

The Establishment of Shelters as a New Paradigm Towards Struggling With Violence Against Women: A Literature Review

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Received August 2023; Revised and accepted March 2024

Abstract

Objective: Shelters are an important part of a full response to survivors, as stated in many international conventions, such as the 1995 Beijing Declaration and Platform for Action (BDPfA). This study aims to provide a comprehensive perspective on the establishment of shelters for women survivors of violence.

Materials and methods: This narrative review was conducted based on the Scale for the Assessment of Narrative Review Articles (SANRA). The MEDLINE, SCOPUS, Web of Science, Embase, Ovid, and EBSCO databases in English and Magiran and Scientific Information Database (SID) in Persian were searched for related documents. Also, WHO, the Joint United Nations Programme on HIV and AIDS (UNAIDS), the Centers for Disease Control and Prevention (CDC), and the United Nations Population Fund's (UNFPA) guidelines and instructions for shelter services for women and girls who have been subjected were searched up to July 31, 2023. A qualitative synthesis was carried out on the 28 eligible articles and instructions out of the 420 retrieved documents.

Results: "A "shelter" describes emergency and temporary "safe accommodation for women and children who have been subjected to or are at risk of (typically male) domestic abuse. Types of shelters include emergency shelters or safe homes, second-stage or transitional housing facilities, third-stage housing, and alternative accommodation during (and occasionally after) the period of residence. The shelter delivers a wide range of services, including health services, socio-economic services, and legal services. These principles consisted of a comprehensive perspective, quality of service, organization, funding, and the right issues.

Conclusion: Women who are survivors need holistic, interdisciplinary, and specialist care that focuses on safety and needs. The adoption of regulations with robust enforcement guarantees and the facilitation of approvals for the construction of non-governmental shelters and safe houses should be on the agenda setting.

Keywords: Reproductive Health; Human Rights; Violence; Women's Health Services; Emergency Shelter

Introduction

More recently, the 2030 Agenda and the Sustainable

Development Goals (SDGs) have called out the need to reach gender equality under SDG 5 and target specific 5.2 on the end of all forms of violence against all women and girls in the public and private sectors, such as trafficking, sexual violence, and various types of exploitation. Also, the SDGs are

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based on the idea of "leaving no one behind" and including everyone, which fits with making sure all survivors of VAW are safe (1). Based on the World Health Organization, global estimates suggest that 26% of ever-partnered women have experienced physical and/or sexual violence by a male partner in their lifetime (2, 3); globally, 38%–50% of murders of women are committed by intimate partners. The majority (55-95%) of women who are survivors of violence do not disclose or seek any type of services (4).

IPV (Intimate partner violence) entails when a partner or ex-partner does anything that affects them physically, sexually, or mentally. This includes physical violence, sexual coercion, mental abuse, and controlling behavior (2, 5). Thus, there comes a point when being at home with an abusive partner is no longer an option for some individuals, and the desire to find refuge becomes a priority (6). The costs of violence are various and destructive, and in addition to economic impacts, "intangible costs" of violence include suffering, pain, and reduced quality of life (3). Given the prevalence of intimate partner violence and the negative health consequences it has for individuals and communities, developing effective prevention and response strategies is a global public health priority (4). A holistic IPV response strategy must include housing options that are secure, convenient, and affordable, from emergency shelters to long-term supportive housing (6). One option is to utilize Violence Against Women (VAW) shelter facilities (7). Shelters are an important part of a full response to survivors, as stated in many international conventions, such as the 1995 Beijing Declaration and Platform for Action (BDPfA), Article 125(a), which calls on states to "provide well-funded shelters and alleviation assistance for girls and women facing violence, as well as medicine, mental, or other counseling services, and free or cheap legal support, where needed, as well as supportive services" (8). In the 1970s and 1980s, shelters were set up in places like Western Europe, North America, and Australia as part of a growing international effort that mostly focused on giving people a place to sleep, eat, and take a shower (9). Similarly, this program was initiated in Iran in 2014, and there are now 26 shelters in this country (10).

Shelters "will provide support for women and girls who have experienced or are at risk of various forms of violence, such as trafficking victims, migrants seeking asylum, and those escaping conflicts to

refugee and displaced camps for refugees where there is a high risk of gender-based violence (11). Shelters provide crucial safety, services, and resources that help abused women and their children heal from the violence, recover their self-esteem, and take steps toward regaining their autonomy and independence (12).

Considering that this intervention is a new paradigm in the field of women's reproductive health and, so far, a holistic study has not investigated the various areas of this intervention, such as its history, types, and standards, this study aims to provide a comprehensive perspective on the establishment of shelters for women survivors of violence.

Materials and methods

This review article was created utilizing the Scale for Assessing Narrative Review Articles (SANRA) to synthesize the research evidence on shelters for women experiencing violence.

SANRA is comprised of the following six dimensions: 1) a description of the article's importance to the reader; 2) the aim of the narrative review; 3) a detailed description of the literature search; 4) referencing; 5) the integration of pertinent evidence; and 6) accurate data presentation.

