



**YWCA**  
C A N A D A

A TURNING POINT  
FOR WOMEN

UN POINT TOURNANT  
POUR LES FEMMES

EFFECTIVE PRACTICES IN SHELTERING WOMEN  
**LEAVING VIOLENCE IN INTIMATE  
RELATIONSHIPS**



PHASE II REPORT 2006



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PHASE II REPORT 2006

Prepared for  
**YWCA Canada**

Submitted by  
**Leslie M. Tutty, PhD**

## ACKNOWLEDGMENTS

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A number of shelter directors and staff were central in developing the research design and implementing the study. They include: Lise Armstrong, Carla Bowen, Melanie Demore, Haydee de la Cruz, Lori De Pourcq, Barb Dewalt, Ruth Doucette, Suzanne Fedorowich, Doreen Healy, Kathleen Lee, Donna McDougall, Colette Perkin, Lisa Quinlan, Michele Anne Robbins, Sylvia Samsa, and Kathryn Waugh.

The Internal Advisory and External Reference Committees have also been gracious with their time and commitment to the project. Thanks to Janie Christensen of the YWCA Calgary Sheriff King Home, who assisted with the interviews and Jason Rothery who input the quantitative data.

Launching a research project in shelters for woman abuse is no small feat. Asking women who sought shelter because they feared for their lives and for the lives of their children to complete a survey is asking a lot. Shelter staff are sensitive to their clients' plight and would intrude only if they believed that documenting what women need from shelters is important. It entailed extra work in an already busy work day.

That ten Canadian shelters offered to host the research and that 368 residents were willing to answer the surveys and provide in-depth comments is amazing. Thanks so much to all the administrators and the frontline staff for all your hard work and involvement. Special thanks to the residents for letting us - if only for a moment - into your very personal traumas and your dreams for a better life. We sincerely hope that your shelter stay assisted you in making those dreams a reality.

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## FOREWORD

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YWCA Canada

Violence against women is a human rights issue rooted in the substantive inequality experienced by women around the globe. Violence against women does not occur spontaneously, rather it is linked to and embedded in the legal and social systems that inhibit and erode women's equality rights.

In Canada, YWCAs and YMCA-YWCAs provide programs and services to one million women and their families every year. Approximately 20,000 of them come for services related to the violence they have experienced in their lives. In particular, over 5,000 utilize emergency violence against women shelter services each year.

YWCA has known for decades that shelters are the first and most effective defense against the harm and potential lethality of woman abuse, but few studies have documented the impact of shelters on the lives of the women who use their services.

This research project acknowledges the depth and breadth of service and commitment that shelter staff offer the women that come for support. Together, the staff and shelter users navigate the legal, health, employment, immigration and social services systems. Shelter staff are the experts when it comes to woman abuse and their work is rarely recognized for its complex and often dangerous nature. This project grew out of a need for voice and a desire to document what we intuitively know – shelters save lives.

Why is YWCA Canada involved in this project? YWCA Canada is in a unique position; it is Canada's only national provider of emergency shelter for abused women. The national nature of our service and our need to connect across provincial/territorial borders provides an opportunity for indepth study that no other organization in Canada could offer.

Currently, there are 15 YWCA shelters whose specific mandate is to shelter and serve women and children fleeing abuse. These shelters provide a total of 317 beds annually. Seven additional YWCA shelters have a number of beds reserved for abused women and children which routinely take the overflow from the local VAW shelters. In total 24 YWCAs offer housing programs that provide a range of services to communities across Canada. Over 30,000 people are housed through these programs annually.

The notion for this study came from senior staff of YWCAs across the country. In 2001, at our Annual Members Meeting, they identified a common need to work together to understand the depth of the YWCA's service, develop best practices and to identify opportunities for advocacy. The women present at this initial meeting were concerned with the lack of national focus on and support for the shelter movement. There was a desire to have the issue of violence against women move from a local provincial/territorial concern that is essentially 'tolerated', to a social concern that requires immediate action. They felt there was something the YWCA could contribute to make this crucial shift happen.

Out of this discussion we conceived of a multi-phase project that would benefit both YWCA service providers and, we hoped, the broader shelter community. We started with an internal environmental scan called Turning Points: An Analysis of YWCA Violence Against Women Shelters and Family Violence Programs – Phase I. The final report of Phase I documented the work of the YWCA and its history in the shelter movement. It put forward recommendations for future steps, one of which was a research study to document the experiences of women coming to shelters for services.

## FOREWORD

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This study, *Effective Practices in Sheltering Women Leaving Violence in Intimate Relationships – Phase II*, began in 2004 with a meeting of the 10 research sites (9 YWCA shelters and 1 external shelter), the principal researcher, Leslie Tutty PhD, and nine provincial shelter associations.

Over the past two years we have worked internally with an Advisory Committee of senior YWCA staff, as well as an External Reference Committee, that met at key milestones during the project. Both groups reviewed and commented on the survey instruments and techniques, the drafts of this report and the final recommendations.

There is a direct link between the lack of a broad social policy framework for women's equality rights and women's increased vulnerability to violence. From the 368 women who participated in this study we understand that access to income, be it employment or adequate social assistance, permanent affordable housing and child care influences their ability to leave the abusive relationship. In particular, we see this in the lived experience of women from marginalized communities where limited access to resources and privilege perpetuate their exposure to violence. In other words, the further removed a population or individual is from power, decision making and resources, the more vulnerable they are to violence, poverty and the infringement of their basic human rights.

YWCA acknowledges the research and policy recommendations that precede this document. We are aware of the myths that surround woman abuse and present it as a private individual matter. It is not private; it is public, systemic, and affects all communities across Canada. The women's movement has been calling for systemic change for decades. Here, once again we are naming the change, supporting it with research-based evidence, and looking to the federal, provincial and territorial governments to begin this work in earnest. Immediate action and commitment from public and political representatives is needed to end violence against women. The lives of women and children hang in the balance.

## EXECUTIVE SUMMARY

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Violence against women is a serious problem that results in injury, emotional harm and, at worst, death. While shelters for women abused by intimate partners are perceived as critical resources in most Canadian communities, they remain relatively unstudied. What supports can assist women's struggle to make a new life both in shelter and thereafter? What societal resources need to be in place to assist the transition to a violence-free life?

The current study describes the journey of 368 abused women as they entered and left emergency shelters in ten Canadian locations, nine of which were YWCA shelters: Kamloops (Y Women's Shelter), Yellowknife (YWCA Alison McAteer House), Calgary (YWCA Sheriff King Home), Lethbridge (Harbour House), Regina (YWCA Isabel Johnson Shelter), Brandon (YWCA Westman Women's Shelter), Sudbury (Genevra House), Toronto (Arise), Peterborough / Victoria / Haliburton (Crossroads) and a non-YWCA affiliated shelter in Yarmouth, Nova Scotia (Juniper House).

It is important to note that the survey results are not intended to be representative of the demographics of, and responses to, shelters across the country. While the shelters profiled in this research span the country, capturing a seldom-heard rural to mid-size shelter population, the results should not be generalized beyond the organizations included.

In brief, the research captures the nature of the partner abuse, what strategies the women used to remedy the abuse and whether these were helpful, what they hoped to gain from shelter residence, what services they received and whether these were useful. It also documents their plans for moving back into the community.

This research is unique in a number of ways. First, it has provided a look at shelters for woman abuse with representation from across Canada, in comparison to previous research that has been either regional or local (Grasley et al, 2000; Tutty et al., 1999) or has focused on one population such as shelters for Aboriginal women (Weisz et al., 1994). The shelters in this study are in diverse locations and located in all the western provinces, Ontario, Nova Scotia and one territory.

That nine of the shelters operate under the auspices of YWCA Canada is another unique feature. This distinguishes them from most other emergency and second-stage shelters in Canada that are not affiliated with one larger organization. All YWCAs and YMCA-YWCAs are autonomous organizations with their own constitutions and by-laws. However, the environmental scan of YWCA shelters for abused women conducted by Goard and Tutty in 2003 confirms that there are more similarities than differences with the vast majority of Canadian shelters.

In Canada, the YWCA has existed for more than 130 years. Since the early years, one of its central services has been providing shelter to women. Across Canada, 24 independent YWCA and YMCA/YWCAs shelter and/or provide services to women and children fleeing abuse. Furthermore, YWCA organizations that do not have shelters specific to abused women often provide programs that address violence against women or count women with abuse histories among their residents. The YWCA is also one of the largest women's service organizations in the country. YWCAs and YMCA-YWCAs operate across Canada, meeting the needs of more than one million women and their families annually.

## EXECUTIVE SUMMARY

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A third unique factor in this research has been listening to the voices of the women with respect to their perspectives on their needs and the extent to which shelters and other services/professionals offered support. It built on the few similar Canadian studies of shelters that address violence against women (Grasley et al., 2000; Tutty, 1999; Weitz et al., 1994), confirming the majority of the conclusions from those studies. It is hoped that this research will be a resource for others interested in examining this key service for abused women.

## RESEARCH METHODOLOGY

The research comprised two major components:

1. Entry and Feedback surveys that were substantially standardized with some open-ended questions.
2. In-depth qualitative interviews with 20 residents, two to six months after they had left the shelter, to provide additional context concerning their shelter experiences.

For an eight-month period, all new residents were invited to complete an Entry Survey and a Feedback Survey when they left (or at approximately 21 days). The Entry survey collected information on demographics, which services the women had accessed before they entered the shelter and what they hoped to gain from residing in the shelter. The residents also completed the Danger Assessment (Campbell, 2001) and the Impact of Events Scale-Revised (Weiss, 2004), a measure of PTSD related symptoms. The Feedback Survey asked about the extent to which the women's needs had been met during their shelter stay and what were their future plans regarding their abusive partner.

## WHO WERE THE SHELTER RESIDENTS?

A total of 368 residents completed the surveys. While all of the shelters were in cities, most were small cities with higher proportions of women of Aboriginal descent (46% in this study) and relatively low numbers of immigrant and visible minority respondents (10%). Another 45% of the women respondents were Caucasian.

Eighty-four percent of the women had children under age 18, most of whom accompanied their mothers to the shelter; more than half had one or two children, while another 30% had three to seven children.

The women in this study had relatively few resources: more than 70% were on social assistance or had "no income". Of the approximately one-fifth who worked outside the home, more than half were part-time or casual employees, primarily in the service industry, clerical or child care.

The primary abuser was most often a common-law male partner (45%) or a non cohabiting male partner/ex-male-partner (30%). Only 17% were married. The relationships were relatively long term (an average of 7 years) and had been abusive for much of the relationship.

The women reported that a high proportion of the abusers were unemployed (more than one-third) or employed part-time or casually (one-sixth). Overall though, more men were employed than women (44% compared to 18%), perhaps not surprising given that so many of the women had young children.

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The men had similar rates of high-school completion, but fewer had any post-secondary education (20% compared to 40%). The racial backgrounds of the men were similar to the women's.

One-fifth of the shelter residents had either chronic health problems such as asthma or diabetes, or back, hip and other physical problems, which may have resulted from abuse. A little more than one third reported emotional problems or mental health issues, mostly depression and anxiety. One third of the residents had been treated (or were in treatment) for substance abuse, some of which they linked to childhood abuse, others as a reaction to living with an abusive partner. More Caucasian residents reported emotional/mental health problems and more Aboriginal residents had been in substance abuse treatment. However, the number of forms of child abuse the women had experienced was much more predictive of mental health problems and receiving substance abuse treatment than was their racial background.

The nature of the abuse inflicted in the current relationship was physical in almost three quarters of cases. Seventy percent of the women whose partners injured them suffered cuts, scrapes or bruises, others documented miscarriages and broken bones or fractures. Ten percent reported sexual harm or having sexually transmitted diseases because their partner had affairs outside the relationship, a form of abuse not previously documented.

Of significant concern, is that the other more than a third (38.5% or 67 women) responded that their partner had prevented them from getting medical aid for injuries resulting from the abuse at least once. Most concerning yet is that two thirds of the women (68%) had at some point feared for their lives because of the abuser's threats or behaviours.

The women's responses to Campbell's Danger Assessment Survey (2001) are congruent with such fear. The Danger Assessment is a measure of the risk of lethality (homicide) of women by male partners. Almost 60% of the women residents fell in the range of Extreme Danger, another 17% were in Severe Danger. That almost three-quarters of the women residents were in serious danger of homicide supports shelters as facilities that save lives in the immediate at least.

The Danger Assessment items provided additional information about the nature of the abuse and the characteristics of the abuse. For 61% of the women, the violence had increased during the past year, another 65% had been stalked, almost half of the abusers had tried to choke them, forced sex on them and threatened to kill them. A little more than one-quarter of the women had been beaten while pregnant and forty percent of the abusers had used a weapon or threatened to use a weapon on them. These are all seriously violent behaviours that could easily result in serious injuries or death.

Forty percent of the women residents had not previously resided in a shelter for abused women. The others had stayed in a shelter once before (29%), or up to six times previously (31%). Of those who had been in shelter previously, virtually all found the shelter helpful.

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### ENTERING THE SHELTER SYSTEM

Who recommended the shelter? Women, such as those who were interviewed for the study, often keep silent and feel ashamed because of the abuse, rather than trust that family and friends will be supportive. Nevertheless, friends and family together were the most likely to have suggested that the women seek shelter: over half of the residents first heard about the shelter from relatives or friends.

We asked the survey respondents whether they had other places or supports that they might have utilized instead of going to the shelter. A small proportion noted that they could have gone to family (59 of 285 or 17.0%) or to a friend (54 of 290 or 15.5%). The majority, however, had no-where else to go.

A number of the women had delayed going to a shelter for various reasons, primarily worrying about leaving personal belongings, having no money or no way to get to shelter, and worrying about their safety after leaving their partner. Other concerns were with respect to their children: not wanting them to live in a shelter and not wanting to take them away from their homes or schools. A small proportion delayed going to shelter for fear that their children might be apprehended by child welfare authorities.

Because of concerns about the high numbers of turn-aways at urban shelters, we asked whether the women had to wait before entering the shelter this time. The majority (83%) got in without delay. Most of the rest had to wait several days (9%). Nevertheless, that even a small proportion of women at risk of lethality needed to wait to find a safe refuge is concerning and warrants a review of the numbers of turnaways.

### DO WOMEN SEE SHELTERS AS MEETING THEIR NEEDS?

A central question for the current research is “What do women need from shelters?” The most commonly endorsed need was emotional support or counselling from shelter staff (81%), closely followed by a safe, secure place to stay (80%), information about coping with stress and anger (73%) and about improving self-esteem (71%), and referrals for housing (71%).

This reinforces the role of shelters as essential resources for women abused by intimate partners to find a safe place in which to consider their options, with the support of those with expertise in understanding the dynamics of woman abuse. Looking at the longer list of items that the women mentioned needing, a number are basic requirements such as housing, financial support and furnishings to create a new residence separate from the abusive partner.

The second key question is “Do women get what they need from shelters?” The vast majority of the women residents were satisfied with their shelter stay, the most helpful aspect being a safe and secure place to stay (96%), followed by a break from the abusive partner (91%) (meaning time away to consider one’s options), a safe and secure place for their children to stay (88%) and emotional support/counselling from staff (76%). These are a close fit with their expressed needs on entering the shelter.

Finally, on leaving the shelter, the women reported significant reductions on the Avoidance, Intrusion and Hyperarousal subscales of the Impact of Event Scale, which does not diagnose PTSD, but asks women to identify whether they are experiencing trauma symptoms such as avoidance and intrusive

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thoughts. Coping with a high number of these problems interferes in individuals' ability to connect with others and to problem-solve effectively. As such, a decrease in the number of problems on leaving the shelter suggests that the residents are more able to meet the challenges that face them as they re-enter their communities, most with the goal of leaving the assaultive relationship.

The final two questions on the Feedback Survey were open-ended, asking about suggestions or concerns and what the residents liked best about the shelter. Safety was the one aspect of their shelter stay that everyone in the study commented was essential. The shelter crisis counselling staff were both the greatest strength and the most commonly noted concern of a smaller number of survey respondents. Overwhelmingly, a large number of respondents noted that their interaction with the shelter staff was what they liked best about their shelter stay.

In summary, the women residents provided strong support for the effectiveness of the shelter in assisting them with safety, support and assistance in making the transition to a life separate from the abuser, if they so desired. While shelter funding is always a central point of negotiation between provincial shelter associations and their respective governments, the current research provides added evidence of the importance of shelters in protecting the lives of women and children who might otherwise be murdered.

**RECOMMENDATION 1: Advocate for provincial/territorial/federal governments to provide adequate levels of funding for shelters that will fully support the needs of abused women and their children.**

### THE UNIQUE NEEDS OF RESIDENTS OF ABORIGINAL BACKGROUND

Residents of Aboriginal background were significantly more likely to have used the shelter previously. To understand this we need only look at Canadian studies that estimate that Aboriginal women are significantly more likely to experience abuse by their male partners (Statistics Canada, 2005a). Also relevant is the economic situation of many Aboriginal women; they are generally the poorest citizens in Canada. Given that reality, it is not surprising that Aboriginal women are more likely than other populations of women in Canada to use shelter services. (Weitz et al., 1994). The results in the current study demonstrate the need to address the unique experiences of abused women of Aboriginal background.

From a human rights perspective, women of Aboriginal descent are at higher risk because their rights and access to decision-making power are seriously compromised by the discrimination embedded in Canadian society and law. In 2003, the United Nations Convention to Eliminate Discrimination Against Women (CEDAW) Committee suggested that the Canadian federal government:

*Accelerate its efforts to eliminate de jure and de facto discrimination against Aboriginal women both in society at large and in the communities, particularly with respect to the remaining discriminatory legal provisions and the equal enjoyment of their human rights to education, employment and physical and psychological well-being. (CEDAW, 28th Session, January 13-21, 2003, paragraph 362)*

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Congruent with this suggestion, the dire circumstances of many of the women of Aboriginal origin in the current study provide evidence of the urgency in addressing this issue. In 1981 the Canadian Parliament and provincial governments ratified the Convention to Eliminate Discrimination Against Women (CEDAW), signalling their willingness to address discrimination against Aboriginal women. Reportedly, little has been done to support this promise.

