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Exploring the Use of Hotels as Temporary Housing by Domestic Violence Shelters During COVID-19

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Abstract

Domestic violence shelters present a unique context within the congregate living sector in the context of the COVID-19 pandemic. Shelters supporting women during the pandemic had to change service delivery models to include housing women in hotels to adhere to government restrictions and ensure women and their children were not homeless. The purpose of this study was to explore hotel use as temporary housing for women experiencing domestic violence during the COVID-19 pandemic in Ontario, Canada. We used interpretive description methodology, including in-depth interviews with eight women using shelter services, 26 shelter workers, and five focus groups with 24 executive directors of women's shelters and other organizations who serve women who have experienced domestic violence. We identified and explored three main tensions in temporarily housing women at hotels compared to shelters: 1) autonomy/independence versus support, 2) the only option and/or a safety concern, and 3) adequacy of hotels as temporary housing. Drawbacks and benefits of the use of hotels as temporary housing for women in the context of domestic violence are explored, and recommendations are highlighted.

Keywords

Hotel/motel, domestic, women's shelters, interpretive description

Introduction

The introduction and rapid spread of the severe acute respiratory syndrome (SARS-COV-2- novel coronavirus), and its associated illness, Coronavirus (COVID-19), in North America caught many off guard. Since the pandemic was declared, rates of domestic violence (DV) have escalated (Campbell, 2020; Jarnecke & Flanagan, 2020; Moffitt et al., 2020; Usher et al., 2020). Several factors have been identified as contributors to the increasing

rates of DV. Stay-at-home orders heightened stress in intimate partner relationships and negatively impacted overall family dynamics (i.e., anxiety, fear of the future) (van Gelder et al., 2020). The closure of schools, loss of childcare options such as daycare or care provided by grandparents, and the cessation of extra-curricular activities for children further increased tension for parents and children alike (Garbe et al., 2020). The increased financial

pressures due to pandemic-induced job loss or reduced income (Jarnecke & Flanagan, 2020), the loss of opportunity for partners to spend time apart (Bradbury-Jones & Isham, 2020), and uncertainty over the future have exacerbated, or in some cases created, violence in relationships (Canadian Women's Foundation, 2020; Leslie & Wilson, 2020).

Reported increases in violence against women (VAW) are not limited to Canada. Orders to quarantine were a popular policy response put into place across the globe, and efforts to slow the spread of the virus have resulted in a number of negative consequences that have been coined "the quarantine paradox" (Mittal & Singh, 2020). These consequences associated with mandatory orders to quarantine include: the risk of losing jobs or reduced income; economic vulnerabilities; psychological health issues resulting from isolation, loneliness, and uncertainty; increased family conflict; and reactive behaviours to ongoing isolation such as increased alcohol use (Mittal & Singh, 2020; The Learning Network at the Centre for Research & Education on Violence Against Women & Children, n.d.; World Health Organization [WHO], 2006).

Despite the reported increase in gender-based violence rates, there was, early in the pandemic, significant declines in calls to domestic violence and sexual assault hotlines as shelter-in-place directives were issued to mitigate viral spread (Bradbury-Jones & Isham, 2020; Jarnecke & Flanagan, 2020; Leslie & Wilson, 2020; Usher et al., 2020; van Gelder et al., 2020). However, despite the decrease in the volume of calls, shelter staff reported that the calls received described as abuse were markedly more severe (Evans et al., 2020; United Nations, 2020; Women's Shelters Canada, 2020a). As the pandemic evolved, calls again started to increase.

Policy makers and public health authorities were faced with never-before-seen challenges in their efforts to address the needs of people in congregate living situations, including those living in long-term care and other assisted living facilities, group homes, homeless shelters, school residences, staff residences, prisons and jails, refugee detention centres, migrant worker camps, and domestic violence shelters. Swift decision-making by public health and government officials to try and contain the virus had far-reaching implications for almost all services in health and social care sectors, especially for those supporting people requiring short-term or emergency housing. Physical

distancing (staying at least 2 metres apart from others) and isolation in small/family groups were the primary strategies recommended by public health officials in most jurisdictions (Usher et al., 2020), but these recommendations and directives were rarely accompanied with detailed instructions on how to implement them across contexts.

Like other congregate living spaces, DV shelters in Ontario were subjected to Public Health directives and Ministry of Health recommendations. These directives and recommendations required a reduction in occupancy if the shelter could not offer each woman, or woman and her child(ren), their own room and a private bathroom. In a study of floor plans and pandemic protocols of 15 Ontario DV shelters of varying sizes and layouts, the recommendations by the Ministry of Health and Public Health resulted in an average loss of 27% of usable space, with some losses reaching as high as 56% (McLean et al., 2020). The loss of space drastically lowered the number of women who shelters could house (Women's Shelters Canada, 2020a), up to 70% or more, adding pressure to an already-taxed sector.

DV shelters present a unique context, even within the congregate living sector. The potential for lethality for women and children from abusers means that those looking for a safe place to stay often cannot wait for an available space to open up when shelters are at capacity; and even pre-pandemic, most shelters operated above capacity (Maki, 2019). COVID-19 limited women's alternatives to staying in shelter, such as staying with friends or family, which was not possible under public health directives to reduce the size of "social bubbles" (i.e. number of people you have contact with) For many women and their families trying to escape violence during COVID-19, their choices were limited: continue to stay in a violent home, try to find a bed in a domestic violence shelter, or face homelessness. In response to the reduction in the number of shelter beds available, and the lack of other safe alternatives, many shelters secured emergency shelter spaces in hotels/motels (hence forth hotels) in or around their community to ensure shelter for as many women in need as possible while still adhering to government directives.

