation in public health. *CDC Stacks*. <https://stacks.cdc.gov/view/cdc/5204>
- Ministry of Children, Community and Social Services. (2018). Violence Against Women (VAW) - Emergency Shelter Standards. *Government of Ontario*. <https://www.ontario.ca/document/mccss-service-objectives-community-services/services-delivered-vaw-emergency-shelter-and>
- Montesanti, S., & 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(1), 100. <https://doi.org/10.1186/s12905-015-0256-4>
- Niederberger, M., & Spranger, J. (2020). Delphi technique in health sciences: A map. *Frontiers in Public Health*, 8, 457. <https://doi.org/10.3389/fpubh.2020.00457>

- Peek-Asa, C., Wallis, A., Harland, K., Beyer, K., Dickey, P., & Saftlas, A. (2011). Rural disparity in domestic violence prevalence and access to resources. *Journal of Women's Health, 20*(11), 1743–1749. <https://doi.org/10.1089/jwh.2011.2891>
- Peterman, A., Potts, A., O'Donnell, M., Thompson, K., Shah, N., Oertelt-Prigione, S., & van Gelder, N. (2020, April 1). *Pandemics and violence against women and children*. Center for Global Development. <https://www.cgdev.org/publication/pandemics-and-violence-against-women-and-children>
- Roesch, E., Amin, A., Gupta, J., & Garcia-Moreno, C. (2020). Violence against women during covid-19 pandemic restrictions. *BMJ, 369*. <https://doi.org/10.1136/bmj.m1712>
- Shillington, K. J., Jackson, K. T., Davidson, C. A., Yates, J., Irwin, J. D., Kaschor, B., & Mantler, T. (2022). Riding on resilience: Impacts of the COVID-19 pandemic on women experiencing intimate partner violence. *SN Social Sciences, 2*(92), 1-26. <https://doi.org/10.1007/s43545-022-00343-6>
- Showalter, K. (2016). Women's employment and domestic violence: A review of the literature. *Aggression and Violent Behavior, 31*, 37–47. <http://dx.doi.org/10.1016/j.avb.2016.06.017>
- Swaich, A., Richardson, L., Cui, Z., DeBeck, K., Milloy, M. J., Kerr, T., & Hayashi, K. (2023). Experiences of violence during the COVID-19 pandemic among people who use drugs in a Canadian setting: a gender-based cross-sectional study. *BMC Public Health, 23*(1), 1020. <https://doi.org/10.1186/s12889-023-15929-9>
- Thorne, S. (2016). *Interpretive description: Qualitative research for applied practice* (2<sup>nd</sup> edition). Taylor & Francis. <https://doi.org/10.4324/9781315545196>
- Tjaden, P., & Thoennes, N. (2000, July). *Extent, nature, and consequences of intimate partner violence: Findings from the National Violence Against Women Survey*. National Institute of Justice. <https://www.ojp.gov/pdffiles1/nij/181867.pdf>
- Tutty, L. M. (2015). Addressing the safety and trauma issues of abused women: a cross-Canada study of YWCA shelters. *Journal of International Women's Studies, 16*(3). Available at: <https://vc.bridgew.edu/jiws/vol16/iss3/8>
- United Nations. (2022). *Gender-based violence*. <https://www.unhcr.org/us/what-we-do/safeguard-human-rights/protection/gender-based-violence>
- UN Women. (2020, April 6). *Violence against women and girls: the shadow pandemic*. <https://www.unwomen.org/en/news/stories/2020/4/statement-ed-phumzile-violence-against-women-during-pandemic>
- Varcoe, C., Hankivsky, O., Ford-Gilboe, M., Wuest, J., Wilk, P., Hammerton, J., & Campbell, J. (2011). Attributing selected costs to intimate partner violence in a sample of women who have left abusive partners: a social determinants of health approach. *Canadian public policy. Analyse de politiques, 37*(3), 359–380. <https://doi.org/10.3138/cpp.37.3.359>
- Vedung, E. (1997). *Public policy and program evaluation* (1st ed.). Routledge. <https://doi.org/10.4324/9781315127767>

- von Stackelberg, M. (2023, April 24). Women's shelters across Canada are losing nearly \$150 million in federal funding. *CBC News*. <https://www.cbc.ca/news/politics/federal-shelter-funding-1.6814859>
- Wathen, C. N., Burd, C., MacGregor, J. C. D., Veenendaal, J., McLean, I., & Mantler, T. (2022). “We’re so limited with what we actually can do if we follow all the rules”: A qualitative study of the impact of COVID-19 public health protocols on violence against women services. *BMC Public Health*, 22, 1175. <https://doi.org/10.1186/s12889-022-13550-w>
- Wathen, C. N., Harris, R. M., Ford-Gilboe, M., & Hansen M. (2014). What counts? A mixed-methods study to inform evaluation of shelters for abused women. *Violence against Women*, 21(1), 125–146. <https://doi.org/10.1177/1077801214564077>
- Willen, S. S., Knipper, M., Abadía-Barrero, C. E., & Davidovitch, N. (2017). Syndemic vulnerability and the right to health. *Lancet (London, England)*, 389(10072), 964–977. [https://doi.org/10.1016/S0140-6736\(17\)30261-1](https://doi.org/10.1016/S0140-6736(17)30261-1)
- Women’s Shelters Canada. (2019). *Building a national narrative: A select review of domestic violence policies, legislation, and services across Canada*. Author. [https://endvaw.ca/wp-content/uploads/2019/12/Building\\_a\\_National\\_Narrative\\_Dec\\_2019.pdf](https://endvaw.ca/wp-content/uploads/2019/12/Building_a_National_Narrative_Dec_2019.pdf)
- Women’s Shelters Canada. (2020). *Breaking the cycle of abuse and closing the housing gap: Second stage shelters in Canada*. Author. <https://endvaw.ca/wp-content/uploads/2020/09/Second-Stage-Shelters-Full-Report.pdf>
- World Health Organization. (2012). *Understanding and addressing violence against women: female genital mutilation*. Author. <https://apps.who.int/iris/handle/10665/77428>
- World Health Organization (2013, October 20). Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence. <https://www.who.int/publications/i/item/9789241564625>
- World Health Organization. (2021, March 7). Violence against women prevalence estimates, 2018: Executive summary. <https://www.who.int/publications/i/item/9789240026681>
- Zhang, T., Hoddenbagh, J., McDonald, S., & Scrim, K. (2012). *An estimation of the economic impact of spousal violence in Canada*. Department of Justice Canada. [https://www.justice.gc.ca/eng/rp-pr/cj-jp/fv-vf/rr12\\_7/index.html](https://www.justice.gc.ca/eng/rp-pr/cj-jp/fv-vf/rr12_7/index.html)