**RECOMMENDATION 2: Advocate that the federal/provincial/territorial governments answer the concerns raised by the UN CEDAW committee by addressing the discrimination against women of Aboriginal origin implicit in Canadian laws and society.**

### THE NEED FOR POST-SHELTER SUPPORT:

After their shelter stay many women have significant needs for support and access to basic resources. About 69% of the survey respondents planned to use the follow-up services offered by many of the shelters, an essential continued support for many previous residents.

Research on the efficacy of follow-up programs or advocacy for women after the shelter strongly demonstrates the benefits of such services (Sullivan et al., 1994; Tutty, 1996), yet most provinces provide no additional funding for follow-up or outreach programs. To ensure that former residents receive the informed supports and safety planning necessary, services tailored to the complex needs of abused women after they have left the shelter are critical.

Such services need not necessarily be based in shelters, although having already established rapport with shelter staff would be a significant advantage for former residents who wish to re-connect for support with new or ongoing problems. Nevertheless, the residents' comments about previous sources of assistance suggest that staff from community services adopt an understanding of violence against women consistent with that of shelter staff. Shelter representatives would be ideal trainers for professionals from such community services.

**RECOMMENDATION 3: Advocate for federal/provincial/territorial governments to adequately fund post-shelter services for abused women to address their safety needs after they return to the community, not only while they reside in transition houses. Such initiatives include follow-up and outreach programs.**

### SOCIETAL SUPPORTS FOR WOMEN ABUSED BY INTIMATE PARTNERS

Shelters provide essential and life-saving support to abused women and their children. However important the services they provide, they are time-limited and their major goal is to assist women abused by intimate partners to make a transition to a safer life back in the community. To do so requires that women have access to housing, financial support, education, job-training and child-care. For the women with few resources who use shelters, establishing a new home means relying on Canada's social

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agencies and services, which is often time-consuming and difficult, especially for those on the intersections of race, ability and poverty.

On leaving the shelter, the majority of residents (about 90%) were not planning to return to live with their abusive partner. Only about four percent were returning directly to their home with the intimate partner and 5% were undecided.

Those returning to their partners (or who might return in future) often did so in hope that the relationship would stop being abusive. Importantly though, women also noted that lack of money, fear and lack of housing would (or could) cause their return. That such a high proportion of the reasons for returning related to basic needs such as housing and income strongly emphasizes the need to improve access to such supports (in all provincial jurisdictions).

Three or so weeks in a shelter, at maximum, is a short period of time to establish a new and safe residence in the community if one chooses to leave an abusive partner. Yet most provincial guidelines limit shelter stays to this length. While some women, usually those in large cities, have access to second-stage housing, only a minority of the 238 women who completed the Feedback Survey in the current study were moving to such a residence. This may be because such facilities were not available in their community; they tend to be located primarily in large urban centres. We do not know how the majority were doing after they left the shelter and whether they remained safe, despite the worrisome levels of lethality documented on shelter entry.

On leaving the shelter, women are often faced with inadequate housing and financial support that leaves them with a choice between homelessness and returning to the abusive partner. Homeless women are often former shelter residents who failed to find adequate and/or safe housing (Breton & Bunston, 1992; Charles, 1994). But even after having been established in the community for a while, if the housing or finances are not adequate, women may return to an abusive partner to sustain themselves and their children more appropriately, supporting the following recommendations for better access to housing, social assistance and education.

**RECOMMENDATION 4: Improve access to safe and affordable permanent housing to assist women and their children to both leave an abusive relationship earlier (before needing to go to shelter) and to leave the shelter with adequate resources to make the transition to a violence-free life.**

Applying for and receiving social assistance can be a prolonged effort, particularly if one needs an established residence and address. Similarly, finding employment at a salary that covers the basic needs of the woman and the often young children who typically reside with her, also depend on finding appropriate child care. Educational upgrading is important for many women to become more self-sufficient, but requires financial subsidy.

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**RECOMMENDATION 5: Improve access to adequate social assistance and living allowances to assist women and their children to both leave an abusive relationship earlier and to leave the shelter with adequate resources to make the transition to a violence-free life.**

**RECOMMENDATION 6: Improve access to supported education, upgrading and training programs for abused women. A substantial portion of women who utilize shelters have little education and few job skills. To leave abusive relationships in which the partner supported the family, many women need upgrading and access to job training programs so that they can make an adequate living wage.**

Before leaving their partners and after their shelter residence a number of women described child care as an issue that affected their decision to leave an assaultive partner. Even while in the shelter, several residents commented that enhanced child care would have assisted them in carrying out the many tasks necessary to establish an independent household, such as finding housing and making arrangements for adequate financial assistance.

**RECOMMENDATION 7: Improve access to affordable, high quality child care to provide women with improved options in considering whether to leave an abusive partner.**

Conflict about custody and access of children is often significant for couples in which woman abuse is a central issue and was noted by several of the women interviewed post-shelter. In abusive relationships, contact during child exchanges creates significant risk for re-abuse and, at worst, for women and children to be murdered. Centres that provide monitored exchange or supervised visitations, allow fathers access to their children assuming they are safe-guarding mothers and their children; since the parents need never meet. The relatively few studies conducted on the efficacy of such centres suggests their utility in Ontario (Park, Peterson-Badali, & Jenkins (1997) and in one of the programs of the YWCA Sheriff King Home in Calgary, one of the shelters in the current study (Tutty, Barlow & Jesso, 2004). Changes in Ontario's custody and access regulations have gone further to recognize the inherent danger in having an abusive parent gain access to children under any circumstances.

**RECOMMENDATION 8: Advocate provincial/territorial/federal governments to take into account the previous violence of a parent, who is the primary aggressor, in determining custody and access agreements.**

In reviewing the preceding recommendations, it is striking that most of the funding relevant to women who seek emergency shelter comes from the province. The provincial governments are responsible for not only funding shelters, but many of the collateral services needed by or that become involved with women abused by intimate partners: housing, social assistance, education, health justice and child welfare, health. The diverse funding strategies of each province/territory make it difficult to conduct a national comparison of resources for woman abuse, an analysis that would highlight best practices and collaboration across jurisdictions.

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### BEYOND THE SHELTER RESIDENTS' FEEDBACK

While the above recommendations clearly stemmed from the research, we take this opportunity to add several recommendations, some of which emerge from the Phase I report and others that address issues raised by the shelter residents.

Contrary to the public's perception of abused women as helpless victims, the majority of survey respondents had tried using both formal services/agencies or informal support networks - friends and family - for assistance in stopping the abuse, with varying results. Some were helpful and supportive but a number were not.

Most commonly, the women in the study sought assistance from friends and family, making it critical that the general public have access to accurate information about woman abuse. Prior to their current shelter stay, the residents had sought help by talking to friends (two thirds found this helpful), and family members (a little more than half found them helpful), raising questions about how much members of the general public know about how to assist relatives or friends who disclose woman abuse. The relatively disappointing quality of assistance from family members and friends in the current study supports the need for more awareness campaigns directed to members of the general public.

#### **RECOMMENDATION 9: Advocate for federal/provincial/territorial governments to mount public awareness campaigns about woman abuse that are based on documented practices and equality based principles.**

Of formal helpers, the most commonly utilized were counsellors, calling the police, and contacting family doctors/nurses. Other than a shelter, relatively few women had utilized services specifically developed to assist abused women, such as support groups, emergency protection orders and developing safety plans, although these were among the most helpful strategies for those that had used them, confirmed by researchers such as Bennett et al. (2004)

Perhaps disturbingly, few professionals working in services not specific to abused women, such as counselling agencies, suggested shelters as a resource, even though over half of the women had been in counselling or sought assistance from professionals such as doctors, nurses and the police prior to going to the shelter. Many social work, medical, nursing and psychology programs do not have courses in violence against women. These front-line workers are the ones women abused by intimate partners are most likely to encounter, whether applying for social assistance, seeking marital or individual counselling or dealing with child welfare authorities.

Although the responses of a number of these professionals were helpful - indeed, life-saving it is alarming that some still seem to have little understanding of the dynamics of intimate partner violence and the risk of death and injury to women and children. Professionals typically wish to provide safe and respectful assistance to women abused by their partners, yet may not have had adequate training. Many professional associations have developed policy statements, courses and training programs specific to intimate partner violence, yet the extent to which these have been implemented remains unknown.

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Cross-training, whereby representatives from different professional groups and services are trained together and provide their perspectives and challenges is a recommended way to provide education about woman abuse. Leadership from experts on violence against women, such as shelter providers and advocates, is a crucial component of such training.

**RECOMMENDATION 10: Advocate for professional bodies such as the Canadian Association of Social Workers, the Psychological Association of Canada, the Canadian Medical Associations, the Law Society of Canada, the Canadian Police Association, the Canadian Nurses Association, the Canadian Teachers' Federation and other professional groups to evaluate the extent to which their training components on violence against woman have affected the professional responses of their graduates and members.**

The current wisdom in addressing intimate partner violence is that communities adopt a co-ordinated approach, encouraging the various stakeholders to collaborate, conduct cross-training and utilize appropriate risk assessment tools (Shepard & Pence, 1999). Shelter workers are often key players in advocating the need to address intimate partner violence. In many communities, they are central in offering prevention programs to youth and training other staff (Christensen & Tutty, 2005).

However, while some communities have embraced the need to coordinate their efforts on behalf of victims, coordination is not necessarily easy to initiate or to maintain; nor do we know how many Canadian municipalities have truly achieved collaboration. Representatives from violence against women services such as shelters can provide valuable leadership in advocating coordination to more adequately address the response to woman abuse in the justice system and beyond.

**RECOMMENDATION 11: Encourage communities to assess the extent to which their endeavours to address women abuse constitute a collaborated approach and provide consultation to assist those that wish to improve their collaborations.**

Research looking at the role of shelter staff has identified the stressful nature of the position. In Tutty and Rothery's 1997 interviews with 40 shelter staff and 19 directors, those working front-line in shelters, primarily crisis counsellors but also including child-care workers, described their positions as substantially stressful at least some of the time. For some, this has led to burnout. Workers in single-shifted shelters, especially, commented on the demands of both being available to counsel and address the needs of residents, answer the crisis phone lines and complete the mandatory paper-work (Tutty & Rothery, 1997).

A related concept, vicarious traumatization or compassion fatigue, is a process by which workers who deal with traumatized victims may, themselves, begin to exhibit symptoms that resemble victimization, including flashbacks, numbed affect and heightened sensitivity (McCann & Pearlman, 1990). Vicarious trauma occurs in front-line workers after a prolonged period of repeatedly being exposed to the abuse experiences of victims. Obviously, shelter staff are at risk of becoming affected by the stress levels and trauma of shelter residents.

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Even though the concerns about staff approachability in the current study involved only a minority of the shelter crisis workers, it was the most commonly-noted criticism of the women's shelter stay. One plausible reason for staff distancing themselves from residents or appearing irritable is that they have been vicariously traumatized because of their work in the shelters. Preventing or providing assistance to employees who are "burned out" or vicariously traumatized is feasible once the problem is acknowledged.

**RECOMMENDATION 12: Provide training and information-sharing for shelter staff with respect to vicarious trauma and the strategies to deal with this, including critical stress debriefing and self-care (McCann & Pearlman, 1990; Richardson, 2001).**

Across Canada, shelters in the various provinces have different problems and strengths. Some, for example, offer better wages for shelter staff; some provinces fund follow-up or outreach programs. Other provinces contribute the buildings and the building costs, while others have a different model for post-shelter housing.

Each province (but not all territories) has a shelter association that represents the shelters in its region to provincial government officials. These organizations are funded at different levels, a factor that can impede their being an effective voice for their constituents. The provincial transition house associations are an important resource for individual shelters and are often influential in keeping woman abuse as a central issue for both the general public and government bodies.

**RECOMMENDATION 13: Advocate for provincial/territorial/federal governments to maintain and/or increase their support for provincial/territorial transition house associations to ensure that these are viable organizations.**

As noted in the Phase I report (Goard & Tutty, 2003), however, the provincial representatives have no funding for a national collaboration/network. At a meeting in early 2005 the provincial shelter associations formed a national association- Canadian Association of Women's Shelters (CAWS). It will, if effectively funded, allow the provincial groups to meet and compare best practices and strategies to address their common issues to safeguard the lives of women abused by intimate partners. A national organization will benefit shelters, while provincial officials could be apprised of initiatives that have been effective in other regions. Sharing best shelter practices could ultimately save lives.

**RECOMMENDATION 14: Advocate for the federal/provincial/territorial governments to fund a National Association of Shelters.**

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### CONCLUSIONS

Ultimately, we must listen to the voices of the shelter residents and continue to document the commonalities and challenges of shelter organizations across Canada. According to the women in this study, the shelters were essential to their safety and well-being. With the complexities and variations of the Canadian experience there are simply no prescriptions that fit all shelters. However, there is a commonality of purpose and perspective that violence against women is an issue of equality and that access to resources such as permanent affordable housing, adequate income and child care would make a difference in the lives of women and their children.

Canada has a shelter system that is considered to be one of the best by international experts. Nevertheless, continued creativity and flexibility will be essential in future. Creating transition homes across the country has been a major achievement, and one hard fought. Yet the challenges for the next quarter century are equally daunting. The question of how best to offer safety in the numerous remote and rural areas in Canada is one of the critical challenges for the future. For both funding and feasibility reasons, the model of shelters from mainstream Canada is not an adequate fit. The central concern about the proposed alternatives is safety. Models that fit the unique needs of women and children in rural and remote areas must be developed and supported.

Shelters are far more engaged in their communities than in the early days. They remain an essential service within a much broader range of supports available not only to abused women, but to their children and male partners as well. They have been at the forefront in training professionals and developing prevention programs, and now, having raised our awareness of the need for such supports, work in partnership with many health, justice, social services and mental health agencies. Part of their role is continuing to challenge us lest we become complacent, believing that society has sufficiently addressed woman abuse.

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### WHAT WE KNOW ABOUT WOMAN ABUSE

Shelters for women abused by intimate partners first developed in Canada more than thirty years ago with the hope that they represented a temporary solution to a serious problem. There are now more than 550 transition houses for women across Canada, developed with the goal that the majority of abused women could access safety if needed.

That woman abuse continues could be perceived as a massive failure of Canadian society (and societies worldwide) to prevent the violence that forces women to seek the safety offered in shelters. Shelters have become necessary and, in fact, are regarded by many as the major institutional response to violence against women. At this point in Canada's history, shelters for women abused by intimate partners are indispensable.

Violence against women is a serious problem that results in injury, emotional harm and, at worst, death. It is best seen from a human rights/equality rights discourse that acknowledges that the violence is caused by substantive inequality experienced by women around the globe. Such violence does not occur spontaneously, but is linked to and embedded in the legal/social mechanisms and systems that inhibit and erode women's equality rights.

Respected international organizations including the World Health Organization, the United Nations Development Program, and the United Nations Development Fund for Women (UNIFEM) and Amnesty International have highlighted violence against women as a significant concern, emphasizing the need to perceive the issue from an equality framework.

As United Nations Secretary General Kofi Anan recently stated (UNIFEM, Nov. 25, 2005):

Violence against women remains pervasive worldwide. It is the most atrocious manifestation of the systemic discrimination and inequality women continue to face, in law and in their everyday lives, around the world. It occurs in every region, country, and culture, regardless of income, class, race or ethnicity."

As one example of the serious nature and the prevalence of such violence, the World Health Organization, referencing the 1993 World Bank Development Report, noted that, "Worldwide, it has been estimated that violence against women is as serious a cause of death and incapacity among women of reproductive age as cancer, and a greater cause of ill-health than traffic accidents and malaria combined" (1997).

Canada is unique in the extent to which the government, through Statistics Canada, has acknowledged and studied the problem by including questions on the context of intimate partner violence in addition to self-reported victimization in its General Social Surveys. This research has provided background with respect to the nature, extent and consequences of the abuse of Canadian women.

The 2004 General Social Survey on Victimization (Statistics Canada, 2005a) estimated that 7% of Canadian women are victimized by an intimate partner. Of those who experienced violence, 27% were beaten, and 25% were choked. 44% were injured; 13% sought medical help. Perhaps most informative is that 34% of abused women fear for their lives in reaction to the violence (Statistics Canada, 2005a).

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Nevertheless, its methodology and results have been criticised as using too narrow a definition of violence as criminal acts, and as ignoring the societal inequities that affect women's lives as compared to men's (Jiwani, 2000; DeKeseredy & Schwartz, 2003). Furthermore it excludes some important facets of women's experience such as sexual harassment and severe psychological abuse. From a feminist perspective, violence against women by intimate partners is not primarily about marital conflict or about anger, as many believe. It is about having power over and controlling one's partner (Jiwani, 2000). Canada has many patriarchal institutions and laws, despite well-intended efforts to eliminate sexism (DeKeseredy & Schwartz, 2003).

However, concern about the serious nature of violence against women has prompted numerous federal and provincial legislation to develop policies and other initiatives to assist the victims of intimate partner abuse. By and large, the criminal justice system's response of mandatory police charging and civil legislation to acquire emergency protection orders protects some victims but promises false security to others (Tutty, Koshan, Jesso & Nixon, 2005). Specialized domestic violence courts, while intending to safeguard victims, have as their mandate holding the accused accountable. This goal may result in women who recant their testimony being charged and even sent to prison (Ursel, 2002).

Within the health sector, domestic violence protocols have been developed in a number of agencies and hospital emergency departments to promote screening of domestic violence cases. These protocols have been met with some resistance and are difficult to maintain (Thurston, Tutty, Conroy & Eisener, 2005).

Despite these important initiatives, shelters for abused women remain the most commonly recognized organizations for safeguarding the lives of women at risk of serious abuse from their partners: the first recommendation for assistance when a sister, friend or client discloses abuse. In many communities shelters are the central organizations that offer prevention and training to the justice and health sectors. Shelter staff advocate for women both when they reside in the transition house and afterwards.