COVID-19: Just Another Challenge for the Violence Against Women Sector

The reduction in safe places for women to stay because of the pandemic added another layer to the already numerous preexisting challenges faced by the VAW¹ sector. The sharp decline in available beds left many shelter executive directors (EDs) wondering not only about women's immediate safety and well-being, but also about the potential funding implications associated with serving fewer clients. For many shelters, finances are precarious due to the lack of stable core funding, longstanding reliance on private donations to operate, inflexible spending and reporting requirements from funders, and the inability to reinvest in aging infrastructure (Harris et al., 2014). With fewer clients accessing services, there was fear about how this could impact future-year funding (Clément, 2019; Kay, 2017).

Funding concerns notwithstanding, women who access DV shelters often have complex needs, including physical and mental health challenges, that are a direct result of intimate partner violence and associated trauma. Many DV shelters have adopted a trauma- and violence-informed care (TVIC) approach to service provision (Wathen & Varcoe, 2019). TVIC recognizes that "people disadvantaged by systemic inequities often experience multiple forms of violence that have ongoing traumatic impacts" that can manifest in a number of ways (Browne et al. 2018, p. 156). When services in other sectors (health, other social services, public housing, family courts, etc.) fail to meet the needs of women in shelters, shelters and shelter staff do their best to support women with whatever resources are available (Kulkarni, 2019; Wathen et al., 2015). A TVIC approach also understands that discrimination, stigma, and harmful practices are embedded within social systems (Browne et al., 2018; Saxton et al., 2018; Wathen & Varcoe, 2019) and in trauma- and violence-informed shelters, staff do their best to mitigate these impacts on their clients while maintaining their efforts to help women escape their abusers. For example, shelter staff often support women in the family court system and help them to navigate the space between no-contact orders with their former partners and while also

ensuring that their abusers get reasonable access to their children (Burnett et al., 2016; Wathen et al., 2015). The work done in domestic violence shelters is extensive and substantive; however, the challenge for shelters in filling the gaps for women in the existing systems is that during the COVID-19 pandemic many systems such as courts, private counselling, and housing supports shut down or operated at reduced capacity.

But perhaps the most significant of these longstanding challenges for shelters is supporting women to transition out of shelter when there is a limited supply of appropriate housing. The DV sector often struggles with helping women move along the housing spectrum: from shelter into second stage or transitional housing, and then into permanent housing that is safe, affordable, and suitable (Maki, 2019; Noble, 2014). The lack of supply, coupled with the widening gap between income growth and the rising costs of housing, have made it difficult for shelters to support women to locate permanent housing options (Maki, 2020).

The lack of permanent housing options makes it challenging for women to move out of crisis mode and into an emotional and physical space where they can make plans for their future; it is difficult to find employment or look for childcare options if you do not know where you will be living. Securing housing, on the other hand, is itself not a fix-all. Messing et al. (2021) noted that for some, finding housing "does not always equate to feeling safe; in some cities, there may be a tradeoff between feeling safe and necessary logistics" (n.p.). For many women, the support provided by shelter staff (e.g., counselling, safety planning, a safe place to talk, help with accessing financial entitlements) is an important part of the process of leaving (Wathen et al., 2015). From this perspective, it holds that any reduction in shelter beds could have lasting impacts on women who want to leave their violent relationship and, given the significant reductions in space due to COVID-19, communities will likely feel the impact for some time.

As a response to this reduction in shelter beds, many DV and homeless shelters opted to use hotels as temporary housing to support clients that could

¹ Violence against women (VAW) is a broader term including different types of violence experienced by women and girls in multiple contexts. Many VAW organizations in Ontario provide a range of services. The present analysis is focused on residential shelter services for women, and their children,

experiencing violence from a spouse or partner, therefore; we use the term "domestic violence" (DV) in this analysis.

not be accommodated in shelter due to public health regulations. There is a precedent for using hotels as an interim measure when the demand for shelter spaces outstrips supply, particularly for families, (e.g., City of Ottawa, City of Toronto), but there is limited research available about reasons for hotel use and the long term implications for this response (Knight et al., 2014; Thomas & So, 2016; Vandenbeld Giles, 2020). While some restrictions in congregate housing settings have been lifted, many shelters remain closed or are operating at reduced capacity, which continues to create challenges for people who need alternative housing arrangements (Evans et al., 2020). For this reason, hotels continue to be a key part of the DV shelter pandemic response plans in many jurisdictions, including the province of Ontario, Canada. The purpose of this paper is to explore the impact of hotel use as temporary/alternative housing options for women, and their children, experiencing domestic violence during the COVID-19 pandemic. Our specific research question was: how does the emergency use of hotels during COVID-19 to augment women's shelter spaces impact women, shelter staff and EDs?

Methods

To describe and understand the experience of hotel use for women seeking emergency shelter, DV shelter staff, and executive directors, this study employed qualitative interpretive description (Thorne, 2016; Thorne et al., 2004) using an integrated knowledge mobilization (KMb) approach (Kothari & Wathen, 2013, 2017). Interpretive description was chosen to ensure that knowledge gathered could be analyzed and mobilized to provide evidence to support real-time decision making to the VAW field. Interpretive description ensures findings are embedded within existing social and cultural environments (Thorne, 2016). This aligns with our KMb approach, which engaged five EDs from urban and rural women's shelters as active partners in shaping the research questions, recruiting participants, and framing key messages to communicate results.

Setting

Ontario accounts for 39% of Canada's total population (Government of Canada, 2020). It is estimated in Canada that 1 in 3 women will

experience intimate partner violence at some point in their lives (Ellsberg et al., 2008; Johnson, 2005; Tjaden & Thoennes, 2000). In Ontario, there are over 160 women's shelters providing shelter and supports to women and families who have experienced DV (Women's Shelters Canada, 2020b).