1- Methods and strategies for identifying documentation in the review: The MEDLINE, SCOPUS, Web of Science, Embase, Ovid, and EBSCO databases in English and Magiran and Scientific Information Database (SID) in Persian were searched for related documents. Also, WHO, the Joint United Nations Programme on HIV and AIDS (UNAIDS), the Centers for Disease Control and Prevention (CDC), and the United Nations Population Fund (UNFPA) guidelines and instructions for shelter services for women and girls who have been subjected were searched. To find additional sources, the references to relevant publications were also checked. The search was done by using the following keywords: 'Emergency shelter' OR 'refugee camps' AND 'violence' OR 'domestic violence' AND 'women's Rights ', AND 'intervention' OR 'strategy' OR 'program' OR 'activity'. To improve search accuracy, boolean operators (AND/OR) were used to separate keywords and medical subject headings (MeSH). The study design and year of publication were not restricted to gathering all pertinent information on shelter services from the literature and documentation. The investigation lasted until July 31, 2023.

2- Documentation eligibility criteria

a) The study found evidence of shelter and safe house services for women who have experienced IPV.

b) The Guidelines for shelter and safe house services about the different types of violence against women and girls.

c) The guidelines and articles were in English or Persian.

d) The complete text of the guidelines and articles was available.

Excluded were studies and guidelines if:

The information had been printed as a letter to the editor or a presentation at a seminar.

3- Study Management and Data Extraction

The process of selecting the articles was done based on the (PRISMA) flowchart (Figure 1). Based on the search strategy and keywords, a list of all articles in the aforementioned databases was created. Two authors (ML and FSH) checked the titles and abstracts of all retrieved publications to evaluate the entry criteria (articles and guidelines). The data has been selected and extracted independently. Any discrepancies were addressed by a third author. The authors didn't agree on how to categorize the benefits and effects of shelter services into groups. This controversy was solved by ZH.

Results

Data from articles and guidelines was extracted to elaborate on the definition, history, and origin of

shelters, type of shelters, the types of services provided, standards, and principles for establishing and managing shelters and care models.

1- Definition

"A "shelter" or "refuge" describes emergency and temporary "safe accommodation for women and children who have been subjected to or are at threat of (typically male) domestic abuse"(11).

2- The history and origin of shelters

- **1960-1970:** The first well-documented women's center was set up in Hounslow, Great Britain, providing survivors of domestic violence with an unofficial haven. During this time, more shelters opened in many countries and areas, and the first emergency rape crisis line was set up in Washington, D.C., in the United States.
- **1970-1980:** In Western Europe, North America, and Australia, especially the United Kingdom and the United States, there have been significant steps forward in setting up and promoting services.
- **1980-2000:** Along with the increased attention to gender inequality in the political and social mobilization agendas worldwide, many shelter centers and assistance for women experiencing violence and their children have emerged across nations.
- **2000-present:** Despite increased focus and commitment to assisting women and children suffering abuse, several countries lack appropriate coverage of shelters and safe accommodation facilities.

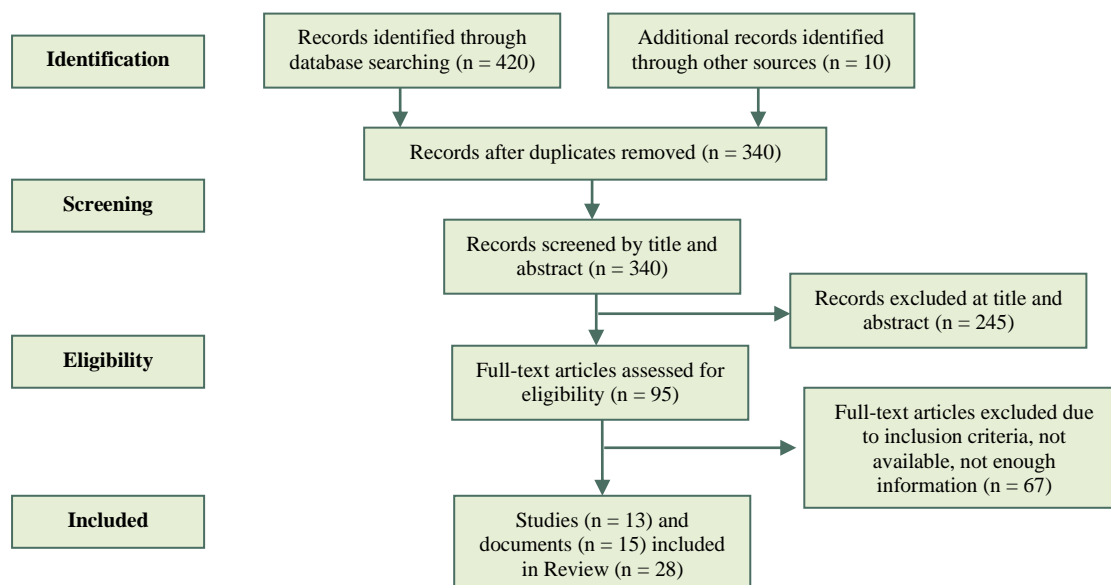


Figure1: PRISMA flow diagram for selection of studies process

The advocacy for refugees goes on, and new partnerships and connections are made at the local, national, and international levels (12).