Shelters have been essential sites for researchers to gain an understanding of the nature of the abuse and its impact on the women victimized by the violence (Johnson, 1995). Despite the utility of this research, however, few manuscripts have documented the development of the Canadian shelter movement and the broad range of services offered, not only by transition houses, but also by community agencies that help abused women and their children leaving abusive relationship and beginning the long process of recovering from the damaging effects of woman abuse (Tutty, 1999a). The first two chapters provide such an overview.

### WHAT IS WOMAN ABUSE?

Whether beating and denigrating women was perceived as a problem depends upon when it was being viewed. In Victorian England, the often cited "rule of thumb" refers to a judicial decision that a man could legally assault his wife with a cane as long as it was no thicker than his thumb. In Canada, before 1905 and the intervention of a famous group of five Canadian women, female Canadians were not considered "persons" and could not vote. With such negligible status, women had no protection under the law.

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The research evidence that emerged in the 1970s that identified the extent and the serious nature of the abuse of women by their intimate partners caught the bulk of North American society off-guard and was initially regarded with scepticism. DeKeseredy and MacLeod (1997) refer to woman abuse before 1970 as the “problem with no name”. Before then, the public knew little of the problem of “wife battering”. When the issue of wife abuse was raised in the Canadian House of Commons in 1981, laughter was allegedly heard throughout the Chamber.

The terminology to describe the problem has changed over the years. “Wife battering” changed to “wife assault” to highlight the fact that if the attacks had been perpetrated by a stranger, they would warrant police intervention and assault charges. This term was commonly used in the late 1980s and 1990s, when many communities trained police officers about the issue and experimented with changing the judicial system to deal more appropriately with assaults that police officers, until then, often treated as private non-criminal matters. However, using the term “wife” obscures the fact that women in common-law relationships were also assaulted, as well as adolescent young women in dating relationships (DeKeseredy & Hinch, 1991).

The term “family violence” has been utilized for a number of years, but since that includes all forms of aggression in families, including child abuse and neglect, it is too general. Furthermore, while “domestic violence” and “intimate partner violence” are often applied to woman abuse, these terms obscure the gender of both the most common victims - women - and the most common perpetrators - men - in a problematic way. The majority of academics and service providers in the field view gender as a key aspect of the power and control issues inherent in violence.

Throughout this document we utilize the terms “woman abuse” and “violence against women”. The concept “woman abuse” has been more commonly associated with women abused by intimate partners. Violence against women is used more broadly to refer to serious assaults and abuse of women and girls perpetrated by intimate partners but also by others. Rape by acquaintances and strangers and sexual exploitation through prostitution, sexual trafficking and pornography are experienced by many Canadian women and girls. Shelters for abused women offer protection to women who may have been abused only by their partner or have experienced many forms of abuse over their lives.

### FORMS OF WOMAN ABUSE

The abuse that women endure from intimate male partners takes many forms and typically extends throughout the relationship. Intimate partner abuse is different from the marital disagreements that all couples experience. While the context of some initial violent acts may start as a quarrel, it is typically about control or jealousy. Partner abuse is not about anger in reaction to a dispute but the intentional and instrumental use of power to control the woman’s actions (Kimmel, 2002). The force and form of the violence far outweighs the import of the precipitating issue. Women are not merely pushed, shoved or slapped, they are beaten or injured. Every year across Canada, women are murdered by their partners as the tragic result of violence in their relationships.

The physical abuse of women by their partners often results in serious injuries and, for some, life-long disabilities. At the extreme, the assaults are brutal. In interviews in shelters in Alberta (Tutty & Rothery,

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2002b), the women reported having had “lots of broken bones,” being “flipped over, smacked on the head and punched in the crotch,” being “thrown out of a car at highway speed”, having head or internal injuries. One woman’s partner deliberately broke her arm. Another, after his partner had had surgery, deliberately kicked her in the site of her incision. Such serious and degrading abuse occurs more often than is generally thought.

Psychological abuse is always a factor when women are physically assaulted. The control and degradation of being emotionally abused by an intimate partner may have as strong or a stronger effect on a woman’s self-esteem and, thus, affect her ability to protect herself or her children (Dutton & Goodman, 2005). Psychological abuse entails making degrading comments and sexual slurs that target the most private and personal aspects of a woman’s life. Psychological abuse also includes death threats that elevate the risk of harm to a new level that must be taken seriously, especially if the partner possesses a weapon such as a firearm (Tutty, 1999b).

Some abusive men stalk their partners - typically, but not always, after the women leave the relationship. Stalking is persistent, malicious, unwanted surveillance and invasion of privacy that may include following, making numerous and unwanted phone calls and spreading false allegations. Estimates of the percentage of women who have been victims of intimate partner violence and who have been stalked are as high as 50 percent (Beatty, 2003; Mechanic, Weaver, & Resick, 2000).

Estimates suggest that one in five pregnant women is abused by her partner (Gazmararian, et al., 1996). Some women identify their first pregnancy as the beginning of the violence (Burch & Gallup, 2004) and abuse during pregnancy is often more serious than before (Martin et al., 2004). Abusive partners may target the woman’s breasts or the fetus in her belly. Chang, Berg, Saltzman and Herndon (2005) recently identified abused women who were pregnant or postpartum as especially vulnerable to injury-related deaths.

Women are commonly raped and/or sexually coerced by abusive partners (Bergen, 2004; Campbell & Soeken, 1999). Sexual assault may result in serious physical injuries. In the context of being in an ongoing intimate partner relationship, the assaults are likely repeated, rather than being a one-time traumatic event, as is more often the case in stranger or acquaintance rape.

Society’s ultimate concern for abused women is the risk of them being murdered by their partners. Fitzgerald (1999) conducted a review of 22 years of Canadian homicide statistics concluding that, “Over the two decades, three times more wives than husbands were killed by their spouse (1,485 women and 442 men).” In over half of the spousal homicides, the couple had a known history of woman abuse. The spousal homicide rates for Aboriginal women are more than eight times the rate for non-Aboriginal women (Statistics Canada Homicide Survey, cited in Federal-Provincial-Territorial Ministers Responsible for the Status of Women, 2002).

In summary, the nature of the abuse that women suffer from their partners is varied and pernicious. While focusing on physical injuries is important, many women endure years of intense psychological abuse that devastates their lives and the lives of their children. Most women are abused in multiple ways, all of which have a cumulative effect, leaving them feeling trapped and ineffective in either addressing the abuse or in fleeing the abusive relationship. The research that has demonstrated that women are at

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most risk of murder immediately after having left an abusive partner (Ellis, 1992) adds a new consideration that can prevent women from acting. Leaving for a safe place such as a shelter may ensure her and her children's immediate safety; however, after she leaves the shelter her safety may again become at risk. Developing a safety plan during her shelter stay is a critical step.

### THE IMPACT OF WOMAN ABUSE

Being abused by one's intimate partner is traumatic, especially if the threats and physical abuse continue over time (Tutty & Goard, 2002). Serious abuse commonly results in women experiencing anxiety, depression, panic attacks, suicidal ideation, or abusing substances (Gondolf, 1998; Tutty, 1998). Each of these reactions could suggest the need for psychiatric intervention, implying that the abused woman is mentally unbalanced: a position that ignores the context of her situation.

Rather than looking at the symptoms in isolation, a number of authors have identified a cluster of symptoms that are similar to those experienced by other victims of violence such as rape, robbery and physical assault. The symptoms include "anxiety, fears, recurrent nightmares, sleep and eating disorders, numbed affect, flashbacks, hypervigilance and increased startle responses" (Houskamp & Foy, 1991, p. 368). Women who experience this pattern of symptoms may be diagnosed as having Post Traumatic Stress Disorder (PTSD), a condition that was recently included in the American Psychiatric Association's Diagnostic and Statistical Manual-IV (Ristock, 1995).

An advantage of the trauma perspective is that, by definition, these reactions are seen as "normal responses to abnormal occurrences in the lives of these victims" (Gleason, 1993, p. 62). More importantly, the trauma model moves away from an individual perspective that perceives abused women as being responsible for having created their symptoms. Rather, their responses are seen as reactions to larger events over which they have no control: the abusive behaviours of their partners. This also supports the argument that women who have been assaulted by their partners are not necessarily in need of therapy, since anyone in such a situation would respond with similar reactions.

While not all abused women experience PTSD, the reaction to the trauma of having been abused can be a major impediment for women who seek emergency shelter, affecting their ability to problem solve and make appropriate decisions with respect to their safety. Humphreys and Lee's 1999 study of women in shelters concluded that the women had experienced an average of eight traumatic events (battering and non-battering) over their lives, higher than the reported rates of non-abused women in the general population.

Two of the shelters in the current study have adopted a trauma perspective in their work with residents - YWCA Calgary and YWCA Toronto. This perspective is supported in the literature by Madsen, Blitz, McCorkle and Panzer (2003), who describe their Sanctuary® model in a 90-day shelter for abused women.

### CHILDREN EXPOSED TO WOMAN ABUSE

The staff of women's shelters have long been concerned about the children who accompany their mothers to interval houses. In the late 1980's, concern began to be expressed about the impact on children of being exposed to violence between their parents (Jaffe, Wolfe & Wilson, 1990; Moore,

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Peplar, Mae, & Kates, 1989). Such children are at high risk for developing behavioural problems including either aggression or withdrawal, especially if they have been physically abused themselves. (Hughes & Luke, 1998).

Recent research has also conceptualized such children's reactions as being the result of trauma, similar to the PTSD conceptualization of women's stress (Jarvis, Gordon & Novaco, 2005). Chemtob and Carlson (2004) reported that even among women and their children who had been out of the abusive relationship for an average of two years, 50% of women and 40% of their children still had PTSD symptoms.

However, only about half of children exposed to domestic violence suffer the effects of trauma and many abused mothers are excellent parents (Sullivan, Nguyen, Allen, Bybee, & Juras, 2000). That a number of provinces such as Alberta have included exposure to domestic violence as one factor that could result in child welfare intervening and taking children into care has raised significant concerns about whether women will stop seeking help from shelters or the police because they fear that their children may be removed (De Wolfe, 1995; Nixon, 2002). In essence, the focus on the rights of children overrides the rights of mothers, even though the consequences for both, apprehending children at the extreme, are devastating for mothers and children.

Such interventions have been challenged in the United States by groups of abused women. Even when they have been told by authorities such as child welfare representatives that they must leave their partners to protect their children, once they have left, women face a situation in which these fathers may be awarded custody or unsafe visiting arrangements (Slote, Cuthbert, Mesh, Driggers, Bancroft & Silverman (2005).

### THE COSTS OF WOMAN ABUSE

While the emotional costs of abuse to the victims and their children are distressing, there are costs to society as well. However, such costs are difficult to quantify and should take into consideration medical, dental, policing, legal, penal and other service systems that intervene to address, prevent and punish violence against girls and women. Even so, costing out these services represents only a fraction of the financial burden to Canadians as they are calculated on only the most visible physical and sexual violence.

In 1995, Hankivesky and Greaves estimated the costs of violence against Canadian women. They included social services/education (prevention programs and transition houses); medicine, criminal justice (e.g., police investigations, pre-trial and court processes, offender programs, legal aid, incarceration, parole hearings) and employment (e.g., sick days, employment-based counselling services). The authors estimated an annual cost of 4.2 billion dollars for just three forms of violence: incest or child sexual assault, sexual assault or rape of women, and woman abuse in intimate partnerships.

### LEAVING AN ABUSIVE RELATIONSHIP

Women abused by intimate partners have long been asked why they don't simply leave. Interestingly, few people ask abusive men why they don't stop abusing women. Leaving an abusive relationship is

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typically more dangerous than remaining, as is clear in the extent to which abused women are stalked, threatened and murdered after separation (Ellis, 1992).

Shelters are often seen as the first step in leaving an abusive relationship. However, we know relatively little about what happens to residents once they leave the shelter or what proportion return directly to abusive partners. How many women return over time and are these women at risk of Furthermore abuse? What challenges do women face who successfully leave and how are they faring several years after leaving an abusive partner? Do they remain at risk from ex-partners or do they forge new relationships that become abusive as well?

Why do some women, having left an abusive relationship by, for example, going to an emergency shelter, subsequently return to their partners? In an evaluation of 77 Project Haven shelters (C.M.H.C., 1994), many of which are in rural or First Nations communities, in a large sample of “stays” (n = 9,000) 44% of the women returned home; 27% to an unchanged situation and 17% to a changed situation (added family counselling or court orders). The home return rates from a series of older American studies (50% in Cannon & Sparks, 1989; 55% in Snyder & Scheer, 1981; 49% in Aguirre, 1985; 58% in Giles-Sims, 1983) are repeatedly provided when the question is raised about how many women return to abusive partners after shelter residence. Okun (1988) proposed that the cycle of leaving and returning to an abusive spouse does not indicate failure of shelter staff or inconsistency on the part of the battered woman, but is a process that culminates in the woman eventually leaving.

Rhodes and McKenzie (1998), who surveyed three decades of research on this topic, suggest that the assumption underlying these questions is that abused women wish to be abused. As mentioned previously, some of the early research on characteristics of women abused by intimate partners focused on whether the women were masochistic. Such speculation has been discounted by studies that suggest a number of factors militate against women leaving abusive partners. A recently published study by Dobash, Dobash, Cavanagh and Lewis (2000) found that two thirds of the abused participants had left their partners at least once, others more frequently and 25 percent more than five times. Chief among their reasons for staying were the well-being of the children, desire to give the relationship another try, partners’ promises to change and a lack of money or access to shelter. In 1983, Giles-Sims suggested that, on average, battered women leave their spouses and return four to five times before such a separation becomes permanent. While that is an interesting estimate, what currently happens to abused Canadian women and their children in the long term after a shelter stay has simply not been well documented.

A lack of resources may force a return to an abusive partner (Dobash et al., 2000; Greaves, Heapy & Wylie, 1988; Prud’homme, 1994; Rothery, Tutty & Weaver, 1999). One quarter of the women in the Project Haven shelter study (Weisz, et al., 1994) had difficulty finding affordable and safe housing whereas women with independent financial resources were less likely to return home after a shelter stay. The lack of safe affordable housing could result in women returning to abusive relationships out of desperation (DeKeseredy & Hinch, 1991).

Little is known about what distinguishes women who return home directly from the shelter, those who attempt independent living, and those who successfully manage to live independently. Sometimes, women may simply not see viable options: McDonald (1989) reported that 78 percent of second-stage

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shelter residents believed that, apart from the transition house, their only choice was to return to the battering relationship. Ninety per cent of the women in that study had arrived at the second-stage shelter bereft of possessions, clothing, or money, indicating the extent of their need. After leaving the second-stage shelter, the women were found to have “more internal control and more social independence at six month follow-up compared to what they experienced when they entered the house” (McDonald, 1989, p.122).

In their similar study, Schutte, Bouleige, and Malouf (1986) found that women who returned to an abusive relationship were significantly more likely to have low self-esteem and to see themselves as responsible for the violence. Johnson et al., (1992) found that seven of the ten women in their study returned to an assaultive relationship because they feared that the abuser would find and harm her, or kidnap the children. Such fear was particularly potent in the face of inadequate legal restrictions or police enforcement. While a woman may find security in a shelter, realistic fears about her own safety and that of her children are likely to resurface once she must re-establish herself in the community (Tutty, 1996).

Other researchers have focused on women who return home but must be readmitted to shelter because their partners became abusive once again. Wilson et al. (1989) found that women who re-entered shelters were more likely to lack income and had more and younger children. A supportive network of friends and family, working outside the home and participating in support groups, was associated with the cessation of abuse. Each of these factors entails the women being more connected to social supports and less isolated. Women who use shelters are often disadvantaged by not having sufficient income or not being employed (60 percent in Wilson et al., 1989). A successful transition to independent living therefore likely entails access to income support and/or job training or upgrading, both of which initially involve spending rather than earning money.

A longer view of what happens to abused women is necessary. Several recent studies have followed women for several months to a year past their shelter stay. Tutty and Rothery (2002) interviewed 64 women between four and six months after they had lived in a shelter. At follow-up, the majority (90%) were living independently of their abusive partner. Of these, about one-third (31%) had some contact, mostly because of child visitation. Several studies evaluating follow-up and advocacy services (Sullivan & Bybee, 1999; Sullivan, Basta, Tan & Davison, 1992; Sullivan, Campbell, Angeliq, Bybee & Davidson, 1994; Tutty, 1993; 1996), each found support for extending services to abused women three months to a year beyond shelter stay.

Furthermore, an update three years later on the same women that had received advocacy after a shelter stay (Bybee & Sullivan, 2005), showed positive effects on quality of life and social supports but not on revictimization (19% of the women had experienced re-abuse: 75% by the same partner and 25% from a new partner). Being revictimized was associated with a number of other factors including difficulty accessing resources, problems with the state welfare system and having difficult persons in their social network. Women were at less risk if they were employed, saw their quality of life more positively and had supportive individuals in their network

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As mentioned previously, abuse often continues post-separation, and the hazards associated with leaving an abusive relationship are of concern for months (Ellis, 1992), long past the residency allowance in most emergency shelters. Threats against the woman and her children often recur when she leaves the security of the shelter and must re-establish herself in the community where protective resources are not as available (Tutty, 1996). Such threats and the fears they engender may provoke a reunion with an abusive partner (Johnson, et al., 1992); without adequate legal protections, a woman may conclude that the safest response to escalating risk is to return to a dangerous relationship.

If a woman decides to leave her partner, she faces a myriad of other decisions about supporting herself and her children, finding accommodation, and coping with pressure to return to the abusive relationship. Furthermore, women are at enhanced risk of being seriously injured or even murdered when separated from their partners. Wilson and Daly (1994) found that a higher incidence of common-law relationships, separation from a partner, belonging to an ethnic group, including being of Aboriginal origin, and greater age differences, were associated with spousal homicide. Once a woman leaves the shelter she may well be vulnerable to further abuse; therefore, many women remain at considerable risk and in a state of anxiety long after they have left the security of a transition home.

In summary, leaving an abusive spouse requires addressing many issues including housing, accessing adequate income, whether through social assistance or employment, child care, children's emotional reactions to the separation and the myriad pressures of single parenthood. The process of leaving is complex and we still know little about what women need to assist them in making the transition to a violence-free life. Research clearly suggests that shelters are an essential resource – necessary, albeit not sufficient, by themselves. However, relatively little research has, until now, documented how abused women see these services and how the services do or do not address their needs.