Sample and Recruitment

Purposive and snowball sampling were used wherein research partners supported recruitment by: 1) ensuring shelter staff were aware of the ongoing study; 2) asking shelter staff to advise women about the ongoing study, and; 3) inviting ED colleagues from both women's shelters and organizations that serve women who have experienced violence to participate in the study. Interested participants contacted the research team to set up interviews or focus groups. Women using residential shelter services, staff working at women's shelters, and EDs from women's shelters, and other social service organizations that serve women who have experienced violence, were eligible to participate. Overall, the participants in this study were from 24 different agencies across Ontario.

Participants

Eight women using shelter services participated in this study, with an average age of 32 years (SD = 11.13). Seven of eight participants were born in Canada, and all were Canadian citizens. All of the women self-identified as Caucasian. Four of the women had less than high school education, three had a high school diploma or equivalent, and one had completed some university courses. Four of the women were unemployed and receiving provincial disability benefits, two self-identified as homemakers, and two were receiving permanent disability benefits. Five women had children living with them: two women with children stayed in a hotel exclusively, one woman stayed in a hotel and in a shelter, and two women were in a shelter for their entire stay.

Twenty-six shelter staff and twenty-four EDs from women's shelters and organizations that serve women who have experienced DV participated in this study. The average age of the EDs was 48 years (SD = 9.53), and the majority had a bachelor's degree. Twenty-one EDs were born in Canada and

three EDs identified as Indigenous. Two EDs were from Indigenous shelters/organizations and ten were from rural shelters/organizations; overall, they served communities ranging from 4,700 to 1,500,000 people. The data indicated that a trauma and violence informed approach to care was a core principle for many if not most shelters and services that participated in this study; and that, for example, service changes due to COVID-19 preventive requirements often ran counter to trauma and violence-informed principles. However, it was not asked directly in this study whether a TVIC approach was formally embedded in policy.

Procedures

One-on-one semi-structured interviews were conducted with women using shelter services, and

shelter staff. Interviews lasted an average of 51 minutes and were conducted by a member of the research team (JV). Five focus groups were conducted with EDs consisting of four to six participants (14 from shelters and 10 from social services caring for women who experience violence). Two focus groups were women's shelter EDs only, whereas three consisted of both women's shelter EDs and EDs of other women-serving organizations. Three focus groups were all female, whereas two included both female and male participants. Two focus groups were with participants from rural areas only. Each focus group lasted two hours and was conducted by two facilitators from the research team (TM and an additional team member, which varied by group). Table 1 describes questions asked during the interviews and focus groups. No participant in either the interview or focus group declined to answer or skipped any questions.

Table 1

Questions Asked During Interviews and Focus Groups with Women, Shelter Staff, and Executive Directors

Cohort	Questions
Interview with Women	<ul style="list-style-type: none"> • How have things been for you (and your kids, if any) here at [shelter]? • We're especially interested in how things have changed at the shelter since the pandemic was declared: <ul style="list-style-type: none"> - Can you talk about the changes you've seen or heard about in how things are done? - How have these changes impacted you (and your kids, if any)? - Are your needs being met the same, better, worse, differently? • How are you (and your kids, if any) coping with COVID-19 related rules and other issues? • Has the pandemic impacted how you're thinking about the next steps for you and your family? • If you were giving advice to [shelter] on what to do for a future crisis or a time when everything is changing really fast, what would it be? • Do you have any advice for other services or anyone else (government, media, members of the public)? • Is there anything else you'd like to share?
Interview with Shelter Staff	<ul style="list-style-type: none"> • Tell me about the last few months – how have things been at the agency? • What changed for you the most in your everyday work practice as a result of COVID-19? <ul style="list-style-type: none"> - Can you walk me through what a day looks/looked like under COVID-19 rules, and reflect on how different that is from before the pandemic? • How was the timeline from when the pandemic started, to now? <ul style="list-style-type: none"> - Were there any cases in your service?

	<ul style="list-style-type: none"> - How did that impact things? - Were there moments in time where things really shifted (e.g., lockdowns, mask-wearing, temperature & symptoms checks)?
	<ul style="list-style-type: none"> • If you were giving your ED, or other shelters, advice right now about what changes to keep and what to get rid of, what would you say? <ul style="list-style-type: none"> - Is there anything that could be good, if tweaked or adjusted? • How have these changes impacted your clients? <ul style="list-style-type: none"> - What's working well with the changes? - What isn't? • Are there new stresses in your work, due to COVID-19 or other factors, that make it harder to care for your clients or yourself? <ul style="list-style-type: none"> - If so, have you done anything to help you get through these?
Focus Group with Executive Directors	<ul style="list-style-type: none"> • How are things going for you in your shelter/service? • What have the big changes been? • How are you using your space in different ways? • What lessons have you learned from COVID-19?

All interviews and focus groups were audio-recorded and transcribed verbatim by a professional transcription service. Transcripts were anonymized and numbers or initials were assigned to each participant. After each interview/focus group, demographic questions were asked. The data collection and analysis processes were guided by Lincoln and Guba's (1985) and Thorne and colleagues (1997) principles of auditability, fit, dependence, and transferability. These principles were applied in data collection through transparency in the research process, study context, and participant demographics. They were applied in the analysis process through the presentation of supporting quotations and contextualizing participant narratives such that readers can evaluate the logic of the findings and the cogency of the conclusions drawn.

Ethics

The research was approved by The University of Western Ontario's Non-Medical REB (Protocol 115865). All data was collected between June and October 2020.