The initial World Conference on Women's Shelters, conducted in Alberta, Canada, in 2008, and the subsequent establishment of a Global Network of Women's Shelters, comprising representatives from all around the world, have improved communication and knowledge exchange among practitioners. At the Second World Conference of Women's Shelters, which was held in February 2012 in Washington, DC, USA, there was a lot of talk about the different shelters and agencies that help women find other places to live. The third conference on women's shelters was held in the Netherlands in November 2015. The main goal of the conference was for all participants to share their unique views and find the strength, information, and support they need to continue combating violence against women. The 4th World Conference of Women's Shelters (4WCWS) was held in Kaohsiung, Taiwan, in 2019 (12, 13). At 4WCWS, the Global Network of Women's Shelters (GNWS) started the Worldwide Women's Helplines Project. The goal of this initiative is to develop a reliable global site that includes proper, secure sources of help for subjects of both sexual and domestic abuse in all nations of the world. The platform will make it straightforward for victims to find information as well as link them to trained experts and advocates anywhere they are worldwide when they need assistance (13).

3- Type of shelters

Shelter availability and service offerings vary substantially between towns and between geographical areas. The availability and amount of funding (whether from the government or outside donors), as well as how long that funding is sustained, have a significant impact on shelter models. Types of shelters including of: emergency shelters or safe homes, second-stage/transitional housing facilities, third-stage housing, and alternative accommodation (12).

- **Emergency shelters or safe homes:** Emergency housing is provided for a brief period (usually three months or shorter), to help individuals find homes and get referred to additional social services. When other accommodations cannot be found, however, an "emergency" shelter frequently allows people to prolong the duration of their stay. Programs for safe homes offer temporary housing, counseling, security scheduling, and referrals. It could represent

an apartment or townhouse unit, a hotel or motel space, a safe room in a private home, or another type of lodging frequently seen in less developed areas (14).

- **Second stage/transitional housing facilities:** Transitional housing, often known as second stage housing, is a residence program with assistance services. Transitional housing is typically provided following a situation of crisis or homeless shelter and is intended to serve as a bridge to self-sufficiency and permanent housing. Residents normally stay for six months to two years, however, some have significantly fewer residency constraints. Residents are frequently asked to set goals to pursue employment toward financial independence (14). Psychological assistance, security planning, safe, cost-effective transitional housing, and linkages to support resources and long-term housing are all provided through second-stage housing projects (15). The second stage of housing initiatives offers more than just shelter and a secure environment for individuals to reside. They also offer an extensive variety of services to women (15). Transition houses supply safe, a temporary one that staffed refuge 24 hours a day, seven days a week for up to 30 days. The majority of transition places are housed in secure areas where women and families live communally. Support Employees in these facilities offer psychological assistance, crisis response, and security planning (14).
- **Third-stage housing:** Women who completion of a second-stage program but still require affordable housing and social assistance may be eligible. While this strategy can take many forms, it could result in long-term housing for some survivors or referrals for individualized housing choices that meet particular requirements (e.g., disabilities, substance misuse issues, psychiatric disease). Because residential units may be part of a community's public/social housing structure, improved safety precautions may not be accessible to residents; however, continuing psychological assistance is often given (e.g., a variety of additional assistance by staff/advocates or support from associated community-based services created readily accessible through housing initiatives) (16).
- **Alternative accommodation:** They are environments that weren't created particularly for usage as shelters, but that can be utilized under a variety of conditions and at various phases while

being connected to the right resources to meet the necessities of GBV survivors. These rules don't include any detailed instructions for setting up alternate accommodations. To get guidance and assistance in the procedure of developing such service delivery and to make sure that it is in line with a survivor-centered strategy, UNFPA advises actors thinking about launching a program like this to contact UNFPA and relevant GBV experts in their settings (17).

4- Type of provision services

Overall, we concluded that during (and occasionally after) the period of residence, the shelter itself offered the following comprehensive services: health services, socio-economic services, and legal services.

- **Health services:** According to research, there may be opportunities to enhance women's psychological well-being, quality of life, confidence, coping skills, empowerment, and, in certain situations, outcomes connected to depressive disorders and trauma effects (18). Overall, health services included the following: Mental health-related services (19, 20), Physical health services (21, 22), Substance abuse assistance/treatment (19, 21), Well-being initiatives, such as empowerment-based creating programs and courses on practical life skills (23, 24).