Women leave abusive relationships as much for the sake of their children as for themselves. Giles-Sims (1983) found that two critical reasons for a woman to leave were the fear that her children might be hurt, and concern that the children had witnessed the abuse. MacLeod's Canadian study (1987) concluded that abuse of children by their father or a father figure was a major reason why women sought admission to an emergency shelter.

Children are another reason why some women return to abusive partner relationships. In Smillie's (1991) interviews with several women who returned to their husbands despite having maintained themselves independently in the community for over a year, the women reported difficulties both with the stresses of being a single parent and with the children's behaviour. In Tutty's 1993 research on a shelter follow-up program, women reported similar difficulties and also felt guilty about depriving their children of a father. They were often pressured by their children to reunite the family, similar to the wishes of many children whose parents are divorcing.

### DIVERSITY AND VIOLENCE AGAINST WOMEN

While violence against women occurs across all age groups, socio-economic status, religions and racial backgrounds, some groups have unique features that make it more difficult to disclose abuse or receive assistance such as seeking shelter. The point is not that some groups are more abusive than others, but

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that societal inequities such as poverty and institutionalized child abuse leave some groups more vulnerable to abuse.

This section provides an overview of issues specific to women of Aboriginal background, women who are immigrants or from visible minority groups, lesbians, disabled women and older women. In each instance, the power inequities inherent in woman abuse intersect with other rights-based issues: racism, homophobia, ableism and ageism. The intersectionality results in difficulties disclosing and addressing woman abuse, and adds to the complexity of analyzing the impact. Nonetheless, the serious impact and potential lethality of woman abuse suggests that it must remain prominent in considering the experiences of the women represented in each group.

Women of Aboriginal and Métis backgrounds have long reported higher levels of intimate partner violence<sup>1</sup>. While the abuse must be seen in the context of the oppression of Canada's indigenous people through colonization, the residential school system, racism and substance abuse (Hodgson, 1990; Brownridge, 2003; Shepard, 2001), the rates of abuse remain startling.

In 1994, LaRocque described domestic violence in First Nations and Métis communities as a problem that “demands urgent study and action. There is every indication that the violence has escalated dramatically” (p. 72). LaRocque mentions a widely-cited 1989 study conducted by the Ontario Native Women's Association that estimates that eight of ten Aboriginal women in Northern Ontario had been abused. LaRocque highlighted the “growing documentation that Aboriginal female adults, adolescents and children are experiencing abuse, battering and/or sexual assault to a staggering degree” (p. 72).

Women and children from Inuit communities are also vulnerable to abuse. As the Canadian Panel on Violence Against Women noted, “Few groups in Canada have undergone as dramatic a change to their condition as Inuit during the last 40 years, change which has rocked the very strength that kept societies healthy” (p. 102, 1993). The authors of the Canadian Panel report noted that, while no research has been conducted on the extent of the abuse against Inuit women and children, “From the limited information available the situation is alarming” (p. 108).

The Canadian Panel on Violence Against Women also stated that, “Injuries sustained through violence are included in the Number One cause of death” of Aboriginal women (1993, p. 186). In terms of the children, Dumont-Smith wrote:

Aboriginal children come into the world disadvantaged. They are most likely to be born into poverty, to witness or be victims of violent behaviour in the home or community and to live in an overcrowded or substandard house (p. 279, 1995).

The recent 2005 General Social Survey (Statistics Canada, 2005a) reported that women and men of Aboriginal origin were three times more likely to be victims of spousal violence than non-Aboriginals (21% vs. 7%). Aboriginal women are more likely to experience emotional abuse (36% vs. 17%) and experience more serious forms of violence at the hands of their intimate partners. They are more likely than non-Aboriginal women victims to report being beaten, choked, threatened with or had a handgun or knife used against them, or been sexually assaulted (54% vs. 37%). As a result of the abuse, they

<sup>1</sup> This comment does not speak to the racial background of the abuser

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sustain more severe injuries than non-Aboriginal victims (43% vs. 31%); and report higher rates of fear: 33% reported that they feared for their lives compared to 22% of non-Aboriginal women victims.

The overlapping dynamics of racism, cultural values and codes of silence are complex pressures that make it difficult to leave one's family and community, which are often important aspects of Aboriginal women's lives. Aboriginal women often report tremendous pressures to either remain silent or endure violence within the community. They face strong sanctions for involving someone from outside to get help, and especially for involving the criminal justice system (Barker-Collo, 1999; Brownridge, 2003; Shepherd, 2001). Furthermore, Aboriginal women from northern and remote communities often have the additional challenge of finding services specific to their culture (McGillivray & Comaskey, 2000; Thomlinson, Erickson & Cook, 2000).

All of these important factors may amplify the barriers for abused Aboriginal, Métis and Inuit women, making it difficult for them to leave their abusive intimate partners and their communities. The strength of extended family is a feature of some Native populations that can either protect victims of abuse, or conversely, perpetuate abuse by discouraging disclosing it outside the family.

Women who immigrate to or are members of visible minority groups in Canada face many issues beyond what abused women experience in the "mainstream" society including powerlessness and racism in the larger culture (Mann, 1995; Smith, 2004), isolation (MacLeod & Shin, 1990; Mehotra, 1999), loss of informal supports such as family of origin and loss of work (Anderson, 1993).

The process of immigrating can create or intensify already-existing family conflict through culture shock, changes in family roles and loss of status and supports (Gill & Matthews, 1995). Following immigration, women may experience numerous challenges or barriers to accessing much-needed resources. Immigrant women have been denied Canadian employment services for job training, as well as ESL, so their financial options are more limited (Mann, 1995). The discriminatory manner in which nations treat immigrants is perhaps an endorsement for abuse, or an indicator to how families will be treated within those cultures (Levesque, 1994).

Some immigrants have a powerful fear of authorities including the police and social workers, because of the possibility that they could be deported (Tutty, Thurston, Christensen & Eisener, 2004). These fears may be based on their experience in their country of origin (Mann, 1995). However, this may also prevent them from reporting intimate partner violence to authorities or services (Ho, 1990; Pratt, 1995).

Immigrant women have numerous valid reasons for not informing authorities such as the police of their abuse. Coomarasamy (cited in Pratt, 1995) suggests three major concerns: the potential impact of the criminal justice system on her husband's immigration status; a belief that an arrest is the same as a criminal record and fear that if a husband is arrested that he may be deported or have his citizenship delayed; and that women do not trust the criminal justice system to mete out a suitable or fair punishment.

Brownridge and Halli's secondary analysis of Canada's 1999 General Social Survey data (2002) concluded that, of women who experienced the most severe domestic violence, most were immigrant women from developing countries, then Canadian-born women, then immigrant women from developed countries. The authors further suggest that younger immigrant women, those with children,

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with higher education than their partners, and with partners who demonstrated sexually proprietary behaviour were most at risk of being abused.

Abuse in lesbian relationships has recently become recognized as of concern (Chesley, MacAulay, & Ristock, 1998; Ristock, 2002). Lesbians may physically, sexually and emotionally abuse their partners. A unique feature of abuse in homosexual couples is the threat to “out” the other, which is a powerful control mechanism in a society in which homophobia still exists.

Farmer and Young (1994) described several unique problems in transition houses when abused lesbians seek refuge. First, shelter staff may not know whether the woman presenting is the victim or the batterer. It is not uncommon for the lesbian who is abusive to also seek shelter, perhaps characterizing herself as having been emotionally or physically abused herself. Since both women have access to the same services, this creates a barrier to feeling safe that is unique to the experience of lesbian residents. Service providers may ignore the need for services for lesbians who have been abused if they subscribe to the belief that such abuse is mutual. To address such issues, Farmer and Young suggest training for transition house staff and, ideally, the creation of transition houses specific to lesbian women who are victims of abuse.

Although we have some information on the incidence of older adult abuse, it is limited. The reasons for this are that research methods vary; researchers utilize various definitions of abuse; a lack of public awareness and; a reluctance or inability among older adults to recognize or report abuse against them (Kinnon, 2001). In 1999, 7% of seniors in Canada reported experiencing some form of emotional or financial abuse in five years preceding the survey (Statistics Canada, 1999).

In the National Study on Abuse of the Elderly in Canada: The Ryerson Study (Podnieks, 1992), telephone interviews with 2000 older non-institutionalized adults found that 4% (an estimated 100,000 across Canada) had been mistreated in some manner. Women and men were equally likely to be victims. While the most common forms were financial and psychological abuse, the victims of psychological and physical abuse were more likely to be married. Brown and Hall (2004) examined Canada’s 1999 General Social Survey data, and concluded that seniors with few external resources and a change in marital circumstances were most vulnerable to abuse.

While the image of the abuse of older adults is often that of a grown child or caregiver abusing a senior, a large proportion of such abuse is perpetrated by a partner. Chapman (1997) characterized this phenomenon as “wife assault grown old”: noting that the fact that much of the violence is actually woman abuse that occurs over many years, is often misunderstood by the general public.

Weeks, Richards, Nillson, Kozma and Bryanson (2004) critique the gender neutral discussion of the abuse of older persons, pointing out that the majority of seniors in Canada are women. Hightower, Smith and Hightower (2001) similarly plead for more recognition of the unique circumstances of older abused women.

It has been well-established that women with disabilities are at an increased risk to being abused (Hassouneh-Philips, McNeff, Powers & Curry, 2005; Nosek, Foley, Hughes & Howland, 2001; Ticoll, 1994). Disabilities are a factor both for women who have disabling conditions and are, thus, more

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vulnerable (Howland, 1998; Nosek, 2005), and disabilities that are a result of having been abused (Sobsey, 2002).

### SOURCES OF ASSISTANCE FOR WOMAN ABUSED BY INTIMATE PARTNERS

Shelters became important because traditional services, including medical, child welfare, mental health, police and the judiciary, did not, and still often do not provide the necessary help for battered women (Davis, Hagen, & Early, 1994; Johnson, Crowley, & Sigler, 1992, Tutty, in-press-b).

Since physical injuries are a frequent result of intimate partner abuse, health initiatives include training physicians, nurses and dentists to screen patients for domestic violence, whether in the emergency room or clinic. Public health nurses, who often conduct home visits as part of their jobs, often similarly screen for abuse (Dickson & Tutty, 1996).

In 1998, Conti estimated that, although fewer than 15% of abused women ever seek medical care, about three quarters of women that do seek care use hospital emergency departments, often presenting with complaints that do not indicate abuse. Varcoe (2001) suggests that only 2% to 8% of trauma patients in emergency rooms are identified as abuse victims, even though research strategies and identification protocols identify abuse in approximately 30% of the same population. Furthermore, women using emergency departments are unlikely to disclose abuse unless asked directly (Ramsden & Bonner, 2002).

Chang et al. (2005) interviewed 21 women who had been abused by intimate partners about what they wanted from the health care system. The women did not appreciate simply being told to “go to a shelter” without a more in-depth discussion of their personal circumstances or need, and they were clear about not wanting the abuse reported to the police. What they most wanted was an intervention that took into consideration both the complexities of their lives and that they were at different stages in their readiness to address the abuse. They emphasized assistance that provided safety, autonomy and privacy.

The criminal justice system, including the police as the street-level bureaucrats who enforce policies about responding to domestic assaults, is a key player in protecting women from harm. Some communities have developed specialized police services and courts to hold the perpetrators of abuse more accountable for their violence (Tutty & Ursel, 2005). Encouraging though these developments are, they function best in a system in which victims are given a voice throughout.

Changes in legislation will also affect which services need to be available. For example, provincial civil legislation such as the Saskatchewan Victims of Domestic Violence Assistance Act and Alberta’s Protection Against Family Violence Act allow abused women to stay in their homes while the men are removed through the provision of 24-hour emergency intervention orders available from certain Justices of the Peace. These orders can offer a victim exclusive possession of the home, allow police to remove an abuser from the premises, restrict communication or direct police to accompany either the victim or the abuser to supervise the removal of personal belongings.

A major concern about the legislation is whether women can be kept safe in their homes (Tutty, Koshan, Jesso & Nixon, 2005). However, removing the partner is only deemed appropriate where the risk is

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considered low: if a woman or children were in danger they would be moved to a shelter. Interestingly, shelter occupancy rates in Saskatchewan, Prince Edward Island and Alberta have not decreased since these laws were enacted, suggesting that those affected by the legislation may be a different population of abused women. A number of provinces have looked at adopting similar legislation including British Columbia, Quebec and Newfoundland and Labrador. Each decided that the legislation would be prohibitively expensive to implement, and that it would be a mistake to do so without the specialized training programs for police and Justices of the Peace. Others have concerns about the safety of the women, noting that small and remote communities have limited police services.

Many abused women do not use shelters, and those who do need support that continues long after they are back in the community (Gondolf, 1998; Tutty, 1993; 1996). Support groups, shelter outreach and follow-up services complement residential shelter services, and the women tell us that they provide essential knowledge, resources and social support at a time when an escape from violence seems impossible. In summary, with expanded awareness of woman abuse, largely due to the efforts of shelter and women's advocates, new services and legislation have been developed to assist women and children to be safe and supported.

Shelters are necessary but not sufficient in themselves: they do an excellent job of protecting the safety of many women and helping them in the first step to a violence-free life. The safety and support offered to shelter residents and the children have been essential in assisting many to leave abusive relationships and start a new life (Dziegielewski, Resnick, & Krause, 1996; Tutty & Rothery, 2002a; Tutty, Weaver & Rothery, 1999). How they developed in Canada and their common features is the focus of the next chapter.

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Clearly, the consequences of the abuse of women by their intimate male partners are serious and can be life-threatening. Shelter organizations have taken the lead in providing not only residential care for women and children fleeing abusive relationships, but also advocacy and counselling for shelter residents, and women and children in the community affected by violence against women. How did shelters become the mainstay of the movement to stop violence against women? This chapter documents the history of shelters in the Canadian context, and highlights ongoing issues, including funding, staffing and other challenges.

Raising the profile of the serious nature of woman abuse and the cost to the women, their children and society was a long, taxing process, which many would argue is not yet completed. The first to identify that a significant proportion of women were suffering physical and sexual abuse from their intimate partners were members of the women's movement who, during the 1970s, participated in consciousness raising groups, women's drop-in centres, health centres and action groups (DeKeseredy & Hinch, 1991; Gilman, 1988, Lakeman, 2005). While many of these groups were supported financially by the Secretary of State Women's Program and federal and provincial Status of Women's councils (Hebert & Foley, 1997), some remained independent and autonomous.

Women who leave an abusive relationship often lack important basic necessities such as housing and financial resources. Services to provide these were either not developed or were scarce. Some women's drop-in centres began to provide overnight accommodation, and some families volunteered the use of their homes for refuge, called "safe-houses". However, according to Flora MacLeod (1989) the need for larger safe facilities with trained staff and sufficient accommodation for children soon became apparent.

With grass roots groups of activists bringing about legislative changes to protect women's rights and establish emergency shelters to provide refuge for otherwise unprotected women and children, transition houses gradually developed across the country (Denham & Gillespie, 1998). Even today, shelters remain the primary way to protect women from assaultive partners.

The first shelters in Canada opened in 1973. These included Vancouver's Transition House, Ishtar in Langley, B.C., Oasis House (now Calgary Women's Emergency Shelter) in Alberta, Interval House in Toronto and Saskatoon's Interval House, each of which seemingly developed with little or no knowledge of the others (Hebert & Foley, 1996; F. MacLeod, 1989). Gillian Walker (1990) commented that "Houses were being set up in Toronto, in the United States and in Europe during the early 1970's, but, in fact, we knew little about each other's activities at the time" (p. 22).

By 1975, eighteen shelters had been established; another 57 opened between 1975 and 1979 (Rodgers & MacDonald, 1994). While diverse organizations were involved in their development, feminist and women's groups (Vis-à-vis, 1989a; Gilman, 1988) were responsible for most.

As Gilman described the early days, many of the staff were volunteers and included former residents. If staff members were paid, it was minimum wage, more often than not through short-term Canada Works grants. The major source of financial support was donations from the local communities. For many years, shelters struggled to keep food on the table, relying on regular donations from private community groups. Shelters secured funding through whatever means available such as the United Way.

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Many of the early shelters operated as collectives. Abused women were not seen as “clients”, nor were they “cared for” by shelter staff. According to McDonald (1989) they were:

*encouraged to confront the problems of women and take action. Services are at a minimum and the shelter by definition is horizontally organized, leadership is situational, and decisions are made by consensus (p. 114).*

Linda MacLeod’s 1980 report, “Wife Battering in Canada: The Vicious Circle”, commissioned by the Canadian Advisory Council on the Status of Women, has been credited with raising the profile of woman abuse to a national level. Some women’s organizations endured a long struggle to convince governments to finance at least a portion of transition house budgets. For example, in Newfoundland in 1975, the Status of Women Council submitted a grant application to the Department of Social Services, which, in addition to a subsequent application to the province, was turned down. It took six years before St. John’s Transition House ultimately opened in 1981 supported by provincial funding (Hebert & Foley, 1997). By the mid-1980s, many shelters received provincial funding to cover their operating costs (DeKeseredy & MacLeod, 1997).

Although the provincial and territorial governments are currently responsible for funding shelters, the federal government has also played a significant role. Since 1978, the “special purpose” Non-Profit Housing Program of Canada Mortgage and Housing (CMHC) has provided capital assistance for a considerable number of the emergency and second-stage shelters built prior to 1988 (Weisz, Taggart, Mockler & Streich, 1994). The capital funds could be used to construct new buildings or purchase and renovate existing structures.

A period of rapid growth for shelters in Canada took place between 1988 and 1992, when funding from the federal government through CMHC Project Haven (1994a) supported the building of 78 shelters (458 units) with the provision of 22.2 million dollars. This added about 20% to the capacity of Canadian shelters. A central goal of Project Haven was to build shelters in underserved areas. One third of the new units were for Aboriginal communities, another third served women in rural regions. A second phase of the project, entitled the Next Step Program, provided funding (\$20.6 million) primarily for longer-term second-stage housing, developing 62 more transition homes. In 1994, Weisz and colleagues noted that “It is estimated that of the more than 380 shelters and transition houses in Canada, about half of these facilities have been funded, in part, by the federal government” (p. 7).