Data Analysis

Transcripts of interviews and focus groups were organized using the qualitative analysis software Quirkos. Interpretive description, according to Thorne et al., (2004) and Thorne (2016),

was used by the research team, which included seven primary coders; each transcript was analyzed independently by two coding team members. The coding team consisted of the principal investigator, the researchers who conducted the interviews and focus groups, the research manager, a post-doctorate scholar, a doctoral student, and an undergraduate research assistant. A foundational tenet of interpretive description is that findings need to be located within the existing knowledge in the field to ensure there is a meaningful linkage between emerging data and the existing body of work. As such, the team members who conducted the interviews/focus groups (who were immersed in the data) along with the principal investigator who has extensive knowledge in the field, met and created a preliminary coding structure with definitions based on what emerged during interviews and focus groups and what is known in the literature.

Next, the coding team were assigned, in dyads, one interview, and analyzed the interview independently using open and line-by-line coding. Subsequently, each dyad met to discuss the applicability of the coding structure and code definitions, as well as to suggest changes. These changes were collated across all dyads and discussed by the primary coding team to reach consensus on codes and definitions. A final transcript was again coded by each coding team member and feedback on the coding structure and definitions discussed. At this point, coding team

members determined that the coding structure was sufficient to capture the main themes from all three data sets, interviews with women, interviews with shelter staff, and the focus groups with EDs. To account for unexpected themes in the data an 'other' classification was created in the coding structure. Next, each transcript from each interview (women [W], shelter staff [S]) and focus group with executive directors [FG] was assigned to two coders and all data were analyzed.

The coding team then focused on synthesizing data (Thorne et al., 2004). Memoing was used to support this process (Birks et al., 2008). Next, the Quirkos data files were merged across coders, resulting in a final data file for each data set (women, shelter staff, EDs) and queries were run to provide reports on each code and the associated data. Once the report was run for the data associated with hotel usage, the data were combined across women, shelter staff, and EDs and the coding team met to theorize the relationship and structure of the data, and to extract meaning from the data, consistent with interpretive description methodology (Thorne et al., 2004). These findings were presented to the larger academic research team² comprised of several additional experts in the field, and were recontextualized within the broader literature (Thorne et al., 2004). This synthesis resulted in the narrative of the findings presented below. Next, two coders from the coding team conducted a final review to look for exceptions to the themes as well as any data that did not fit within the analysis- none were found. Finally, quotes were cross-checked across participants to ensure that the themes presented reflected the entirety of the data and not a single voice. We found both similarities and differences in the data based on shelters and services- however, there were no systematic differences across shelters/services. As such, the data was presented as a whole with both converging and diverging perspectives presented.

Results

Participants in this study described a tension in adequacy of hotel use as temporary housing during the COVID-19 pandemic. The tension illuminated

the impacts of the directives and recommendations by the Ministry of Health and Public Health associated with COVID-19 on service delivery, and the reality that while hotels were of critical importance to allow women and their children temporary housing during the pandemic, they were not without drawbacks. As staff and leaders said: "I will tell you that the motel scenario is so shitty for working with people" (S8) and "[hotels are] not great. I mean, it's not ideal" (FG5).

From early in the pandemic, women, shelter staff, and EDs identified tensions in the use of hotels between: 1) autonomy/independence versus support, 2) the only option and/or a safety concern, and; 3) adequacy of hotels as temporary housing. Not surprisingly, what participants had to say about hotels related to equity, the heightened and more significant physical abuse experienced during COVID-19 lockdowns, and the impact of the ever-changing advice and rules from public health and government actors.

Autonomy/Independence vs Support

The desire for autonomy and independence were juxtaposed with support for many participants in their accounts of their experiences of hotels. Several women were very positive about hotels, which afforded them freedom, especially to come and go. In the words of one woman,

It has been helpful and the experience that I've had in this motel, like, you know, I kind of feel like I can breathe again. I don't have anybody pushing me around or bugging me, telling me what to do and what I should be doing. You know, I feel like most people here do their own thing and then me and the children kind of do our own thing. You know, no one's really bugging us, you know. (W1)

However, for other participants the lack of support resulting from being offsite and not having the daily access to the connections present in shelter was detrimental to not only coping but also well-being. One shelter staff member recounted an interaction with a woman saying,

² To preserve anonymity while the data was still potentially identifiable, shelter executive director partners were not involved in this initial presentation of findings.

I think the one individual that I had, I was actually on the phone with regularly, she was - she liked the idea of being in a bigger space, but she felt disconnected from supports. She felt that... She found that, like, she was almost abandoned because now she's in this hotel room, she has to find her own, like, she has to have - she has to utilize her own money and go out with a child to get her groceries. And then, she was stuck going back into this hotel room with just a TV, without anything else to do. I mean, she has no supports in the area she was in. We were basically her only social supports or even professional supports. She was lonely, she was struggling. She was - her mind was racing in terms of, "How am I going to go forward? I know I have to do this; I have to find my own house. I have to be out of this hotel in," like, I don't know what it was, a month and a half. "How am I going to do this while I'm also trying to manage my emotional dysregulation?" Like, she was at a loss, she was. (S26)

Interaction and informal connection are valued components of the work being done at women's shelters; EDs noted that without being physically in the same place, "... we've had to really get creative about intentional engagement which was so easy for us when we had a small building because we didn't have a locked door" (FG1). The lack of informal connection hindered engagement with the supports offered in shelters, such as counselling. As one staff member said,

Mainly I think what stood out for me was just that it was, it's a lot slower to do, to get things done. And then some of the assigned counsellors had trouble, they would call the women, but the women wouldn't answer or they wouldn't hear from them. So, we had to keep tracking them down. And right, because if we didn't hear from them for a certain amount of time, they had to be informed, we may have to close your case if we don't hear from you, right. (S6)

Disruptions in providing support for the completion of housing applications and keeping women informed of housing-related processes was another consequence of women being housed at hotels as opposed to onsite at shelters. When women are in shelter, there is the ability to informally check-in with shelter staff. One woman, placed at the hotel and informed that her stay was capped at 30 to 42 days, became increasingly

distraught when housing support offices were closed through the initial weeks of the pandemic, leaving her in a place of constant worry and fear regarding the status of her housing application. She voiced her frustration as follows,

I don't know. Cause it's...because I don't...I'm not able to talk to anybody. I don't know what's going on. I don't know...Well because when I first called and, um, they said, 'Well you can only stay for, I think she said 30 days...30 to 42 days or something like that.' I can only stay that long. That's the...it's not long...well I know it's not long-term and I don't want to be here long-term. But it's...it's really hard right now to do anything. (W8)

Thus, women, shelter staff, and EDs experienced tension in terms of the benefits of residing autonomously at a hotel as it was at odds with the drawbacks of reduced access to formal and informal supports.