After the primary service supply, psychological services are the most frequently provided services (19, 20). There is inadequate evidence that suggests particular forms of individual counseling, such as low-intensity telephone-based advocacy or pregnancy counseling, to minimize intimate partner violence or promote mental wellness (18).

- **Socio-economic services:** Advocacy and community outreach (25), Attention to children's needs (23), Education (19, 23, 26, 27), Employment assistance, including resume building and work-related workshops (23, 27, 28), Financial assistance and general system navigation (23, 26, 27), Housing assistance (23, 29, 30), Legal assistance (23, 25, 27, 31), Well-being programs, like empowerment-based programming and life skills workshops (23, 24); and other services, like Internet access (31), transportation (23), harm reduction (32), suicide prevention (33), sexual assault services (18), household goods and clothes (34), and extra money for things like filling a prescription (31). During our study, we concluded that essential

assistance for women abuse survivors was among the highest priorities (25, 29).

- **Legal services:** legal assistance for victims (18), Legal advocacy and free or low-cost legal aid (18), Security from the perpetrator (for example, witness safeguarding, protective orders, unique visas/residency permits/asylum for victims/witnesses), Conviction of the perpetrator, Children visiting and custody processes (making contact with children), Long-term housing assistance and recompense for survivors and the children (18, 35).

4- Standards and principles for establishing and managing shelters and care models

The most important objectives of shelter service, which include safety and security, empowerment, and societal change, have their origins in the basic principles that dominate every aspect of shelter work (17, 36-40). These principles included: comprehensive perspective, quality of service, and organization and funding.

- **Comprehensive perspective:** In a comprehensive approach, society should be prepared from the beginning to prevent and manage violence. This principles included: Leadership, Interagency coordination, Continued monitoring and evaluation, accountability, Continuum of care and development, Integration of services, Effectiveness and efficiency, and Permanency planning.

Leadership: The shelter has efficient leadership and management mechanisms, is capable of adapting to the requirements of survivors, and actively participates in the community to increase awareness, take preventative action, and enhance policies and strategies (17, 36-40).

Interagency coordination: There must be an efficient referral process in place, as well as a manual outlining how to handle domestic violence instances. A shelter needs to be associated with a recognized organization (in their community). It is optimal to remain secret about the location of the shelter where the woman and her children are residing. A standard entrance form that will serve as the basis for assessments, placements, and referrals. At all shelters and local police stations, a current list of shelters and contact information should be kept. A shelter must be inclusive in its approach and be able to house victims of various kinds, not just those who have experienced domestic abuse. The poor, homeless women who might have endured any kind of abuse or violence could also be admitted (36, 37, 39, 40).

Continued monitoring and evaluation and accountability: Monitoring and evaluation are two of the most effective methods for affecting the efficacy of an initiative, course of action, or policy. It is a set of activities performed on an ongoing or regular basis to supply data regarding the state and development of a project. Anyone who works with children, youth, families, women, or elderly people should be held responsible for providing a suitable and high-quality service. All services should prioritize keeping children, teenagers, families, women, and elderly people as much as possible within the framework of their families and/or communities. When a child, woman, or senior is placed in alternative care, agencies should work to preserve and strengthen family relationships and interaction (unless proven not to be in their best interests). In the shortest possible time frame, every young person, including women and children, throughout the care continuum and development should be given the chance to establish and maintain lifelong relationships within a family and/or community context (23, 41).

Continuum of care and development: Access to a variety of differing and integrated services on a continuum of care and advancement should be available to children, youth, women, families, and older persons. This will ensure that they have access to the most empowering situations and programs tailored to meet their unique developmental and health-related necessities (17, 36-40).

Integration of services: Wherever feasible, services for children, youth, families, women, and older people should be comprehensive, cross-sectoral, and provided by an effective interdisciplinary approach (17, 36, 38-40).

Effectiveness and efficiency: Services for young people, families, women, and the elderly should be provided most effectively and cost-effectively feasible (36-40).

Permanency planning: All services should prioritize keeping children, teenagers, families, women, and elderly people as much as possible within the framework of their families and/or communities. When a child, woman, or senior is placed in alternative care, agencies should work to preserve and strengthen family relationships and interaction (unless proven not to be in their best interests). In the shortest possible time frame, every young person, including women and children, throughout the care continuum and development should be given the chance to establish and maintain

lifelong relationships within a family and/or community context (37-40).

- **Quality of service:** Competence is required for the comprehensive application of principles. The workforce must be suitably educated and equipped. There must be provisions for additional training and oversight. Staffing levels must be dependent on the number of women and children to deliver all necessary assistance and services and achieve all standards. Some refugees rely on volunteer assistance. Volunteers must receive adequate training. Qualified staff who work within the context of gender analysis must adhere to the values of empowerment and autonomy, as well as competence that has been accepted and developed through education. The management of resources should be efficient and cost-effective. This principles included: Person-centered services, Family-centered services and Community-centered services.

- **Person-centered services:** Regular developmental assessments and programs that support the long-term development of the child, youth, family, woman, or older person should be used to promote positive developmental experiences, assistance, and capacity building.