As a result of hard-won social change, governments were convinced to fund social programs for women. The shift to accepting government funding included a requirement to adopt a non-profit organizational model of governance and a social services perspective that views women as clients. Shelter staff, originally grassroots VAW advocates who were active participants in a social change movement were increasingly replaced by professionally-trained counsellors. Advocacy roles were restricted by the new funding models. Another shift was that fewer shelters functioned as collectives, although some still do. The decrease in collectives was not necessarily because they were ineffective. The concerns were about the reality of power – some women having more power than others within the collective.

Furthermore, the need to broaden the services within the shelter to children and beyond the walls of the shelter has led to developing new programs such as outreach programs (for abused women who

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have no immediate wish to go to a shelter) and follow-up programs (for former shelter residents). This has resulted in more complex management models, ones that made it difficult to make decisions using non-hierarchical means. Nevertheless, a feminist ideology, which views staff and residents as equal partners with vested interests in maintaining the transition home, remains key to most shelters (Beaudry, 1985).

Mann (2000) suggests that three shelter models have emerged since the 1970s, which she labels as follows:

*The first is a feminist, liberationist or collective model, characterized by strong, even radical, feminist ideology and non-hierarchical decision-making practices. The second is a non-feminist, professional protectionist or hierarchical model, grounded in mainstream social service or therapeutic ideologies and traditional organizational practices. The third is a pro-feminist model, a model that combines feminist and professional approaches. (Mann, 2000).*

Mann raises concerns about the third model, in which “Staff typically assume the dual role of counsellor to, and advocates for, ‘clients’. Here, hierarchical organizational practices prevail, practices that maximize efficiency and accountability”. If nothing else, the shift to professionalize shelter staff has affected the spirit of internal camaraderie in some shelters, with grassroots and professional staff sometimes in competition (Tutty & Rothery, 1997). Moss (2002) raises a number of concerns about this shift as well. The tension is rooted in the notion that professionalization moves shelter practice away from advocacy and social change and into the realm of individual-focused service. As we see later, however, advocacy remains a critical aspect of shelter service in Canada.

The racialization in the women’s movement – that women in positions of power were predominantly White women, so women of diverse racial backgrounds did not feel part of the decision making process within the existing collectives - is a more recent critique that has affected how services are offered to all women affected by violence. As a result, a number of shelters have developed anti-oppression frameworks to equalize power within the shelter.

### THE CURRENT STATUS OF SHELTERS IN CANADA

The number of shelters in Canada has increased over the last decade and a half. In 1988, Gilman noted the existence of more than 265 first- and second-stage shelters across Canada; in 1994, MacLeod estimated the existence of over 400 first and second-stage Canadian shelters. The latest Transition House survey, conducted in 2003/2004 by Statistics Canada (2005b), was sent to 543 shelters known to provide residential services for abused women (with 473 completed surveys returned). It should be noted that not all of the shelters provide services exclusively to abused women; but some also serve homeless women and those facing other difficulties. In the year ending March 31, 2004, 95,326 individuals (58,486 women and 36,840 dependent children) were admitted to these shelters. While a minority of these simply needed housing, most (more than 82%) were leaving abusive homes. This number was slightly down from previous years.

According to the 1999/2000 Transition Home Survey, most Canadian shelters offer in-house short term counselling (90%), advocacy (89%) and specialized services for older women (84%). More than two-

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thirds of the children residing in shelters were offered individual counselling (69%) or group intervention (54%).

The majority of the 473 Canadian shelters that completed the 2003/2004 Transition Home survey are “first-stage” transition homes, offering shelter for an average of three weeks. A smaller number, about one-fifth, are “second-stage” shelters providing accommodation for six to twelve months, typically to former residents of first-stage shelters for whom a longer-term secure facility is necessary because their abuser remains a danger to them (Tutty, 1999).

A new trend in the latest Transition House Survey is that one-fifth of shelters (including general emergency and women’s emergency shelters) accommodate those with problems other than or in addition to abuse by an intimate partner. Several newer types of shelters include safe home networks, rural prevention centres to address intimate partner violence in Alberta and Ontario’s Family Violence Resource Centres, many of which were developed for rural communities where a full shelter would be impractical from a resource perspective. About 7% of the shelters were on First Nations reserves and less than half of these were emergency shelters. Nevertheless, utilizing networks and safe-homes without the safety provisions of a full violence against women shelter is controversial and the safety of residents and staff could be at significant risk.

Individual emergency shelters in urban centres serve 1000 to 1500 women and children each year, whereas in rural areas the numbers are slightly lower. Of great concern is the fact that many shelters are turning away almost as many women and children as they are sheltering each year because they have no room to accommodate them.

It is clear that not all women leaving abusive relationships require shelter services. The 1993 Violence against Women survey reported that only 13% of such women had used shelters (Rodgers, 1994). The 2004 General Social Survey (Statistics Canada, 2005a) reported that only 11% of women who had experienced spousal violence in the past five years had contacted a shelter, with about 6 to 8% who actually use a residential service. The 1999 General Social Survey reported that 11% of abused women had used shelters: the majority stayed with friends or relatives (77%), moved into a new residence (13%) or stayed in a hotel (5%). One conclusion from such findings is that transition homes are serving those who need them most, providing “options for women who have few options” (Weisz, Taggart, Mockler, & Streich, 1994).

### FUNDING DILEMMAS

Funding has been a perennial problem for transition houses (L. MacLeod, 1989; Vis-à-vis, 1989b) and was the number one challenge mentioned in interviews with provincial shelter association coordinators (Tutty, 1999a). Respondents noted that across federal and provincial governments virtually all social agency funding has been cut, so shelters are not alone in adapting to down-sizing. However, since shelter budgets have never been large, even small reductions cut to the bone. Given this, it is notable that, in most regions, shelters have remained intact, a recognition of the extent to which they are viewed as essential.

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Importantly, cuts to the Canadian social safety net affect abused women in other ways, by making it more difficult to qualify for social assistance, or to find alternative housing, in particular. Across the country, women stay in shelters longer because they cannot secure financial assistance or find affordable housing. Cuts to health and mental health services have led to a reported increase in residents with significant mental health and substance abuse problems. There may be few services in the community that can assist shelter staff in addressing their needs appropriately and these women also have great difficulty finding and keeping accommodation after leaving the shelter. Other cuts to essential supports such as legal aid, child care and community counselling have seriously eroded the “safety net of programs” needed to facilitate women’s freedom from violence (Chapman & Breitzkreuz, 1995; OAITH, 1996).

The provincial departments responsible for funding shelters vary and include Health, Social Services, and Children’s Services. In many provinces and at the federal level, other ministries also offer services of relevance to woman abuse. Each has a mandate much broader than solely providing safety to abused women. In the realm of other programs to address woman abuse, these ministries are typically responsible for services to a wide range of members of the public including abused children, victims of sexual assault, and those with mental health or substance abuse issues. Most also have the mandate to promote public awareness and to fund prevention programs. From the governmental point of view, while they are committed to protecting abused women, they have a host of other funding responsibilities.

Shelters, like any residential facility, are unquestionably expensive, a fact that has led to criticism. The McGuire report (1997) queried the high proportion of Ontario dollars to address woman abuse (60%) that were used to maintain transition houses. The report implied that shelters should provide safety differently, although it did not specify how, nor did it appear to consider the extensive services that transition houses provide to non-residents. The report received considerable criticism from the YWCA and other advocates that viewed the report as an attempt to relieve governments of the obligation of social service provision. Notably, its implementation was halted by the activism of women anti-violence advocates, and the subsequent Ontario Ministry for Women’s Issues Agenda for Action (1997) reaffirmed its commitment to maintaining safety and crisis intervention services, shelters among them.

With respect to the cost-effectiveness of shelters, the Project Haven evaluation (1994a) calculated that three to four times the number of non-residents were provided services compared to shelter residents each day, and at a small portion of the cost of a shelter stay. When such figures are factored into discussions about cost, criticism of funding to shelters seem even less defensible. For women who do not utilize shelters at all, simply knowing that the facility exists provides them with information about abuse and the sense that they can choose to use the service if needed.

At least two major issues for shelters can be discussed under the umbrella of funding. The first is that most shelters struggle to make do with limited resources. The second is that many provinces fund only the internal house activities, despite the fact that shelters extend support to abused women beyond their stay and provide many services to non-residents.

The funding that most shelters receive from their provincial/territorial governments has never covered the total costs of providing shelter. Shelters are typically reimbursed for 65 to 80% of their costs, with

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the rest made up from fund-raising activities. Poorer provinces and territories, in particular, have fewer resources to fund shelters, and the expectation that the communities will contribute a portion furthermore creates difficulties for poorer regions and rural/northern regions that have a much smaller population base.

Wages for shelter staff have traditionally been low: in some provinces and territories, front-line workers' pay has been described as "desperately low". Over the years, provincial funding models have typically offered some increased wages, but seem based on a view of shelter workers as semi-skilled. It is impossible to compare wage levels across regions, because economic conditions vary widely and workers are not necessarily paid for regular work-week hours. Furthermore, benefits are not necessarily included in these packages. That being the case, the continuing dedication and hard-work of shelter staff, despite relatively low wages, is commendable.

Most shelters continue to "do it all" by working within the constraints of their current budgets. For example, several creative programs have been funded by paying the night staff less money by allowing them to sleep, giving staff pagers or temporarily closing down beds. These are controversial decisions, but are typically made only after other avenues for additional funding have been exhausted. The current funding model leaves shelters in some provinces with little flexibility, since they are already functioning with minimal services. Most shelter directors and boards spend a considerable amount of time applying for grant money and conducting community fund-raisers.

Another way to look at funding is to envision what constitutes the minimum level and range of services that "should" be funded. There is considerable debate about what to include as "basic" shelter services. From the perspective of shelters, staff have long recognized that the safety of abused women and children extends beyond the shelter walls, back into the communities. As early as 1989, Linda MacLeod was advocating for follow-up and outreach activities to be funded in addition to the front-line staff.

If standards could be adopted across Canada to fund a minimum of one follow-up/outreach worker and one child care worker for each facility, this would go a long way towards improving services to residents and non-residents. The follow-up workers could provide support to women in second-stage or interim housing, where such support is not provided by the shelter. Offering outreach/follow-up services addresses not only the crisis, but can be seen as prevention, especially when working with children who may become the next generation of victims or perpetrators of woman abuse.

A final significant funding issue is with respect to the provincial/territorial associations of transition houses, some of which receive little or no provincial funding. The value of these organizations as information and training resources - as well as providing a forum to share ideas about innovations for addressing some of the challenges facing most shelters - should be evident. Opportunities to consult in person are rare. Without such chances to interact, provincial associations have few opportunities to broaden their views and learn from each others' best practices. Creating a national organization that would provide a coordinating function and could permit the sharing of ideas would be ideal. With limited budgets, the provincial groups are unable to consult with one another.

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### ARE SHELTERS AND SHELTER PROGRAMS EFFECTIVE?

While emergency shelters for battered women are perceived as critical resources in most communities, they remain relatively unstudied. Although American surveys of abused women have rated shelters and support groups as among the most effective help sources (Gordon, 1996), few studies have been conducted on the long-term effectiveness of emergency shelters.

Much of the large body of published research on women in shelters focused on identifying common characteristics of women who are abused, or organizational issues and features of the shelters. From this research we know that women who seek shelter are likely to have experienced serious and chronic abuse, and as a result, many experience a number of symptoms including depression, post traumatic stress and low self-esteem (Tutty & Goard, 2002; Tutty, 1998).

How can one best evaluate the role of shelters? Wathan and MacMillan's 2003 article reviewing evidence about interventions for violence against women states that, "No high-quality evidence exists to evaluate the effectiveness of shelter to reduce violence" (p. 589), meaning that the studies that they reviewed were not randomized clinical tests. However, using research methods that randomly assignment women to research conditions such as shelter or no-shelter condition is simply not possible, nor would it be ethical.

These authors note that studies conducted by Sullivan and colleagues did use a random clinical trial design, randomly assigning some shelter residents to receive advocacy and counselling post-shelter, providing strong evidence for their efficacy. This series of studies demonstrated that these services had a significant impact on the women's ability to access resources, better social supports and greater quality of life (Sullivan, 1991; Sullivan & Davidson, 1991; Sullivan, Tan, Basta, Rumptz & Davidson, 1992). Ultimately, those receiving advocacy and counselling did experience less physical violence (but not psychological abuse) compared to women who did not receive the services both after the intervention and two years later.

Furthermore, conceptualising the reduction of violence as the main outcome variable is questionable since women have little control over being the recipient of violence. They may leave to go to a shelter and may remain safe while in residence, but once they leave, it is the responsibility of the abuser to stop the violence. Given that women have little control over this, using violence reduction as an outcome seems rather like blaming the victim.

The following evaluations of shelters and shelter programs primarily use exploratory or descriptive research designs. Many include qualitative components that allow the women to present their own perceptions of their shelter involvement. We argue that this has value above and beyond experimental design methodology.

Recent Canadian evaluations support the importance of shelters (Grasley, Richardson & Harris, 2000 [focuses on 6 shelters in Ontario, one the YWCA St. Thomas-Elgin]; Tutty & Rothery, 2002a; Rothery, Tutty & Weaver, 1999; Tutty, Weaver & Rothery, 1999; Tutty, Rothery, Cox, & Richardson, 1995 [all with respect to the YWCA Calgary Sheriff King Home]; Canada Mortgage and Housing Corporation, 1994), and shelter follow-up programs (Tutty & Rothery, 2002b; Tutty, 1993, 1996) in providing safety and assisting the transition to a life separate from an assaultive partner.

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Similarly, a recent study in a shelter in Israel (Itzhaky & Ben Porat, 2005), found significant improvements from the first week to three months later in self-esteem, empowerment (personal, with professionals and with services), well-being (satisfaction with life & hope). Note, however, that a three-month residency is longer than what is available in emergency shelters in Canada: it is more similar to second-stage shelters.

Several evaluations have also been conducted on second-stage shelters. Russell (1990) reviewed four such Canadian shelters including the YWCA Munroe House in Vancouver (Barnsley, Jacobson, McIntosh, & Wintemute, 1980), Safe Choice in Vancouver (Russell, Forcier & Charles, 1987), Discovery House in Calgary (McDonald, Chisholm, Peressini & Smillie, 1986), and Women in Second-stage Housing (WISH) (Scyner & McGregor, 1988). Although the results of the four diverse studies are not directly comparable, all of the programs asked about consumer satisfaction. Individual counselling was seen as helpful for both the women and their children. Russell (1990) reported that the residents commonly valued individual counselling provided to them and their children – though, not surprisingly, needs vary and not all women require the same types or levels of help.

Russell concluded that: “Given the prevalence of psychological concerns among women in shelter, reluctance to provide counselling services can be viewed as counterproductive and even dangerous” (p. 26). Many of the difficulties that the women reported in these studies are the expected tensions associated with communal living, including conflicts over children’s behaviour and varying child care practices. In Calgary, McDonald, et al. reported that women had “more internal control and more social independence at six month follow-up compared to what they experienced when they entered the house” (McDonald, 1989, p.122).

An evaluation of 68 second-stage shelters of the CMHC Canadian Next Step Program (SPR Associates, 1997) concluded that second-stage housing is a critical factor in women deciding not to return to abusive partners. In general, women who had stayed in the second-stage facilities were highly satisfied compared to those who had accessed other assisted housing options. As one would expect, finding affordable permanent housing on leaving second-stage facilities was a major concern for the women in the study.

Other key resources are support groups for abused women, which emerged from and often remain linked to shelters. Since shelter residents live communally, groups are an ideal medium in which to provide information about partner abuse. The value of the information is enhanced when residents share their own experiences and provide feedback to one another (Pressman, 1984). While most writers suggest that group intervention is preferable, Rinfret-Raynor and Cantin (1997) found that a feminist perspective, perceiving the violence in the context of male power, control and privilege rather than as marital disagreements, is more important than whether the counselling is in a group or individual format.

Canadian research on support groups demonstrates the efficacy of such intervention. In Quebec, Rinfret-Raynor and Cantin (1997) compared feminist support groups to feminist individual counselling to non-feminist individual counselling for 60 abused women. The variables were abuse, as measured by the Conflict Tactics Scales, self-esteem, assertiveness, social adjustment, marital assertion and dyadic adjustment. The authors found no significant differences between the approaches: women

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changed, on average, in all three. Tutty, Bidgood and Rothery (1993, 1996) found statistically significant pre-test/post-test improvements in areas such as self-esteem, perceived stress, attitudes towards marriage and the family and depression in their study on support groups in the Kitchener Waterloo region of Ontario.

Tutty, Rothery, Cox and Richardson (1995, cited in Tutty & Rothery, 2002b) conducted qualitative interviews with 32 women who had elected to attend a support group offered by the YWCA Sheriff King Home in Calgary. The support group members had a number of characteristics that differentiated them from another 54 women who had sought emergency shelter from the YWCA Sheriff King Home: support group members were significantly more likely to be legally married, were more educated and reported higher family income levels. With respect to their characteristics, the support group members experienced less severe levels of both physical and non-physical abuse from their partner and had significantly fewer previous shelter admissions (most, 72%, had never resided in a shelter before). Although the physical and non-physical abuse was less severe than that reported by shelter residents, all but six women described their partners as using some physically violent acts, and the reported levels of emotional abuse were substantial.

The interviews with 19 of the 32 women after they had completed the support group identified continuing issues, but some improvements. There was a mix of those still living with their assaultive partner and those who had left. At the time of initial interviews, five of the nineteen no longer resided with their partner. At follow-up, four to six months later, a further four women had left the abusive relationships. Understandably, the needs and issues of the women who had left their partner were different from those who had not. However, in evaluating their experiences in the support group, there were no important differences between women who remained with their partners and those who had already left. Both sets of women commented on the competence of the group leaders (in these 10 week groups, most of the leaders were social workers), the utility of the support that they received from fellow group members, and the value of information provided. As one group member commented:

*The group really helped me to identify what abuse was, to make sure that I wasn't taking responsibility for my husband's abuse, to make sure that I was clear that I wasn't deserving of it in any way.*

Dawn McBride (2002) recently completed an evaluation of women's groups at the YWCA Calgary Sheriff King Home. The large sample of 189 women reported significant improvements in self-esteem, depression and post-traumatic stress.