The Only Option and/or a Safety Concern

Differing mandates of shelters, varying definitions of abuse, and inconsistent funding schemes have made it difficult to evaluate the impact of shelters, but there is consensus amongst those in the field that shelters are, at best, a stop-gap measure (Wathen et al., 2015). Shelters are not an ideal response, nor are they a one-size-fits-all solution for women trying to leave abusive situations. However, ongoing policy failures coupled with individually focused narratives about VAW that echo neo-liberal rationalities have made shelters necessary and embedded response to DV in Ontario (Harris et al., 2014). The first shelter for battered women was opened in Canada in 1973 and while shelter services have expanded over the past four decades to include residential and wrap-around services for women, they continue to operate with the understanding that the DV shelter is a temporary, and far from ideal, option for women who need emergency support (Goodhand, 2017).

Hotel use, by shelters, was implemented in different ways including a place to quarantine women before they entered shelter, as a temporary housing option for women who would not cope well with COVID-19 restrictions in shelters, and as overflow temporary housing due to space constraints related to COVID-19. Regardless of how

hotels were used it was yet another burden on women, staff, and EDs. The burden stemmed from shelter staff trying to implement more rules in a less controlled environment with less ultimate say about flexibility in what women can and cannot do. This burden and stress were likely artifacts of implementing the hotel solution to the housing crises in shelters so quickly in wave one of the pandemic without the time and care needed to sort through rules, anticipated tensions, and implications.

When the COVID-19 lockdowns were coming into effect, it was apparent to DV experts that the types of abuse and coercive control experienced by many women would be incompatible with staying in a shelter that was completely locked-down. Lockdowns meant little to no ability for women to leave their rooms, let alone leave the shelter – which for many women was the very kind of controlling behavior and isolation that they had fled when leaving their abusive partner. One mother in shelter described the challenge of managing with her children during lockdown noting that, “I love them dearly but being locked in a room with two toddlers for a week was a little bit intense” (W2). Though the women who stayed in hotels with their children had more autonomy than did women in shelters, they also echoed the challenges of staying in a small space despite their ability to take breaks and leave. “It’s been a little hard for me, with me and the three kids. It’s just because, you know, I know it’s in only one room” (W1). The lockdown protocols did not make an ideal response to violence worse for women; rather, they made things more difficult for women whose only option was inadequate to begin with.

Decisions had to be made to determine which women would stay in shelter and which could safely (emotionally and physically) use hotels. One ED summarized this thinking process as follows, “We used a hotel during the midst of COVID for the clients who could not function in the shelter with the rules” (FG5). Another aspect of this decision-making process was that, due to the severity of violence a woman was experiencing, and the risk of lethality, the shelter was the only option. Lethality is typically assessed in most shelters by Campbell’s Danger Assessment (Campbell, 2004) in some ways, but others integrate other factors from sources like the DV Death review committees (Wilson & Websdale, 2006). As one ED said,

And what's happened is now we have the women accessing shelter, really have immediate gender-based violence needs and we weren't seeing those women before. And so like that part is really interesting to us. [Staff] has been saying “where were these women for the last few years that we hadn't been seeing?” Because they have high needs. I mean and, to what you're saying, some of the highest risk cases I've seen in my whole career [have been] showing up in the last two months. (FG1)

This decision-making process was fluid and ever changing depending on lockdown restrictions and shelter capacity issues. This resulted in frustration from some shelter staff as it felt like decisions were subjective and perhaps did not sufficiently account for women's contexts, with one staff member saying,

Those weren't the women that should be sent to the hotel. I don't know if it's wrong or right, and then staff would go and check in, because there wouldn't be – you know, once we do the safety plan, I wonder if that piece could be reversed. ... And then we spend more time to support the women who are struggling in the shelter. Like, to support them while they're at the shelter rather than, you know, because we have to strike the balance between, OK, the kids are exposed to some of these behaviours and stuff like that. So, if women are functioning OK and they can be in the hotel and we can do a safety plan, then I wonder if those aren't the women that should be there and then have a staff go to the hotel to coordinate that service. (S14)

The difficulty associated with this decision-making process was further compounded as decisions needed to be communicated to the women. For some shelter staff, the concern was that telling a woman she would be offered temporary housing in the hotel, as opposed to the shelter, could undermine the validity of her experiences of abuse and fear. One staff member explained,

Like when we were transferring people to the hotel and we were making decisions at the moment. And we again, would always validate her, like you're not physically in our space, so you're making these decisions based on what you think. ...If they ever question like why would you move [one woman] to the hotel instead of moving [another woman] to the hotel? We had to kind of validate why we made those decisions. (S8)

These decisions also surfaced equity issues; specifically, it felt at times for some shelter staff like arbitrary judgements were being made regarding the suitability of some women to be housed at hotels. One shelter staff member said,