- **Family-centered services:** The setting of the family, the entire family, and society should be considered when providing services. Through developmental assessments and programs that foster the family's long-term progress, support, and capacity building for families should be delivered.

- **Community-centered services:** Interventions need to be context-sensitive within the community setting, and communities should be supported and capacitated through developmental evaluations and strategies that promote family development continuously (17, 23, 36, 39, 40).

- **Organization and funding:** This principles included: Structure and budget, Democratic structures and teamwork and Safety, security, and respect for residents and staff.

- **Structure and budget:** Women's shelters need to be operated by non-governmental, non-profit, and non-partisan women's organizations. Women's shelters require substantial state funding since they provide important social tasks. The number of interdisciplinary staff members required will be determined by the number of survivors, as well as the psychological effects of their experiences. Shelters ought to think about hiring only female

employees and reflecting diversity by hiring people from various backgrounds. Additionally, it is critical to keep in mind that shelter employees work in emotionally challenging settings and need to be protected. Women with low or no incomes must have access to free support services for themselves and their children who have been victims of violence. This will make sure that homeless women and their children may obtain refuge regardless of their financial situation (36, 37, 39, 40).

-Democratic structures and teamwork: The refuge's organization should reflect these ideals as well, by encouraging democratic values, sharing power, and eliminating extremely hierarchical or bureaucratic systems. Many refugees work as a team, with management duties and responsibilities shared. Even if the refuge has a director, it is still necessary to work as a team, involving the refuge personnel in all decisions and allowing them to participate in the service's development. These frameworks ensure that individuals can live and work together in an environment of solidarity and equality, rather than exerting control from the top down (37, 38, 40).

-Safety, security, and respect for residents and staff: Using a phone (landline or cellular) and panic buttons and security bars on windows and doors walls on the outside, with closed gates. A volunteer or a police officer from the SAPS can provide 24-hour supervision if a security firm is not hired (17, 36-40).

-Right issues: These principles include: Protection of rights to self-determination, confidentiality and anonymity, continual service, Value for Diversity, Women helping women.

Protection of rights to self-determination, confidentiality and anonymity: The rights of children, youth, families, women, and the elderly, as outlined in numerous international conventions approved, will be safeguarded. It is critical to emphasize to the woman that only she has the authority to make the decision and that her decision will be honored. The goal of an intervention is to put a stop to the violence, not the relationships. The principle of self-determination is crucial. It is entirely up to the woman to decide how long she wants to stay in the refuge and whether or not she wants to separate. To safeguard a woman's rights and respectability, she must have the ability to decide which information is shared. As a result, without the

woman's approval, no information should be disclosed by the shelter or counseling facility. Cases should and must be brought if the well-being and lives of women or children are at risk (for example, attempts at suicide, those at severe risk from an abusive partnership, or women abusing their children). They should be allowed to get assistance and therapy without having to reveal their identity (17, 37-40).

Continual service: A woman who is forced to flee her husband requires quick assistance and safety. She should be capable of reaching a women's shelter 24 hours a day, seven days a week. At least one staff person should be on call in women's refuges so she can admit the woman. If a city has more than one shelter, at least one of them should be capable of accepting a woman and her children at all times (17, 23, 36-40).

Value for Diversity: Women should be valued for their variety, which should not only be respected but also fostered. Workers at many women's shelters who are representative of society's diversity are a benefit. They can provide further language abilities and a deeper comprehension of the specific ethnicity of migrating women (17, 36-40).

Women helping women: Women who are subjugated and exploited by their male partners suffer enormously. As a result, they must acquire support and assistance from a female counselor who is an expert in this sector (17, 36-40).

Discussion

The aim of the current review study is to provide a comprehensive perspective on the establishment of shelters for women survivors of violence. Based on findings, "comprehensive perspective, quality of service, organization and funding, and right issues," are the important standards and principles for establishing and managing shelters. The Istanbul Convention specifically addresses shelters and protective orders. Article 23 encourages States Parties to implement the appropriate laws or additional actions that advocate for the establishment of adequate, convenient shelters in enough quantities to offer safe housing for victims, particularly women and children (42). The purpose of establishing these safe shelters is to safeguard and assist women and children from domestic violence and other forms of abuse, and it attempts to control and decrease domestic violence and its effects on various forms of violence (physical, sexual, and psychological) (9).

Following assessments of the BDPfA, the importance of providing protective services, particularly shelters, as part of the state's commitment to protecting women from violence has been strengthened and highlighted (43). Various nations have raised their efforts to address the problem and developed new and inventive concepts and strategies. The problem persists, and a lack of funds frequently impedes progress. As protection and service gaps continue globally, it seems no country has yet totally addressed the issue.