In the American state of Illinois, Bennett, Riger Schewe, Howard and Wasco (2004) recently looked at the effectiveness of shelters in concert with hotlines, advocacy and counselling services - a total of 54 agencies. Since pre-test measures were available only for the counselling interventions (which significantly improved at post-test), one cannot truly identify improvements for those who use services such as shelters. Furthermore, the characteristics of the women using each form of service may have been different at pre-test, so comparing at post-test is questionable. Nevertheless, the authors conclude that the outcomes were positive across services.

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### EVALUATIONS OF OTHER SHELTER SERVICES

Studies have followed women after their shelter stay to identify what they need to facilitate living violence-free. The authors of several studies on follow-up and advocacy services (Sullivan & Bybee, 1999; Tutty, 1993; 1996; Tutty & Rothery, 2002a), all support extending services to abused women beyond their shelter residency. Without such support abused women may be especially vulnerable to becoming homeless (Breton & Bunston, 1992).

In a 1996 Canadian study of women's perceptions of their children's needs in a shelter (Bennett, Dawe & Power), a number of respondents noted the importance of receiving assistance from staff in both addressing their child's issues, and getting information on parenting skills. Teaching parenting skills is controversial because it may be perceived as disempowering the mother by implicitly criticizing her behaviour when the abusive behaviour of the partner is clearly the reason for the family's distress. However, some models allow staff to support the mother in intervening more appropriately, rather than criticizing or offering advice in front of the children. Staff also requested more training in the developmental needs of children and methods of intervening that support mothers. Hilton's research in Ontario found similar concerns from mothers about the effects of the abuse on children (1992), as did Campbell and Heinrich (1991). In another study, Copping (1996) noted that over the course of their stay in one of five Ontario shelters, children gradually improved their behaviour.

Over the past decade, numerous programs have been developed to assist child witnesses either in shelters or in community-based programs (Topley, 1989; Tutty & Wagar, 1994), although most are for school-aged children eight years and older. Many such programs operate in shelters.

Despite the relatively widespread availability of groups for children exposed to woman abuse, research on the efficacy of such programs is rare. Exceptions are three evaluations of groups for children aged 5-13 years (Cox, 1995; Wagar & Rodway, 1995; McMillan, 2001) conducted on the children's programs offered by the YWCA Sheriff King Home in Calgary. The evaluations concluded that children in the treatment groups experienced significantly decreased anxiety, improved their attitudes and response to anger and decreased their sense of responsibility for both their parents and the violence.

In summary, although their most important concern remains the safety of their residents, Canadian shelters for abused women have changed dramatically over the years from being rather insular and isolated to being perceived as experts on violence against women within their respective communities (Tutty, 1999a). Not only have they led the way in acknowledging the significant negative and long-term effects of living in an abusive relationship, but they have often also been primary in developing new and innovative services.

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## CHAPTER THREE: THE NATIONAL YWCA SHELTER EVALUATION

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As noted in the Phase I report (Goard & Tutty, 2003), it was only a little less than 30 years ago that the first shelters for abused women opened in Canada. There is a vast amount of literature focusing on the dire effects of intimate partner violence on women, with the important goal of reminding the general public that this is a serious issue, warranting not only our concern, but government financial support.

However, rather than simply continuing to describe the plight of battered women, the next generation of research must focus on what needs and supports can assist their struggle to make a new life both in shelter and once they leave assaultive partners. How can we better ensure the safety of a mother and her children if she returns to an abusive partner? What societal resources need to be in place to assist the transition to a violence-free life, if she chooses to leave?

The current study describes the journey of 368 women mostly abused by male partners as they enter and leave emergency shelters in ten Canadian locations from coast to coast. In brief, it captures the nature of the abuse from their partners, what strategies they sought to remedy the abuse and whether these were helpful, what they hoped to get from shelter residence, what they got and whether this was useful and their plans for after they move back to the community.

Asking abused women to provide feedback on how shelters assist them and what they see as their greatest needs has not been done often enough. As documented in the literature review and the Phase I report (Goard & Tutty, 2003), recent Canadian evaluations support the importance of shelters (Grasley, Richardson & Harris, 2000 [focuses on 6 shelters in Ontario, one the YWCA St. Thomas-Elgin]; Tutty & Rothery, 2002a; Rothery, Tutty & Weaver, 1999; Tutty, Weaver & Rothery, 1999; Tutty, Rothery, Cox, & Richardson, 1995 [all with respect to the YWCA Calgary Sheriff King Home]; Canada Mortgage and Housing Corporation, 1994). Furthermore research also suggests that shelter follow-up programs (Tutty & Rothery, 2002b; Tutty, 1993; 1996) provide additional safety and assist the transition to a life separate from an assaultive partner.

However, these shelter studies were primarily in urban centres. Looking across the breadth and diversity of Canada, what are the special needs of women of Aboriginal, immigrant/refugee background? How do shelters in smaller, remote communities fare in addressing the needs of abused women? What other community and justice services assist or impede women in making the safest and best decisions? The proposed Phase II research answers at least some of these important questions.

### RESEARCH METHOD

The current study took place in ten Canadian shelters for abused women, nine of which were YWCA shelters: Kamloops (Y Women's Shelter), Yellowknife (YWCA Alison McAteer House), Calgary (YWCA Sheriff King Home), Lethbridge (Harbour House), Regina (YWCA Isabel Johnson Shelter), Brandon (YWCA Westman Women's Shelter), Sudbury (Genevra House), Toronto (Arise), Peterborough / Victoria / Haliburton (Crossroads) and a non-YWCA affiliated shelter in Yarmouth, Nova Scotia (Juniper House).

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The research comprised two major components:

1. Entry and Feedback surveys that were substantially standardized with some open-ended questions.
2. In-depth qualitative interviews with 20 residents, two to six months after they had left the shelter, to provide additional context to their shelter experiences.

Over an eight-month period, all new residents were invited to complete an Entry Survey and a Feedback Survey when they left (or at approximately 21 days). The Entry survey collected information on demographics, which services the women had accessed before they entered the shelter and what they hoped to gain from residing in the shelter. The residents also completed the Danger Assessment (Campbell, 2001) and the Impact of Events Scale-Revised (Weiss, 2004), a measure of PTSD related symptoms. The Feedback Survey asked about the extent to which the women's needs had been met during their shelter stay and what their future plans were regarding their abusive partner.

A Research Advisory team consisting of Leslie Tutty, the principle investigator, Jenny Robinson, the Project Director, and at least two representatives from each of the 10 shelter sites was created. This team met for a day and a half in Saskatoon in June 2004 to review the proposed measures and propose changes. A major consideration in reviewing the proposed measures was length. The meeting resulted in a substantial reduction of proposed standardized measures and a narrower focus on the women's response to and feedback to the shelters. The Research Advisory Committee met monthly by teleconference to review the research process and respond to any problems.

An External Reference Committee comprised of national representatives with expertise in violence against women was also convened at several points to provide feedback, which also resulted in revisions to the surveys and interview schedules.

The following were important research design considerations: the current project built on previous shelter research, including Grasley, Richardson and Harris' study of six shelters in Southwestern Ontario, Tutty and Rothery's work with two shelters in Calgary (Tutty & Rothery, 1999; Tutty, Weaver & Rothery, 1999), and the Alberta Council of Women's Shelter's exit survey (Reimer), utilizing measures developed or collected in each of these completed projects.

The measures were to describe the decision process to enter the shelter, what happened within the shelter and what women planned for their future on leaving the transition house. We also wanted to capture some changes in the shelter residents and to collect feedback about their experiences.

With respect to administering the measures, the surveys were developed so as not to create a significant burden on the residents. For example, the Entry Surveys were administered several days after arrival, respecting the fact that the women had recently experienced a significant life event that could have been traumatic. In addition, administering the surveys should not intrude significantly on shelter staff who often have busy work schedules.

Readability was a consideration, knowing that the residents would be from a broad range of educational/language backgrounds. The surveys were reviewed by all representatives from all of the shelters, and the pilot testing resulted in a number of wording changes.

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Ethical issues such as informed consent and confidentiality for both the survey respondents and interviewees were addressed by having the research methods reviewed and approved by the University of Calgary's Conjoint Ethics Review Board.

The Entry and Feedback surveys were pilot tested in four shelter sites in the fall of 2004. Revisions were made accordingly. The data collection proper took place from January 2005 until the end of August 2005. Table 1 contains a more detailed description of the variables included in the Entry and Feedback Surveys. The surveys are contained in Appendix One.

**Table 1: Entry and Feedback Survey Variables**

ENTRY SURVEY	FEEDBACK SURVEY
Demographics	
The nature and severity of the abuse that led to their shelter entry (pre-test only)	
Danger Assessment-Revised (Campbell, 2001)	
Checklist of strategies tried before current shelter stay (modeled on Grasley, Richardson & Harris, 2000).	
What women want from shelter checklist (Grasley et al., 2000)	What women got from shelter (parallel to entry survey)
Impact of Event Scale Revised (Weisz & Marmar, 1996) 22 items.	Impact of Event Scale Revised
	Information re. shelter stay (ACWS exit survey and shelter satisfaction questions developed for survey)

## RESEARCH RESULTS

The results section includes both the responses to the survey questions from shelter residents in the ten research sites and interviews with an additional 20 shelter residents who had completed the survey, several months after their shelter stay. The interviews add both context and depth to the survey responses and provide the experiences of a small number of women after their shelter stay.

It is important to note that the survey results are not intended to be representative of the demographics and responses to shelters across the country. While the shelters profiled in this research span the country, capturing a seldom-heard rural to mid-size shelter population, the results should not be generalized beyond the organizations included. As one example, the Toronto shelter is unique in its much longer average length of stay, resulting in fewer residents and, consequently, fewer respondents to the survey. If the sample from there had been larger, the number of immigrant and women from visible minority groups would have been greater, potentially changing the feedback and characteristics of the respondents on average.

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### WHO RESPONDED TO THE SURVEY?

A total of 368 residents completed either the Entry Survey within approximately three days of entering the shelter or the Feedback survey either on exiting or at about 21 days into their shelter stay (because some shelters allow for a longer residence): 207 completed both. Another 130 completed only the Entry survey and 31 completed only the Feedback Survey. Table 2 shows the number of respondents from each of the shelters.

**Table 2: Respondents by Research Site**

SHELTER	COMPLETED BOTH SURVEYS	COMPLETED ENTRY SURVEY ONLY	COMPLETED FEEDBACK SURVEY ONLY	TOTAL # RESPONDENTS
Kamloops, BC	6	8	3	4.6% (17)
Yellowknife, NWT	9	7	3	5.2% (19)
Calgary, AB	74	30	3	29.1% (107)
Lethbridge, AB	29	13	6	13.0% (48)
Regina, Saskatchewan	8	14	2	6.4% (24)
Brandon, Manitoba	18	19	0	10.1% (37)
Sudbury, Ontario	21	25	2	13.0% (48)
Toronto, Ontario	0	1	4	1.4% (5)
Peterborough, Ontario	15	4	3	6.0% (22)
Yarmouth, Nova Scotia	27	5	4	9.8% (36)
Shelter not named	0	4	1	1.4% (5)
<b>TOTAL</b>	<b>207 (56.3%)</b>	<b>130 (35.3%)</b>	<b>31 (8.4%)</b>	<b>368</b>

These totals indicate something of an over-representation of respondents from the YWCA Sheriff King Home in Calgary and an under-representation from the Toronto Arise shelter, which, as previously noted, takes a smaller number of residents for longer time periods.

The women who completed the surveys came from a variety of backgrounds as can be seen in the following tables. On average they were 32.5 years old (range of 16 to 64 years of age, standard deviation of 9.4 years).

As can be seen in Tables 3 and 4, the majority (91.1% or 287 of 315) had children ranging in age from less than a year to 39 years (standard deviation of 11.3 years).

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**Table 3: Did the Women Have Children?**

No children	8.5% (28)
Children	84.0% (278)
Children all adults	7.6% (25)
<b>Total Respondents</b>	<b>331</b>

**Table 4: Number of Children**

No children	8.9% (28)
One child	25.4% (80)
Two children	31.7% (100)
Three children	17.8% (56)
Four Children	8.3% (26)
Five Children	5.7% (18)
Six Children	0.3% (1)
Seven Children	1.9% (6)
Children but no information re. how many	15
<b>Total Respondents</b>	<b>330</b>

**Table 5: Children in Shelter with Mothers**

Children in Shelter	93.7% (177)
No children accompanying mother	6.3% (12)
<b>Total</b>	<b>189</b>
Children but no information on whether they were in the shelter	66
No children living with mother	13
No children	28
Adult children only	24

Most shelter residents had either one or two children, but this varied from none (8.9%) to seven children (6 women or 1.9%). Of those with children, the majority (93.7%) took their children with them to the shelter. As can be seen in Table 5, of those who did not provide information about any children, most were over the age of 42, so likely had adult children, if any.

## CHAPTER THREE: THE NATIONAL YWCA SHELTER EVALUATION

The largest proportion of the women's income was from social assistance or disability allowance (41%). A small number (18%) had income from jobs (see Table 6).

**Table 6: Sources of Income of Survey Respondents**

Social Assistance/Disability Allowance	41.0% (133)
No income	29.3% (95)
Income from job	17.6% (57)
Income from partner's or other relative's job	5.2% (17)
Employment Insurance /EI	3.1% (10)
Other	1.5% (5)
Band	1.2% (4)
Student Loans	0.9% (3)
<b>Total</b>	<b>324</b>

We asked the women whether they had worked during the last month before entering the shelter (see Table 7). Although most were either not working or were stay-at-home mothers, a small number had jobs or were students.

**Table 7: Work in the last month?**

Not working	45.9% (153)
Stay-at-home mother	19.2% (64)
Part-time/Casual or Seasonal	12.9% (43)
Full-time	8.1% (27)
On sick leave or disability leave	6.9% (23)
Student	6.9% (23)
<b>Total</b>	<b>333</b>

The jobs/occupations of the women who were employed were primarily clerical, sales, the service industry or child-care positions (81.3% or 104 of 128). Sixteen women (12.5%) worked in professional positions, mostly nurses and social workers; another four (3.1%) were in business and four (3.1%) were technically skilled.

## CHAPTER THREE: THE NATIONAL YWCA SHELTER EVALUATION

The education levels of the women respondents are documented in Table 8. A little less than half (48%) had not completed high school. Notably, though, another 40% had taken or completed some post-secondary education.

**Table 8: Highest Level of Education Completed**

Grade nine or less	16.9% (56)
Some high school	31.0% (103)
Completed high school	12.0% (40)
Some post-secondary (technical school/ vocational/college)	17.8% (59)
Completed post-secondary (technical school/ vocational/college)	13.0% (43)
Some post-secondary (university)	4.2% (14)
Completed post-secondary (university)	5.1% (17)
<b>Total</b>	<b>332</b>

The women came from a variety of cultural backgrounds as can be seen in Table 9. The largest group of respondents were of Aboriginal origin (46%) and Caucasian (45%). The remaining 10% of women were from visible minority backgrounds.

**Table 9: Cultural Background of Survey Respondents**

<b>RACIAL GROUP</b>	<b>% OF RESIDENTS</b>
Aboriginal (First Nations or Métis)	45.8% (152)
Caucasian (White)	44.6% (148)
Black	3.6% (12)
Asian (i.e. Chinese, Japanese, Korean, Vietnamese)	0.6% (2)
South East Asian (i.e. East Indian, Pakistani, Bangladeshi)	0.6% (2)
Middle Eastern (i.e. Lebanese, Syrian, Iraqi, Afghani)	0.6% (2)
Pacific origin (i.e. Filipino)	0.3% (1)
Central/South American (i.e. El Salvador)	1.2% (4)
Inuit/Inuvait	2.1% (7)
Not specified	0.6% (2)
<b>Total</b>	<b>332</b>

## CHAPTER THREE: THE NATIONAL YWCA SHELTER EVALUATION

We asked the residents whether they were born in Canada or were an immigrant or refugee. The majority (91.3% or 303 of 332) were Canadian-born. The remaining 29 (7.9%) were born outside the country and came to Canada as immigrants and/or refugees. They had lived in Canada for from half a year to 43 years (average 10.8 years). Fourteen (almost half) had lived in Canada for five years or less.

### THE DEMOGRAPHICS OF THE TWENTY SHELTER RESIDENTS INTERVIEWED

The twenty women who were interviewed from two to six months after their shelter stay had all completed at least the Entry Survey, in which they gave permission to be contacted later for an interview. They were from all of the shelter sites involved in the research with the exception of Toronto Arise, which had fewer residents available since they reside longer in the shelter. The demographics of the women interviewed were similar in many respects to the overall population of residents who completed the survey. Somewhat more were Caucasian (13 or 65%), six (35%) were of Aboriginal/Métis background and one was African-Canadian (5%).

The majority (75% or 15) had younger children living with them. Two had adult children (10%) and three (15%) had no children. Before they went to the shelter, nine of the 20 women were working (45%), eight were not (40%), mostly stay-at-home mothers, and in three cases it was unclear whether they were employed (15%). From this point on, the report will include quotes from the interviews to supplement the survey results.

### RELATIONSHIP WITH THE ABUSER

As can be seen in Table 10, most of the abusers were common-law partners (44%) and non live-in male partners/male ex-partners. Only 17% of the women were married to the primary abuser and another 6% were legally separated or divorced.