So, we were just told kind of further in. And then same with kind of assessing for - is the woman, is this a good fit for the motel? Because something we had to keep in mind was the motel staff aren't trained to work with a lot of things in the populations like addiction and mental health. And so sometimes it felt like we had to be almost a little more cautious in who we accepted for space, which didn't feel great, but we again didn't really have - this was almost kind of passed between staff, it wasn't really directed by management. So that felt a bit confusing. Because one staff may determine one thing and another staff may perceive the situation differently, so I think that's where it felt inconsistent. (S6)

Women were sometimes conflicted about whether to stay in shelter or in a hotel as both options had their own drawbacks and benefits. One mother was interested in staying at a hotel because she was concerned for her safety and that of her children in the shelter. This mother explained,

The women that ran it [the shelter] were still very kind people, but it was scary and I just didn't want my kids exposed to [other children who may have behaviour issues]. I really wish ... that [support services] would say, "Look, you'll have your own room, your kids will have privacy." I wish there was just a little bit more information out there. And I did share that with [them] and I think that they said that they might be able to slip it into their website... just a little bit more detail. I know they can't lay out the fucking floor plan and say there's a playground so people don't jump the fence, but just something to mothers that are hesitant to bring their little ones. If it would have just been me alone, I would have been like "Let's go. Let me get out of this situation" [and into shelter]. But just bringing my kids there is terrifying. It was, I was in tears, I was absolutely stressed out. Then they did tell me on the phone I'd be going to a hotel which eased me into it, but then they brought me to the actual shelter, and I was so happy. Like just having the outdoor play place and like, yeah. (W7)

A significant concern with the use of hotels as temporary shelter space was the lack of safety measures and procedures commonly found in shelters, especially controlled entrances, and rules regarding visitors. In addition, women were interspersed among other guests, and hotel staff not required to monitor who was coming and going. Some women and staff in our sample, therefore, expressed concern about women's own safety. One woman explained that a male hotel patron had repeatedly made her feel uncomfortable by flirting with her in the hotel lobby when she came in to get her key. She recounted, "I really wanted to get away from this guy ... He was asking me if he can have my number, and it's like, no thank you" (W1). Another woman mentioned that the location of alternative shelter spaces was a significant concern. She spoke about a recent stay in a hotel through a different emergency services program. The hotel was downtown, close to a high traffic area with a transient population,

I was standing out front having a cigarette, um, talking to these two ladies... And all of a sudden, this guy drives by on a bike across the street, and he waves at me. I didn't wave or anything back. But next thing you know [the ex-partner] is texting me, "Oh, I heard you were downtown hanging out with skids." And that's not even what was going on, but this is what the person relayed to him when they saw me, so and it went from there. (W8)

Shelter staff also voiced concerns about safety of hotels for women. In the shelter the use of drugs and alcohol can be monitored; however, in hotels it cannot. One staff member highlighted this concern, saying,

Let's say there were certain behaviours going on then, and because we weren't seeing the women on a regular basis either, like sometimes we were just getting in touch either via phone or via email, we weren't sure if someone was still staying in the motel, who else was staying with them, if there was using [of drugs] going on. (S3)

Another staff member described challenges with hotel activity, and explained,

It's sort of a mix between a lot of partying. We found that the word has gotten out. There's like calls. It's like "Hey, do you have any room at the hotels? I

heard some people were kicked out." And I'm like, well no. So, there's that and then there's like a few of our women have just went back to their abuser and left the hotel, and I feel like that could have probably been prevented or, you know. Like, COVID crept up on us without a lot of support. So, I couldn't imagine being cooped up in a frigging hotel with your kid and your dog, or whatever... It would be much easier to just return home on those sad days. You know? (S2)

Drugs and alcohol use were not the only concern for staff. Several staff mentioned concerns with former abusers spending time with the women who were sheltering in hotel. One staff member described some of the challenges keeping men away from the hotel,

So, one thing that was – one thing that is happening though, is that there's still women that are bringing men back to the motel, which is a problem. Some of them which are – some of them are their abusive partners or others; I'm not sure. But we've had to have a lot of conversations with the women about please don't bring people back to the motel. And if you – so we've had to have several conversations about that, because obviously that's a security issue and if it keeps happening, then they may be asked to leave. Or the motel people may call the police if it's someone that's higher risk. So that's kind of been an ongoing process. (S6)

This demonstrates the limits of staff judications when hotels are used as temporary housing. However, staying in the shelter during a pandemic also presented a specific set of challenges for women. One woman found it difficult to keep track of changes to shelter rules, leaving her confused about what was permissible from one week to the next. She explained that the uncertainty added more stress for some,

We need to know why it's happening, you know, so it's easier. ...It was kind of being a child, or we're being controlled or something, because most of us women came from extreme control and abuse, and just the "you can't go out, you can't do this, you can't do that," and then ...not getting an explanation why. (W5)

Thus, participants identified that, despite hotels offering an option for temporary housing during a pandemic for women who would have had to be

turned away from shelter due to capacity issues, this was not a simple "solution." Namely, decisions had to be made regarding who was best suited for hotels, and account for equity issues in making these determinations, while always prioritizing both physical risk and emotional safety for women and their children.

Adequacy of Hotels as Temporary Housing

Participants had mixed feelings about the adequacy of hotels as temporary housing solutions. What was striking about the tradeoffs between hotels and shelters was the way they illuminated priorities for women and what they were and were not willing to sacrifice. For instance, one woman was extremely close with her pets, and given the no pet rule in her local shelter, this was not a viable alternative for her; however, the hotel allowed pets and she said, "I've got two cats and a dog. I'm not giving up my pets. I can't. There's no way I can give up my pets.... [the shelter] would let me come with my, my uh, cats (but presumably not the dog)" (W8).