Similar to the findings of the present study, based on Gregg et al. (2011) (44) and Fisher and Stylianou (2019) (45), shelters come across as fulfilling the needs of people who use their services. According to a meta-analysis by Jonker and colleagues (2015), therapies and assistance provided by shelters during and/or after residents' stays there enhanced social support, reduced abuse, and resulted in better mental health consequences. (27). Other research has shown enhanced coping and functioning in daily life (46), increased self-esteem and empowerment (47), involvement in more informed choices, and higher self-efficacy (48). As a result, shelters demonstrate that women survivors generally have positive results.

The findings of the present study showed that giving qualified service is one of the founding principles for shelters. Researchers such as Goodman and Epstein (2005) have also emphasized the importance of refocusing research and policy on the complexity of survivors' needs, as well as the priority of flexible services that consider the unique combinations of needs experienced by females (49). Similarly, Yoshioka and Choi (2005) made the argument that services must be improved to account for the diversity of cultural contexts among survivors and the reality that not all are seeking to consider leaving their abusive relationships (50). Newer services, including longer-term housing and job support, have also been recommended (51). The foundation of intervention strategies should be a collaborative effort between service providers and all agencies that compose the system of criminal justice. With a novel focus on the advancement and empowerment of women, the unique developmental paradigm (the survivor support program) enables survivors of abuse and violence to actively shape their futures (38). Violence against women's shelters, also known as domestic violence shelters, strive to provide refuge for women and a safe space where they can continue to improve their lives after having

experienced IPV (29).

Although the findings of the present study showed that allocating funds to shelters is one of the founding principles, Shelters for women have trouble getting enough money and have had their income sources cut (23, 25, 52). Many institutions, including VAW women's shelters, are financially supported in a way that combines public financing (like federal grants) and their own fundraising campaigns, like requesting donations and holding charity events (53).

Women who are survivors need holistic, interdisciplinary, and specialist care that focuses on safety and needs. Because of a lack of funding, the existence of taboos, and competent staff, safe houses are usually unable to empower and create new opportunities for women in Iran. In order to achieve the empowerment of women, which seems to be the ultimate goal of shelters, we need to take action.

The government, with the assistance of the Non-Governmental Organizations (NGOs) involved, must secure sufficient and sustainable funds to deliver long-term services, recruit specialized employees, and enhance professional staff education. Due to public policy and social norms, there is no direct advertising for safe houses in Iran. As a result, it is critical to provide women with informative protocols on the introduction of these centers and their services using visual and audio media. This action has the potential to break the stigma associated with shelters and encourage women to utilize the services offered by these facilities. Also, at the macro level, the adoption of regulations with robust enforcement guarantees and the facilitation of approvals for the construction of non-governmental safe houses should be on the agenda setting.

It is no surprise that women's shelters today offer a wide variety of services, both during and following a client's stay, due to the diversity of the victim-survivor population they serve. According to one study, women survivors' health and care needs have not been adequately met (54). This could be mostly because the demand for services that go beyond meeting immediate safety needs is very high. Large-scale, in-depth research on the challenges of providing shelter services and the outcomes of those services is needed. It is also suggested that qualitative studies be done with decision-makers and healthcare providers in women's shelters to find out the optimal approaches to providing services.

One of the strengths of this study is the review of guidelines and conferences in addition to articles,

which provides a broad and general perspective on the types, principles, and definitions of shelters. Our study had the limitation of not performing a quality assessment of the studies due to their diversity in methodology and guidelines. Within the eligibility criteria of this study, we reviewed studies that were written in English and Persian, so we might have missed some crucial information that was written in other languages.

Conclusion

There has been a lot of study on what women require to recover from the trauma that violence causes and reorganize their lives, and it is more than just a place to sleep. They need specialized, quality services from many different fields, with an emphasis on their security and rights as humans. This is a specialized task that needs to be done in a place where women and relatives feel safe and by experts. Integrated services and protection strategies with a concentration on how important it is to the utilization of shelters and safeguarding orders as part of a complete plan to stop VAW. Expert support should be available in women's shelters to ensure that female victims of domestic violence and their children receive the best care possible. For these prerequisites to be met, some form of institutionalization must be in place. All stages of service provision must be based on the protection of human rights. However, it must not be forgotten that women's shelters are safe, long-term residences for both mothers and their children.

Conflict of Interests

Authors declare no conflict of interests.

Acknowledgments

The authors sincerely thank and appreciate the researchers whose research was used to write this article.