**Table 10: Relationship with Primary Abuser**

Common law partner	43.8% (140)
Male partner/Male ex-partner (non-live-in)	29.1% (93)
Married	17.2% (55)
Legally separated	4.1% (13)
Divorced	2.2% (7)
Girlfriend/ex-girlfriend (non live-in)	1.6% (5)
Other relative	1.6% (5)
Other non-relative	0.6% (2)
<b>Total</b>	<b>320</b>

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**Table 11: Racial Background of Resident by Relationship Status**

	MARRIED	LEGALLY SEPARATED/DIVORCED	COMMON-LAW	MALE PARTNER/MALE EX-PARTNER	GIRLFRIEND/EX-GIRLFRIEND	TOTAL
Caucasian	35 (25%)	12 (8.6%)	54 (38.6%)	38 (27.1%)	1 (0.7%)	140
Aboriginal	11 (7.4%)	8 (5.4%)	76 (51.4%)	49 (33.1%)	4 (2.7%)	148
Visible Minority	9 (27.5%)	0	10 (41.7%)	5 (20.8%)	0	24
<b>Total</b>	<b>55 (17.6%)</b>	<b>20 (6.4%)</b>	<b>140 (44.9%)</b>	<b>92 (29.5%)</b>	<b>5 (1.6%)</b>	<b>312</b>

Looking only at intimate partner relationships (see Table 11), there were significant differences in relationship status based on racial background such that those of Aboriginal descent were more likely to live common-law than Caucasians and women of “visible minority” racial backgrounds, both of whom were more likely to be legally married (Chi-square = 27.6;  $p < .001$ ). The phi coefficient is 29.7, indicating a moderate effect.

On average the relationships with partners/ex-partners were 6.4 years in length (range of from several months to 48 years with a standard deviation of 7 years). The relationships had been abusive for an average of 5 years (range of several months to 48 years with a standard deviation of 6.6 years). Many of the relationships were abusive from or near the beginning.

With respect to the twenty women who were interviewed, the majority of their primary abusers were intimate partners: 8 common-law partners (40%), 8 married spouses (40%), two live-in boyfriends (10%) and one boyfriend with whom the respondent was not cohabiting (5%). The remaining interviewee sought shelter because of abuse by her adolescent daughter, who had been sexually abused by her father for years.

**Table 12: Primary Abuser’s Work**

Not employed	38.2% (121)
Full time	38.5% (122)
Part-time	5.4% (17)
Casual or Seasonal	10.7% (34)
On sick or disability leave	3.8% (12)
Student	1.9% (6)
Retired/Semi-retired	1.6% (5)
<b>Total</b>	<b>317</b>

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In contrast to the women, 44% of the men were employed full or part-time, whereas 38% were not employed. Many of the men worked in labour/service (39%) or construction jobs (29%).

**Table 13: Primary Abuser's Job**

Service/transportation/labour	39.0% (82)
Construction	28.6% (60)
Technical/Mechanical	15.7% (33)
Fishing/logging/ranch-hand	7.1% (15)
Business/management	5.7% (12)
Professional	2.9% (6)
Farmer	1.0% (2)
<b>Total</b>	<b>210</b>

As can be seen in Table 14, almost 54% of the men had not completed high school, while 20% had some postsecondary education. As a whole, the women had higher levels of education than their partners.

**Table 14: Primary Abuser's Highest Level of Education Completed**

Grade Nine or less	23.2% (64)
Some high school	30.4% (84)
Completed high school	26.8% (74)
Some post-secondary (technical school/ vocational/college)	4.0% (11)
Completed post-secondary (technical school/ vocational/college)	5.1% (14)
Some post-secondary (university)	3.3% (9)
Completed post-secondary (university)	7.2% (20)
<b>Total</b>	<b>276</b>

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As indicated in Table 15, a somewhat higher proportion of the men as compared to the women were Caucasian (51%) compared to 40% Aboriginal. Similar to the women, the majority of the abusers were born in Canada (92.1% or 293 of 318), while a smaller proportion was born in another country (7.9% or 25 of 318).

**Table 15: Primary Abuser’s Cultural Background**

RACIAL GROUP	%
Caucasian (White)	50.8% (164)
Aboriginal (First Nations or Métis)	39.3% (127)
Black	4.0% (13)
Asian (i.e. Chinese, Japanese, Korean, Vietnamese)	0.9% (3)
South East Asian (i.e. East Indian, Pakistani, Bangladeshi)	0
Middle Eastern (i.e. Lebanese, Syrian, Iraqi, Afghan)	1.5% (5)
Pacific origin (i.e. Filipino)	0.6% (2)
Central/South American (i.e. El Salvador)	0.9% (3)
Inuit/Inuvaluit	0.6% (2)
Other	1.2% (4)
<b>Total</b>	<b>323</b>

## CHILDHOOD ABUSE, HEALTH AND MENTAL HEALTH PROBLEMS

As is evident in Table 16, a high proportion of the shelter residents who answered the Entry Survey had suffered abuse in childhood: more than half had been emotionally abused and almost half had been sexually abused, witnessed violence between their parents, or been physically abused. Almost one-third had been neglected.

**Table 16: Resident Abused as a Child**

TYPE OF ABUSE	% OF RESPONDENTS
Emotionally abused	52.2% (192)
Sexually abused	43.2% (159)
Witnessed Violence Between Parents	42.7% (157)
Physically abused	41.8% (154)
Neglected as a Child	32.1% (118)

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Many of the residents reported having experienced more than one of the five forms of child abuse listed below (see Table 17).

**Table 17: Number of Forms of Child Abuse**

	NUMBER	PERCENTAGE
No abuse	64	19.2%
1 form of abuse	65	19.5%
2 forms of abuse	51	13.9%
3 forms of abuse	52	14.1%
4 forms of abuse	46	12.5%
5 forms of abuse	55	14.9%
<b>Total</b>	<b>333</b>	<b>100%</b>

More than three-quarters of the survey respondents (77.1% or 252 of 327) had no disability or other physical health issue. Another sixty-two residents (20.4%) described having physical disabilities, the majority (52%) of which were chronic health conditions such as asthma, diabetes, epilepsy, arthritis (See Table 18). Almost 20% described back, hip and other physical problems, some of which could have resulted from the abuse from their partners. There were no statistical differences between residents of different racial backgrounds on the extent of disabilities (Chi-square = 4.5, p=.10).

One of the women interviewed was on a disability allowance because of her back. She described the shelter staff as being supportive to her in relation to her disability:

*I was allowed to stay a little bit over my time because I had to get a bed. My back is injured so they waited until the bed came through.*

**Table 18: Disabilities of Shelter Residents**

Chronic health problems	51.6% (32)
Back, hip, knee problems	19.4% (12)
Learning Disabilities	11.3% (7)
Hepatitis C	11.3% (7)
Fetal Alcohol Syndrome	3.2% (2)
Hearing problems	3.2% (2)
<b>Total</b>	<b>62</b>

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As can be seen in Table 19, almost two-thirds of the shelter residents (64.5% or 211 of 327) had neither emotional problems nor mental health issues, while 116 (35.5%) replied that they did. Of these, most described depression or a mix of depression and anxiety (50%). Another 23% described anxiety or PTSD-related issues. Researchers in intimate partner violence have tended to view such symptoms as being the result of being in an abusive relationship rather than indicating psychopathology on the part of the women.

**Table 19: Mental Health/Emotional Issues of Shelter Residents**

Depression	28.2% (31)
Depression and Anxiety	21.8% (24)
Anxiety	11.8% (13)
Post Traumatic Stress Disorder	10.9% (12)
Bipolar	9.1% (10)
Borderline Personality	2.7% (3)
Unspecified (self-esteem; stress)	15.5% (7)
None listed	6
<b>Total</b>	<b>116</b>

Residents of Caucasian (White) racial descent were more likely to note mental health problems (Chi-square = 11.4;  $p=.003$ ). The phi coefficient is .187 which indicates a small effect. However, a regression analysis showed that a mental health problem was more significantly predicted by a higher number of forms of child abuse ( $\chi^2 = .222, p = .000$ ) than racial background ( $\chi^2 = .043, p = .003$ ).

**Table 20: Racial Background by Mental Health Problems**

RACE	NO MENTAL HEALTH PROBLEM	MENTAL HEALTH PROBLEM	TOTAL
Caucasian	79 (54.9%)	66 (45.4%)	145
Aboriginal	112 (71.8%)	44 (28.2%)	156
Visible Minority	19 (76%)	6 (24%)	25
<b>Total</b>	<b>210 (64.4%)</b>	<b>116 (35.6%)</b>	<b>326</b>

Two of the interviewees reported having been diagnosed with mental health problems - one with borderline personality disorder, the other with long-standing depression. Both linked their mental health issues with childhood abuse.

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**[Do you have a diagnosis?]** *Yeah, borderline personality disorder. I don't know if you know anything about that, but neglect from family, and not feeling like I fit in, and then abuse for years, and so what transpired.... My [mental health] worker has worked with borderlines for twenty years so she knows her stuff. She's helped me with a lot of skills and positive reinforcement*

*I was brought up with terrible physical abuse so I was used to putting on a front. I took lots of anti-depressants, which I'm off of now. I started counselling probably a year into our marriage; it was nice to have someone to talk to.*

One-third of the residents (33.4% or 110 of 329) had been treated for substance abuse, while the other two thirds had not (66.6% or 219 women). More of the residents of Aboriginal background reported having been in treatment for substance abuse than either Caucasian or residents of a visible minority (Chi-square = 22.9;  $p < .000$ ). The phi coefficient is .264, indicating a moderate effect.

However, in considering the relationship in more detail, a regression analysis found that a higher number of forms of child abuse ( $\square = .314$ ,  $p = .000$ ) and higher scores on the Danger Assessment scale ( $\square = .142$ ,  $p = .010$ ) predicted residents having been in substance abuse treatment more strongly than racial background, which was still associated, but to a lesser degree ( $\square = .137$ ,  $p = .013$ ).

**Table 21: Racial Background by Substance Abuse Treatment**

RACIAL BACKGROUND	NO SUBSTANCE ABUSE TREATMENT	SUBSTANCE ABUSE TREATMENT	TOTAL
Caucasian	112 (76.7%)	34 (23.3%)	146
Aboriginal	85 (54.1%)	72 (45.9%)	157
Visible Minority	22 (88%)	3 (12%)	25
<b>Total</b>	<b>219 (66.8%)</b>	<b>109 (33.2%)</b>	<b>328</b>

Three of the women interviewees (15%) related that they had addiction problems.

*I did a lot of destructive things to myself: I had used drugs to self medicate, instead of dealing with what was going on. I constantly tried to mask everything. You know, "I'll get over it, it's no big deal."*

*I am a recovering addict, alcoholic. [Before coming to shelter] I started a domestic violence program, but I ended up dropping out of it because I went into detox. He would bring home drugs and I was trying to stay clean. It was controlling.*

*How did I meet him? Well it was through drug abuse.*

### THE NATURE OF THE PARTNER ABUSE

Table 22 documents that the most often-described serious physical injuries from the abuse for 71% of the women were cuts, scrapes or bruises, while a little more than one-quarter had not been physically

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injured. Of note, almost 11% (36 women) described sexual harm or being infected with diseases because of the sexual behaviour of the primary abuser and 23 women (6%) had miscarriages or other internal injuries.

Almost half of the women (44.4% or 139 of 313) had never required medical assistance because of injuries resulting from the abuse. Of the 174 who did, almost two-thirds (107 or 61.5%) responded that their partner/primary abuser had not prevented them from getting medical help for the injuries. Of concern, however, is that the other more than a third (38.5% or 67 women) responded that their partner had prevented them from getting medical aid for injuries resulting from the abuse at least once.

**Table 22: Has the abuser EVER caused physical injury/hurt?**

TYPE OF HARM	% OF RESPONDENTS
Cuts, scrapes, burns, and/or bruises	71.3% (216 of 303)
Sexual harm / disease because abuser had other partners	10.8% (36 of 332)
Miscarriages or other internal injuries	6.0% (23 of 345)
Broken bones or fractures	3.0% (9 of 303)
No physical injuries/hurt	25.7% (78 of 303)

Also of significant concern is that more than two-thirds of the respondents (68.6% or 225 of 328 women) had at some point in the relationship feared for their lives because of abuse from their partner/primary abuser.

Of the twenty former shelter residents who were interviewed, nine (45%) described the worst abuse as psychological, seven described physical abuse (35%) and four, sexual abuse (20%). The psychological abuse was, however, often of a serious nature such as threats to kill or to commit suicide, which have long been identified by violence against women advocates, and have recently been identified by researchers, as a risk-factor to homicide (Campbell, 2001; Tutty, 1999).

**[What was the last incident?]** *It had to do with the fact that I went to bed without saying, “Are you coming to bed now”, because I had a cold. The next day it was harsh words, it was “What kind of a wife are you?”, and he went to this violent rage, and “I’m going to kill myself if you leave.” He threatened suicide.*

**[Did it get worse after you had kids?]** *Oh totally: it became blatant abuse. He was raging, he was never physically abusive. I never threatened to leave him, ever, but he said if I ever left him he might as well take a gun to his head and shoot himself, and he said this in front of my kids. That was the final straw, ‘cause he’s talking about shooting my daughter, he’s bought the bullets and put them beside me, and now he’s talking about shooting himself. To me that said he’s going to shoot my kids, he’s going to shoot me, and then he’s going to shoot himself.*

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As well, when one experiences physical or sexual abuse, psychological abuse is an inherent aspect of this. A number of the interviewed women described degrading psychological abuse. Several women described being physically confined by their partners:

**[What was the most serious incident?]** *It was locking me in my room and not letting me out. I'd say probably, it went on like ten minutes, but it happened a lot.*

*He physically confined me to the house. He'd confine me to a room. I'm sure he pre planned his rages. He'd do it when I was in the bedroom and I couldn't leave, or I'd be in the kitchen and I couldn't leave.*

Others described being called degrading names or told that they were “crazy”:

**[What's the worst?]** *He told me that I was mentally ill — that I had a borderline personality disorder and that's why I thought he was cheating. He was telling me I was acting strangely and really the whole time it wasn't me. Telling me I was mentally ill and actually almost making me believe it is probably the worst thing.*

**[What was the most serious incident?]** *Oh my Lord, he would start calling me names. He would start calling me a whore, a cunt. (Pause), he would say I'm spending all the money, when I didn't have my card, he did.*

**[When did he start acting abusively?]** *Within the first month, it was some fooling around with girls, right in front of me, and when he was drunk he was calling me names, “fucking bitch” and stuff. It got worse. And then at the end, he wouldn't let me out of the bedroom, physically restraining me from leaving the bedroom.*

The women who were physically abused described some of the following:

**[What was the last incident?]** *Uh, when I got my nose broken.*

*I don't even remember what he beat me up about. We were drinking, and um, my face was out like a balloon and I had to show up on a job interview the next day.*

*He had me by the neck, and he had a few knives close to my neck and he said he was going to kill me. That was in front of his mom.*

The women whose partners had sexually abused them commented on their experiences:

*He pushed himself on me quite a bit until I finally caved, sexually. I'd tell him I didn't want to do it, he just kept on, actually he just started doing it even though I would say no.*

*He never hit me. [It was] always sexual, when he was drinking that's when he'd demand sex and, I'm sorry, I'm not a sexual athlete and he was well aware of it. [So against your will is what you're saying?]. Umhmm.*

*New Year's Eve, he slipped me drugs to put me in a different frame so that I would succumb to certain sexual things that he wanted to do. I pretty much knew right away and when I questioned him he kept denying it and denying it, and so I went through a paranoid state. The paranoid state it put me in, it*

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*was like I fell through a trap door and into the light, I, everything just became clear to me, that I really needed to get out.*

Two interviewees mentioned that their partners had also abused their children<sup>2</sup>.

*Twice with my daughter — once he threw her across the room, once he spanked her very hard.*

*The most traumatic incident was when he was that way to the children. Not so much to myself, I'm able to defend myself, but it was more traumatic when it happened to the children. It affected them the most.*

In summary, the nature of the abuse was serious and long-standing, explaining the fear that many of the women described.

### THE DANGER ASSESSMENT SCALE

The Danger Assessment (Campbell, 2001) is a measure of the risk of lethality (homicide) of women by male partners. It was based on Campbell's research in the United States that looked at the characteristics of the perpetrators and the victims in domestic abuse that resulted in the victim's death. The following table documents the proportion of women who agreed to each item.

**Table 23: Danger Assessment Items**

Has the physical violence increased in severity or frequency over the past year? (N=304)	60.9%
Has he ever used a weapon against you or threatened you with a weapon? (N=305)	39.3%
Does he ever try to choke you? (N=305)	49.8%
Does he own a gun? (N=305)	19.3%
Has he ever forced you to have sex when you did not wish to do so? (N=305)	48.5%
Does he use drugs? By drugs, I mean "uppers" or amphetamines, speed, angel dust, cocaine, crack, street drugs or mixtures? (N=301)	53.2%
Does he threaten to kill you and/or do you believe he is capable of killing you? (N=301)	54.5%
Is he drunk every day or almost every day? (In terms of quantity of alcohol) (N=304)	36.5%
Does he control most or all of your daily activities? For instance: does he tell you who you can be friends with, when you can see your family, how much money you can use, or when you can take the car? (N=304)	73.7%
Have you ever been beaten by him while you were pregnant? (N=304)	27.6%
Is he violently and constantly jealous of you? (For instance, does he say "If I can't have you, no one can?") (N=301)	70.4%
Have you ever threatened or tried to commit suicide? (N=304)	42.4%
Has he ever threatened or tried to commit suicide? (N=301)	52.8%

<sup>2</sup> As in all social services, shelter staff are required to report any suspected child abuse to child welfare authorities

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**Table 23: Danger Assessment Items (continued)**

Does he threaten to harm your children? (N=303)	19.1%
Do you have a child that is not his? (N=297)	54.2%
Is he unemployed? (N=302)	46.4%
Have you left him during the past year? (N=295)	77.3%
Do you currently have another (different) intimate partner? (N=303)	9.9%
Does he follow or spy on you. Leave threatening notes, destroy your property, or call when you don't want him to? (N=303)	65%

One interviewee commented that filling out the Danger Assessment Inventory was helpful to her. While this measure was part of the Entry Survey, several of the shelters were already utilizing it at intake with their residents:

*I did a questionnaire on the seriousness of abuse. The questionnaire actually made me realize that it was a lot worse than I thought. I felt more confident with the decision I was making, 'cause you were questioning it too, like 'was it really that bad?' and the questionnaire made me realize that yeah, it was. I knew that there was abuse and I wasn't happy and the babies weren't happy and once I was out of the relationship, I realized it was a lot worse than I was thinking.*

Several of the above items are weighted because they are more related to lethality than the others. These are: using or threatening to use a weapon; owning a gun; forced sex; threats to kill; control of most of her daily activities; having a child that is not his; being unemployed and her having left him in the past year. Not ever having lived together is a protective factor.