For another woman, the tradeoff of being placed at a hotel was the lack of access to other amenities as the hotel was on the outskirts of town. For women with mobility issues, access to the grocery store (women were given gift cards to purchase their own food; however, in-room cooking facilities were often limited to a small refrigerator, kettle and microwave, if any) was extremely difficult, with one participant saying, "I'm not trying to complain or anything like that, it's just I haven't really been eating and it's not really...the location is way out, kind of... Sticksville, so it's, it's hard to kind of get around. The nearest bus stop is ...I don't drive, so the nearest bus stop is about a mile away" (W8). Perhaps what is most concerning, beyond food insecurity, was the inherent gratitude of this woman for any type of housing, regardless of how unsuitable it was in terms of meeting her basic needs.

This gratitude for anything was a common theme among participants; however, women with children were more likely to discuss issues of adequacy and suitability of temporary housing options provided. In many cases, women were in single rooms with multiple children and felt extremely cramped. One mother underscored how difficult this was saying, "...it is hard on me and my

three kids, because it's just too crowded for all three of us – or all four of us" (W1). This lack of space in hotels was further compounded by the closure of city parks and playgrounds during the pandemic. Highlighting the impact of this confined space on her children, one woman explained that her children were, "bored, they're lonely, and I think that's another thing that puts a lot of stress on them as well" (W1). The limits of the physical space also hindered this woman's ability to engage with the support services that were being offered virtually by the shelter,

I'll be talking to my counsellor on the phone, it is a little difficult for me to talk to her on the phone, especially when I have my children around. Because all she'll hear is a baby screaming and crying, and then the kids will be following me, bugging me, because they want attention, so it is hard for me to kind of make time for her. (W1)

This experience of not being able to access support because of being housed in a single room was juxtaposed with the experiences of mothers who were housed at the shelter. One woman explained, "So yeah, it was nice to have the staff there. There was child-specific staff there, which really helped me to find time to do some of the tasks that I couldn't do with the kids around" (W2).

Hotel use was not only problematic from the perspective of women and shelter staff, but also for EDs. Some EDs reported spending a great deal of time trying to keep women housed at the hotels during the pandemic. However, as was discussed by one ED, without the ability to be on-site to support women living in hotel it was not an adequate temporary housing solution saying,

Basically, every client we had in the hotel was kicked out by the hotel. We sustained damages for all of the rooms that we used. And ... and one of the clients had her partner, the ex, why she was in the shelter, living with her the entire time, which we didn't know. So, for us, without eyes on the ground, without some sort of capacity to be present in the hotel, it did not work for us. The hotel was super kind, super generous, super understanding, gave us more chances than perhaps I would have, but it turned into a disaster for us. (FG5)

The adequacy of hotels as housing during a pandemic was ultimately influenced by the needs of

the women. For some, the tradeoff of being able to stay with pets, or have more freedom, meant that hotels met their needs. For others, food insecurity and lack of physical space meant hotels were not adequate. The resultant impact on the shelter staff and EDs was that hotel use raised many time-consuming issues that are non-existent when women are in a shelter setting.

Discussion

We found a tension between potential benefits, and inadequacies, of hotels as a temporary housing option for women seeking safety from violence during pandemic-imposed service restrictions on women's shelters. Hotels played a critical role during the COVID-19 pandemic in providing space for women and their children, who would otherwise have been turned away due to directives and recommendations by the government and public health authorities. EDs and shelter staff clearly articulated these tensions, especially regarding their ability to provide their usual level of service and safety, but noting that without hotels, there were few or no other options. The inadequacy of hotels as temporary housing for people facing homelessness for various reasons has been underscored by previous scholars. In a study of homeless mothers staying in emergency assistance hotels, Thomas and So (2016) identified four major challenges for women. They found that emergency assistance hotels failed to meet women's basic needs; the experience of living in hotels is analogous to living in a constant state of limbo; emergency assistance hotel stays foster loneliness and isolation; and that using hotels as emergency shelter spaces creates conflict between hotel staff and residents.

Relying on hotels for temporary housing has been shown especially problematic for marginalized groups, even before the pandemic began (Knight et al., 2014; Vandenbeld Giles, 2020). Our findings indicated that temporarily housing women in a hotel made it more difficult to meet their tangible needs than it is for women in shelter, where they generally have access to provisions like personal hygiene products, diapers, and food and, despite physical distancing and quarantine requirements, they were provided child minding, if needed. Thus, the utility of hotels as temporary housing for women who have experienced violence

should not be overstated. While a hotel room offers a physical space “to be” and meets Public Health directives for both quarantine and physical distancing practices, it is not a suitable place for women who need a physically and emotionally safe place to stay for more than a few days.

One positive facet of the use of hotels – apart from the benefit of not having to turn women away completely – was that some women found that the hotel afforded them autonomy that they would not have otherwise experienced at the shelter. Specifically, participants highlighted this in relation to the strict lockdown rules enacted at many shelters, like not being able to leave the shelter, or even their rooms, for long periods of time. While this restriction in movement was due to physical distancing policies and stay at home orders enacted during the COVID-19 pandemic, this desire for more autonomy when staying in a shelter has been highlighted as a barrier for women in previous literature (Fauci & Goodman, 2020; Gregory et al., 2017). A study by Baker and colleagues (2010) underscored that, for some women, shelters are not viable options as strict rules (including curfews), participation in chores, and required engagement with services can act as barriers. While there is evidence of the importance of participation in communal living activities as well as the benefits of engaging with services offered through the shelter, attention needs to be paid to the applicability of this approach for all women using shelter services (Haj-Yahia & Cohen, 2009; Keiser, 2020). This points to a need to ensure that rules are balanced against the need for autonomy, particularly for women who have left controlling relationships.