References

1. CEPAL N. The 2030 Agenda and the Sustainable Development Goals: An opportunity for Latin America and the Caribbean. Goals, Targets and Global Indicators. 2019.
2. Violence against women prevalence estimates, 2018: global, regional and national prevalence estimates for intimate partner violence against women and global and regional prevalence estimates for non-partner sexual violence against women. Geneva: World Health Organization; 2021. Available from: <https://iris.who.int/bitstream/handle/10665/341337/9789240022256-eng.pdf?sequence=1>
3. Vyas S, Meinhart M, Troy K, Brumbaum H, Poulton C, Stark L. The economic cost of violence against women and girls in low-and middle-income countries: a systematic review of the evidence. *Trauma, Violence, & Abuse*. 2023;24(1):44-55.
4. RESPECT women: Preventing violence against women. Geneva: World Health Organization; 2019. Available from: <https://iris.who.int/bitstream/handle/10665/312261/WHO-RHR-18.19-eng.pdf?sequence=1>
5. Violence against women [Internet]. 2021 [cited 15 December 2021]. Available from: <https://www.who.int/news-room/fact-sheets/detail/violence-against-women>.
6. Baker CK, Billhardt KA, Warren J, Rollins C, Glass NE. Domestic violence, housing instability, and homelessness: A review of housing policies and program practices for meeting the needs of survivors. *Aggression and violent behavior*. 2010;15(6):430-9.
7. Ford-Gilboe M, Varcoe C, Noh M, Wuest J, Hammerton J, Alhalal E, et al. Patterns and predictors of service use among women who have separated from an abusive partner. *Journal of Family Violence*. 2015;30(4):419-31.
8. Women U. Beijing declaration and platform for action: UNWOMEN; 1995.
9. Lyon-Callo V. Medicalizing homelessness: the production of self-blame and self-governing within homeless shelters. *Medical anthropology quarterly*. 2000;14(3):328-45.
10. Hosseinabadi M, Amirahmadi R, Esmaeili A, Naeimi M. The Process of Violence against Women in Iran and the World: Providing Solutions to Reduce Violence based on the Experience of Countries. *IAU International Journal of Social Sciences*. 2021;11(4).
11. Kothari M. Promotion and protection of all human rights, civil, political, economic, social and cultural rights, including the right to development. 2009.
12. Gierman T, Liska A. Shelter for Women and Girls at Risk of or Survivors of Violence. Shelter Module, Canadian Network of Women's Shelters and Transition Houses, March. 2013.
13. The 4th World Conference of Women's Shelters. Worldwide Women's Helplines Project reaches 61 countries. Nov 5-8, 2019. <https://fourth.worldshelterconference.org/en/news/729>.
14. Correia A, Melbin A. Transitional housing services for victims of domestic violence: A report from the

- Housing Committee of the National Task Force to End Sexual and Domestic Violence. 2005.
15. Understanding Women's Second Stage Housing Programs in BC [Internet]. 2012 [cited 14 December 2022]. Available from: <https://www.bchousing.org/publications/Understanding-Womens-Second-Stage-Housing-Programs-BC.pdf>.
 16. Tutty L, Bradshaw C, Hewson J, MacLaurin B, Waegemakers Schiff J, Worthington C. Risks and assets for homelessness Prevention. 2017.
 17. Women U, UNFPA W, UNDP U. Essential services package for women and girls subject to violence. New York: UN Women. 2015.
 18. Gierman T, Liska A, Reimer J. Shelter for Women and Girls at Risk of or Survivors of Violence. Shelter Module March 2013. Canada. <https://www.endvawnow.org/uploads/modules/pdf/1363538451.pdf>.
 19. Mason R, Wolf M, O'Rinn S, Ene G. Making connections across silos: intimate partner violence, mental health, and substance use. *BMC women's health*. 2017;17(1):1-7.
 20. McFarlane J, Symes L, Maddoux J, Gilroy H, Koci A. Is length of shelter stay and receipt of a protection order associated with less violence and better functioning for abused women? Outcome data 4 months after receiving services. *Journal of interpersonal violence*. 2014;29(15):2748-74.
 21. Capezza NM, Schumacher EC, Brady BC. Trends in intimate partner violence services provided by substance abuse treatment facilities: Findings from a national sample. *Journal of Family Violence*. 2015;30(1):85-91.
 22. Hughes J. Women's advocates and shelter residents: Describing experiences of working and living in domestic violence shelters. *Journal of interpersonal violence*. 2020;35(15-16):3034-53.
 23. Wathen CN, Harris RM, Ford-Gilboe M, Hansen M. What counts? A mixed-methods study to inform evaluation of shelters for abused women. *Violence Against Women*. 2015;21(1):125-46.
 24. Quirouette M. Risks, Needs and Reality Checks: Community Work with Multiply Disadvantaged Justice Involved Individuals 2017.
 25. Kulkarni S. Intersectional trauma-informed intimate partner violence (IPV) services: Narrowing the gap between IPV service delivery and survivor needs. *Journal of family violence*. 2019;34(1):55-64.
 26. Tutty LM. Addressing the safety and trauma issues of abused women: A cross-Canada study of YWCA shelters. *Journal of International Women's Studies*. 2015;16(3):101-16.
 27. Jonker IE, Sijbrandij M, Van Luijtelaar MJ, Cuijpers P, Wolf JR. The effectiveness of interventions during and after residence in women's shelters: A meta-analysis. *The European Journal of Public Health*. 2015;25(1):15-9.
 28. Weissman DM. Countering neoliberalism and aligning solidarities: Rethinking domestic violence advocacy. *Sw L REv*. 2015;45:915.
 29. Burnett C, Ford-Gilboe M, Berman H, Wathen N, Ward-Griffin C. The day-to-day reality of delivering shelter services to women exposed to intimate partner violence in the context of system and policy demands. *Journal of Social Service Research*. 2016;42(4):516-32.
 30. Brinegar SJ. The social construction of homeless shelters in the Phoenix area. *Urban Geography*. 2003;24(1):61-74.
 31. Vinton L, Wilke DJ. Are collaborations enough? Professionals' knowledge of victim services. *Violence against Women*. 2014;20(6):716-29.
 32. Hovey A, Roberts C, Scott S, Chambers L. Understanding the landscape of substance use management practices in domestic violence shelters across ontario. *Journal of family violence*. 2020;35(2):191-201.
 33. Demczuk I, Lévesque C, Monatasse M. Project ISHKUTEU. Domestic violence support services in response to native women's needs. 2008.
 34. Stensrud A. Toward a better understanding of the needs of shelter users. 2005.
 35. Annan K, General S, Nations U. Putting it together: AIDS and the Millennium Development Goals. Geneva: United Nations; 2006.
 36. Training Manual for Improving Quality Services for Victims of Domestic Violence. [Internet]. 2008. Available from: http://fileserv.wave-network.org/trainingmanuals/IMPROVE_Quality_Services_2008.pdf.
 37. Kelly L. Combating violence against women: minimum standards for support services. 2008.
 38. Minimum standards on shelters for abused women. [Internet]. 2001. Available from: https://www.endvawnow.org/uploads/browser/files/minimum_standards_southafrica_2001.pdf.
 39. National Service Standards for Domestic and Sexual Violence Core Standards. 2009.
 40. Guidelines for the Management of Safe Shelters for GBV survivors in the English and Dutch-speaking Caribbean. [Internet]. 2021 [cited 15 December 2022]. Available from: <https://caribbean.unfpa.org/en/publications/guidelines-management-safe-shelters-gbv-survivors-english-and>