VAW shelters focus on safety as a main priority, and they do this while trying their best to accommodate women’s agency including around risky behaviours by taking a harm reduction approach – however, safety from violence and trauma, including safety of others in the shelter (and avoidance of triggering others) is paramount. Women’s shelters provide a safe place for women who are experiencing violence, but the transition to hotels as a temporary housing option during the COVID-19 pandemic, we found, raised several safety concerns. A woman’s decision to move herself and possibly her children to a shelter is difficult, risky, and disruptive. To be told that she will instead be put in a hotel because she does not meet some risk threshold could be devastating, especially if the rationale and communication are

unclear. The process required to make decisions that balance COVID-19 physical distancing requirements and women’s safety is difficult, if not impossible, placing shelter staff and EDs in an untenable situation, particularly when considering the feminist values that underpin the work of women’s shelters (Burnett et al., 2015; Hilbert & Krishnan, 2000; Mantler et al., 2018). This notion of triage is an important finding that emerged from our research that merits future examination.

Offering DV services out of a hotel, when neither the services nor the hotel was designed with this purpose, wreaked havoc on both. Services easily offered at a women’s shelter, including basics like check-ins, food, and counselling, were extremely difficult to offer at a hotel. This is not surprising, as hotels were designed as a short-term place to sleep, not to safely recover and heal. Using hotels in this non-traditional way caused friction between some shelters and hotels, with several shelters reporting being ‘kicked out’ of hotels, and other hotels being unwilling to consider housing women who had experienced violence (Vandenbeld Giles, 2020). This aligns with research that has identified the relationship between hotel personnel and shelter staff, and with the abused women staying in hotels, to be quite tenuous (Thomas & So, 2016; Vandenbeld Giles, 2020). Our findings indicate that EDs and shelter staff spent time building and maintaining relationships with hotels so that women could continue to have a place to stay.

The role of the built environment, or the “organization of the physical and social space,” has been shown to be a critical part of ensuring housing success (Knight et al. 2014, p. 558). Hotels are not usually in neighbourhoods, but rather in isolated or inaccessible areas outside of major transit hubs that are not designed for residential use. Residing in commercial areas, even for a short period of time, makes it difficult for women who do not have vehicles to access grocery stores or pharmacies, to take their children to parks, or to get to appointments outside of the area (Thomas & So, 2016). The existing challenges associated with staying in hotels have been exacerbated by the pandemic as store hours and transit services have been reduced, and non-essential activities and spaces (including playgrounds) were put on indefinite hold or closed altogether.

These findings in the context of the larger body of available knowledge related to housing,

homelessness, and gender-based violence, lead to some recommendations about hotel use for women seeking refuge from violence in times of disruption, such as the COVID-19 pandemic. While the government and all sectors were doing their best, as we have learned the rapid and inflexible responses applied across all sectors while putatively protecting many lives, also put others at increased risk. Our exploration of hotels is one such area. This analysis is presented not with the intent to assign blame, but rather to provide insights for future responses that are more nuanced and account for the very different realities faced by some groups and those who serve them (see Table 2). It would seem evident that hotel use during a pandemic should be considered carefully in the context of women's needs as well as the fundamental intent of shelter services (Wathen et al., 2015). While hotels offer a place to sleep for women who cannot be housed at the shelter due to physical distancing mandates, the implications of this decision reveal a tension between autonomy/independence and safety/service. Considering these tensions will be important during recovery from the COVID-19 pandemic, and beyond.

Limitations and Future Research

While the sample size in this study afforded us a good cross-section of what hotel use was like for women, shelter staff, and EDs during the COVID-19 pandemic, additional interviews with women would have been beneficial to better balance the perspectives of women with and without children, both in shelters and in hotels. We know that the demographics of women in the study do not reflect the diverse community of women that access shelters; this study is missing the experiences of racialized women, and women whose first language is not English. Due to the ever-changing

nature of the pandemic and lockdown restrictions, the accounts of participants were largely impacted by when they were interviewed during the various stages of lockdown. Longitudinal data collection that followed participants as the rules and regulations evolved would have provided a more fulsome picture of the experience of hotels during all stages of the pandemic. More research is needed on the topic of hotels as temporary housing during times of crisis, particularly research that examines how policy makers are making decisions about the suitability of hotels as housing alternatives, as well as research that integrates the perspective of hotel owners, managers, and staff.

Conclusion

Our findings articulate the experience of hotel use as a solution for women seeking refuge from violence when shelters have their capacity stressed by external factors, in this case the COVID-19 pandemic. From the perspectives of women, there is evidence that some benefited from the autonomy available at a hotel, while others experienced increased uncertainty and frustration in accessing and navigating support systems. Shelter staff highlighted increased safety concerns for both themselves and women, which were impediments to doing their job well. Shelter staff and EDs were also placed in the unenviable position of deciding which women were housed in shelter and which were housed in hotels. For many, these decisions were antithetical to the feminist values that underpin shelter work. Ultimately, the hotel 'solution' for temporary housing during a pandemic is not a one-size fits all approach. Rather, the use of hotels requires careful consideration of the many and varied contexts of women's lives and the services they need.

Table 2

Recommendations for Using Hotels Compared to Shelters During a Pandemic

1. Prioritize hotel use for women who are at a lower risk of lethality and require the freedom to come and go so as to not feel controlled (e.g., women who have supervised visitation with their children, or women who are actively employed and cannot take time off of work).

2.	Prioritize hotel use for women who cannot be housed in shelters in accordance with existing rules (e.g., women with pets, women with active addictions, or women who are not well suited to communal living).
3.	Prioritize shelter use for women with children to afford additional space as well as supports to engage in shelter services.
4.	Prioritize shelter use for women at higher risks of lethality as hotels are less safe for women and for staff supporting women who are staying in hotels.
5.	Ensure that women staying in hotels have adequate resources to ensure their food security and other needs (e.g., toiletries, diapers) are met and are equitable with those available to women living in shelter.

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