- dutch-speaking-caribbean.
41. Kaula PM. Influence of monitoring and evaluation practices on the performance of county government projects: a case of market shelter construction projects in Kitui East Subcounty. 2020.
 42. McQuigg RJ. The Istanbul convention, domestic violence and human rights: Routledge; 2017.
 43. Satyen L, Supol M, Ranganathan A, Toumbourou JW. International and cross-cultural research on men's violence against female intimate partners. The SAGE handbook of domestic violence. 2021:40-60.
 44. Gregg P, Grout PA, Ratcliffe A, Smith S, Windmeijer F. How important is pro-social behaviour in the delivery of public services? Journal of public economics. 2011;95(7-8):758-66.
 45. Fisher EM, Stylianou AM. To stay or to leave: Factors influencing victims' decisions to stay or leave a domestic violence emergency shelter. Journal of Interpersonal Violence. 2019;34(4):785-811.
 46. McNamara JR, Tamanini K, Pelletier-Walker S. The impact of short-term counseling at a domestic violence shelter. Research on Social Work Practice. 2008;18(2):132-6.
 47. Itzhaky H, Porat AB. Battered women in shelters: Internal resources, well-being, and integration. Affilia. 2005;20(1):39-51.
 48. Bennett L, Riger S, Schewe P, Howard A, Wasco S. Effectiveness of hotline, advocacy, counseling, and shelter services for victims of domestic violence: A statewide evaluation. Journal of interpersonal violence. 2004;19(7):815-29.
 49. Goodman L, Epstein D. Refocusing on women: A new direction for policy and research on intimate partner violence. Journal of interpersonal violence. 2005;20(4):479-87.
 50. Yoshioka MR, Choi DY. Culture and interpersonal violence research: Paradigm shift to create a full continuum of domestic violence services. Journal of interpersonal violence. 2005;20(4):513-9.
 51. Melbin A, Sullivan CM, Cain D. Transitional supportive housing programs: Battered women's perspectives and recommendations. Affilia. 2003;18(4):445-60.
 52. Hart W, Vazquez I, Hedberg EC. Serving Valley Victims of Domestic Violence: Challenges and Choices: Morrison Institute for Public Policy, Arizona State University, College of ...; 2014.
 53. Beres MA, Crow B, Gotell L. The perils of institutionalization in neoliberal times: Results of a national survey of Canadian sexual assault and rape crisis centres. Canadian Journal of Sociology/Cahiers canadiens de sociologie. 2009;34(1):135-63.
 54. Macy RJ, Ferron J, Crosby C. Partner violence and survivors' chronic health problems: informing social work practice. Social Work. 2009;54(1):29-43.

Citation: Sharifi F, Hadizadeh Talasaz Z, Larki M. **The Establishment Of Shelters as A New Paradigm Towards Struggling With Violence Against Women: A Literature Review.** J Family Reprod Health 2024; 18(1): 9-19.