**Table 24: Scores on Danger Assessment Scale**

DANGER ASSESSMENT LEVELS OF LETHALITY	% OF RESPONDENTS
Indeterminate Danger	8.3% (25)
Increased Danger	15.5% (47)
Severe Danger	16.5% (50)
Extreme Danger	59.7% (181)
<b>Total</b>	<b>303</b>

Almost 60% of the women residents fell in the range of Extreme Danger, another 17% were in Severe Danger. The lowest level of danger, Indeterminate, has been renamed “Variable” danger in the latest version of the scale (Campbell, 2004) to reflect the fact that danger levels can change dramatically. As such, it is important not to be complacent simply because one’s current lethality risk is in the “lowest” category.

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That almost three-quarters of the women residents were at serious risk confirms that shelters are facilities that potentially save lives. If one looks only at the extent of past physical abuse, it may seem curious that such a high proportion of residents are at such risk for lethality, especially. The Danger Assessment looks more broadly at factors such as sexual assaults and threatening harm than simply at the level of physical injury. Responses to other Danger Assessment items put the risk into focus. Fifty percent stated that their partner had tried to choke them; 49% had had sex forced on them unwillingly; 55% reported that their partner had threatened to kill them; 39% that their partner had used a weapon against them. It is the combination of such factors that indicates an increased risk of homicide.

### PATHWAYS TO THE SHELTER

Abused women are not the passive victims that many have assumed them to be. Most have tried a number of strategies to get support and advice about the abuse. The Entry Survey included a question about which sources of help the women had accessed and how helpful these were. The one mentioned most often was previously having stayed in a women's shelter. Of the 80.5% of respondents who mentioned this, 96% found the shelter helpful; it was the most strongly endorsed of a number of different strategies.

**Table 25: Sources of Help (from Most to Least Helpful)**

	TRIED AT LEAST ONCE	HELPFUL	SOMEWHAT HELPFUL	NOT HELPFUL
Stayed in a women's shelter (prior to current stay: N=200)	80.5% (161)	95.5% (150)	0	5.5% (7)
Joined a group/self-help group for abused women	13.3% (49)	81.6% (40)	0	18.4% (9)
Talked to a counsellor/therapist	53.5% (197)	81.3% (157)	1.1% (4)	16.6% (32)
Talked to a friend/friends	77.4% (285)	67.3% (189)	2.2% (8)	29.9% (8)
Left my home to get away from him	72.6% (267)	78.1% (203)	1.4% (5)	20% (52)
Developed a safety/escape plan	29.6% (109)	75.7% (81)	1.9% (2)	22.4% (24)
Told a Child/Family counsellor (includes Child Welfare staff)	20.4% (75)	74% (57)	0	26% (20)
Phoned a crisis telephone/distress line	29.9% (110)	72.2% (78)	0.9% (1)	26.9% (29)
Told doctor or nurse at hospital emergency room or walk-in clinic	16.6% (61)	70.3% (45)	0	29.7% (19)
Talked to my family doctor/nurse	31.5% (116)	66.7% (78)	1.7% (2)	31.6% (37)
Consulted a lawyer or Legal Aid	20.1% (74)	63.2% (48)	1.3% (1)	35.5% (27)

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**Table 25: Sources of Help (from Most to Least Helpful) continued**

	TRIED AT LEAST ONCE	HELPFUL	SOMEWHAT HELPFUL	NOT HELPFUL
Got medication from my doctor (such as anti-depressants)	31.8% (117)	62.4% (73)	1.8% (2)	36% (42)
Called the police or asked someone else to call the police	35.9% (132)	58.6% (78)	1.5% (2)	39.8% (53)
Told a public health nurse	7.6% (28)	56.3% (18)	0	43.8% (14)
Filed for an emergency protection order/restraining order	19.3% (71)	53.4% (39)	0	46.6% (34)
Talked to family members	75.3% (277)	52.6% (144)	2.2% (8)	52.6% (122)
Talked to my clergy/minister/faith leader/elder	20.4% (75)	51.9% (40)	0	48.1% (77)
Ended (or tried to end) the relationship	65.2% (240)	50.9% (117)	1.7% (4)	47.4 (117)
Went with partner for marriage counselling	16.6% (61)	14.5% (9)	0	85.5% (53)

To summarize, prior to the current shelter stay, the women residents had requested assistance from many sources, the most common being shelters, talking to friends (67% helpful), talking to family members (53% helpful), and leaving home to get away from the abuser (78% helpful). Of formal sources of help, the most commonly utilized were counsellors (80% helpful), calling the police (59% helpful), and contacting family doctors/nurses (67% helpful).

Notably, relatively few utilized services specifically developed to assist abused women such as support groups (82% helpful), emergency protection orders (54% helpful) and developing safety plans (76% helpful), although these were among the most helpful strategies according to those who had used them. The source of support reported to be least helpful was marriage counselling (14.5% helpful), fitting with the analysis of advocates that a systemic perspective, such as that adopted by family and marriage therapists, does not address the control and power differentials implicit in woman abuse.

The twenty former residents interviewed were asked what strategies they had used to deal with the abuse before going to shelter. Many had used either informal or formal supports, although seven mentioned not having talked to anyone outside their immediate family as a coping strategy.

*I didn't really deal with it, I kept it all in.*

*I didn't deal with it 'cause I didn't want my family to know what was going on.*

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*This sounds terrible, but I didn't do anything, I tried to have the kids around me because he wouldn't so much as raise his voice if they were around. The abuse was always when they were away staying with their dad.*

Seven others spoke with friends, but three found that this was not necessarily helpful:

*I had friends I talked to, but after a little bit, you realize you're not doing anything for yourself, just talking about it.*

*I spoke with friends, but they didn't really offer any help. They were just there for support. Just to listen to me talk.*

*I just had my eye on it, and my friends got sick and tired of hearing about it.*

Three others commented on their friends as a valuable support in dealing with and acknowledging the abuse.

*I have a good friend. When he was isolating me, she sat me down and said, "You are in an abusive relationship, he's abusive. I'm worried for you and I don't think you should move. I'm very afraid for you." Which was a shock. I never told her anything, and she became my safety net.*

*I talked to many, many friends and family. I read a few books, but I took in a lot of information and tried to figure out what to do before I left.*

Of the twenty former residents who were interviewed, eleven had not used formal services to assist them with having been abused, while nine mentioned that they had. Of the women who had used formal programs, two had used addictions counsellors, two had used crisis lines, one used a counsellor at the YWCA, one had used Victim Services (associated with police units), one had used a Friendship centre, another, a "Wellness Program". Two had used abuse-specific programs and two had used more than one formal agency. They made the following positive comments about these services:

*I had an addictions counsellor and she really helped me through a lot. She didn't tell me what I should be doing, she helped me get to a point in my life where I had better self esteem, and helped me devise a life plan for me and my son. Once I did that then I realized I was worthy of a good life and something better for myself that didn't revolve around him. So that was kind of the defining moment.*

Others had looked for assistance or found services that were not helpful:

*I was on the bathroom floor one night with a bottle of pills and I just really wanted someone to talk to, I didn't really want to kill myself, you know how things go when you're in that state. I called the operator and she couldn't find a number for me. And I remember her feeling so helpless, like I don't know what to do for you, like "I'm so sorry". She couldn't find any numbers for me.*

*I think Victim's Services, through the RCMP would've...they're not too bright there, I talked to them once and I just got frustrated and said, "Forget it."*

Only two had spoken with representatives from services specific to violence against women.

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*The lady at the crisis centre at the hospital referred me to an agency in town that was about partners that were abused. I went and talked to her and even though I was uncertain at the time, when she went over all these things I realized I was being abused. So that opened my eyes to see that it wasn't me; that it wasn't normal the way I was being treated. I was brought up with violence, so it's easy to say he punched me, but he doesn't get it. He still blames the whole thing on me.*

Another respondent had previously connected with a counsellor at a shelter (not as a resident).

*I'd never looked upon it as abuse. You get accustomed to living this way. You learn if you don't do that or say that, things are going to run smoothly. That was my coping mechanism for many, many years. When I started talking about it with someone at the shelter it was like 'you're a victim' and I was 'no I'm not, I'm not a victim of anything,' but 'you are,' but I'm not. It took me a long time, then I started thinking, "I'm not stupid, what's wrong with me, why do I put up with this, why do I let someone run my life and use me and abuse me and control me?" Then it just got to a point where this is not a normal way to live, I don't have a life, I'm just existing. So the shelter, having someone to speak with, to compare notes, was an eye opener for me.*

### HOW RESIDENTS FIRST HEAR ABOUT THE SHELTER

As noted previously with respect to what avenues the residents had turned to for help, the informal sources of friends and family were most likely to suggest a shelter as a resource.

**Table 26: Heard About the Shelter From**

Friend	32.2% (112)
Family Member	22.1% (77)
Counsellor	18.7% (65)
Police: City, RCMP, Provincial	18.1% (63)
Shelter ad or brochure	12.1% (42)
Community social worker/Nurse	10.6% (37)
Telephone Crisis Line	8.0% (28)
Other YWCA program staff / information	5.5% (19)
Family Doctor/Nurse	4.3% (15)
Hospital Emergency Department	4.3% (15)
Stayed at shelter before	2.6% (9)
Phonebook	2.6% (9)
Workplace	2.0% (7)
Television / radio announcement	1.9% (7)

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One interviewee suggested that more local agencies need training to suggest the shelter to other women in similar circumstances:

*Just as long as the other counselling agencies in town know to refer them there. I really didn't know about it until the past three years. I didn't understand that I could go there. [How did you learn about it?] Through the crisis centre.*

### POLICE INVOLVEMENT BEFORE SHELTER ENTRY

Of the total, 205 residents (58.9% of 326) had no involvement with police in the incident that led to their current shelter entry. Table 27 lists what the police did for the 121 residents who had police involvement. Note that the police may have responded in more than one manner, for example, they may have both charged the abuser and taken the woman to the hospital for medical treatment.

**Table 27: Police Involvement before Event Leading to Shelter Stay**

TYPE OF POLICE INVOLVEMENT N=121	% OF RESPONDENTS
Police charged abuser	40.5% (49)
Police helped you get a legal order for your protection (restraining order)	24% (29)
Police brought you to shelter	19.8% (24)
Police took you from scene	19.8% (24)
Police did not charge abuser	14.5% (17)
Police came but did nothing	9.1% (11)
Police took you for medical attention	9.1% (11)
Police took abuser from scene (when not charged)	8.3% (10)
Police were called but did not come	5.0% (6)
Police charged you	4.1% (5)

Of the 20 former shelter residents interviewed, almost two-thirds (65%) had previous involvement with the police because of the abuse. Eight respondents had called the police themselves, but in the case of two women, the neighbours had called and in another situation, the partner had called the police as a strategy to stop himself from behaving abusively.

Four women described the police action as helpful. Several partners were charged with assaults and/or the police provided safety to the women and their children:

*He told me I could not take my son (baby) with me if I left and that went on for months, I had actually had to have the police escort me.*

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*I did call the police a couple of times when my daughter was thrown across the room, and not 'til after I left because I forgot my purse (crying), I was so wound up, of all things, so they brought me back here, but not with him.*

Three interviewees mentioned that their interactions with police had not resulted in criminal charges being laid, the outcome they had wished at the time.

*Years ago I called the police. There was two: one he was charged, it was a suspended sentence so it didn't stay on his record; the second time when I went to charge him, he had gone to the police station before I did. I was at work but had notified the police what had happened, and when I got down there they pretty much said I was lying, and because I didn't have black eyes, it wasn't an abuse issue. He gave them a statement: he was trying to kiss me and accidentally knocked my nose with his forehead... actually it was a slam right in the face with his forehead. Yeah, they were quite the jerks about it. **[So you weren't too motivated to go after that?]** No, no.*

*I called the police. **[Was he charged?]** No, because I couldn't say for sure whether it was accidental or on purpose.*

In two instances, though, the police officers had suggested that the woman go to shelter or provided information about the shelter:

*His raging escalated and he started to talk about guns, and he has guns, so I left and in the process I was advised by my own family that I'd better go to the police and get the guns away from him just in case. In the process of doing that the police sent me to a shelter, an emergency shelter in [name of town]*

*I did call the police one time, but I almost got in trouble because he just started harping on me and he called me a bitch and I slapped him across the face so the police gave me trouble. **[So that wasn't something you'd do again?]** I would never, ever do it again. The one police officer handed me the card for the shelter, and I could tell he understood more what I was trying to say.*

### PREVIOUS SHELTER STAYS

Forty percent (132) of the residents who completed the Entry Survey had not previously resided in a shelter for abused women. The other residents had stayed in a shelter once before (29%), or up to six times previously (31%).

Half of the twenty former residents who were interviewed had been in a shelter at least once before, although one went to a homelessness shelter, not one for violence against women. They made few comments about their previous shelter stays.

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**Table 28: Previous Shelter Stays**

NUMBER OF SHELTER STAYS	% OF RESPONDENTS
This is my first stay in a shelter for woman abuse	39.8% (132)
I have stayed in a shelter once before	28.6% (95)
I have stayed in a shelter 2 to 5 times	24.1% (80)
I have stayed in a shelter 6 or more times before	6.6% (22)
I have stayed at another type of shelter (i.e. homeless shelter)	0.9% (3)
<b>Total</b>	<b>332</b>

Whether residents had previously stayed in a shelter specifically for violence against women differed by racial background: women of Aboriginal origin were more likely to have stayed in a VAW shelter previously. Women from visible minorities were the least likely to have gone to shelter previously (chi square = 34.9,  $p < .000$ ; phi coefficient is .33, indicating a moderate effect).

**Table 29: Previous Shelter Stay by Racial Background**

RACIAL BACKGROUND	NO PREVIOUS SHELTER	ONE PREVIOUS SHELTER STAY	MORE THAN ONE SHELTER STAY	OTHER TYPE OF SHELTER	TOTALS
Caucasian	69 (47.3%)	45 (30.8%)	20 (20.5%)	2 (1.4%)	146
Aboriginal	43 (27.2%)	45 (28.5%)	69 (43.7%)	1 (0.6%)	158
Other	18 (75.0%)	3 (12.5%)	3 (12.5%)	0	24
<b>Total</b>	<b>130 (39.6%)</b>	<b>93 (28.4%)</b>	<b>102 (31.1%)</b>	<b>3 (0.9%)</b>	<b>328</b>

We asked the survey respondents whether they had other places or supports that they might have utilized instead of going to the shelter. A small proportion noted that they could have gone to family (59 of 285 or 17.0%) or to a friend (54 of 290 or 15.5%). The majority, however, had nowhere else to go.

The survey respondents were also asked who had made the decision to go to the shelter. The majority (87.9% or 290) decided themselves: a small proportion noted that another had made the decision (12.1% or 40). Of those who stated that another had decided or persuaded them to go, most named a counsellor/social worker (18); family member (9), the police (5) a friend (3), lawyer (2), nurse (1) and shelter staff (1).

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### REASONS FOR NOT COMING SOONER TO THE SHELTER

A number of the women who answered the survey had delayed going to shelter for various reasons, primarily worrying about leaving their personal belongings, having no money or way to get to shelter, worrying about being safe after leaving partner, not wanting the children to live in a shelter and not wanting to take the children away from home or school. A small proportion delayed going to the shelter because they worried that the children might be apprehended by child welfare authorities.

**Table 30: Reasons for Delaying Shelter Entry**

REASON	% OF RESPONDENTS
Worry about leaving my personal belongings/stuff	40.2% (140)
No money or no way to get to shelter	28.2% (98)
Worried about being safe if I leave my partner?	27.3% (95)
Not wanting my kids to live in a shelter	26.1% (91)
Not wanting to take my kids away from home	23.9% (83)
Not wanting to pull my kids out of school	16.7% (58)
Worry about leaving pets/farm animals at home	15.2% (53)
Children might be taken away by child welfare if I go to shelter	11.5% (40)
Worry about my family members who have been threatened by abuser	10.3% (36)
Worry about my job if I go to shelter	10.1% (35)
Worry about leaving some/all of my children at home if I go to shelter	7.5% (26)
Worry about my immigration status/sponsorship breakdown if I go to shelter	1.1% (4)

In the interviews, we asked the 20 former residents whether, if housing and child care had been more easily available, this would have assisted them in leaving sooner. With respect to housing, 12 of the 18 (66.6%) who responded (3 were not asked the question) stated that had affordable safe housing been available, they would have left sooner.

**[When you considered leaving, did you worry that you wouldn't be able to find a place to live that was affordable and safe?] Yes. [And did you stay longer because of this?] Yes, for a few months more.**

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*I had nowhere to go. And no money. [Did you stay longer in the relationship because you didn't know where to go?] I didn't know where to go, I felt ashamed, I wasn't sure if it was just me and my head, I had two kids, I didn't want to break up the family.. I didn't want to hurt my kids, but it got to the point where the atmosphere was so terrible that I just knew I had to go.*

*I worried about a lot of things, definitely housing was one of them.*

*I knew that I had, that a shelter would be an option, but I was worried like after that, where am I going to go, what am I going to do. [Did you stay longer because of this?] Oh yeah, definitely.*

With respect to child care, six respondents either had no children or had older children and two were not asked the question. Of the remaining twelve women, six stated that having had easier access to child care would have assisted them in leaving sooner, while six denied that it would have made a difference. Those who said child care would have helped made the following comments:

*Child care is very hard to find. [You have a four year old. Would you have left sooner?] Almost definitely, even though I wasn't living with him I was, I still probably would've. I probably wouldn't have gotten into the relationship based on a lot of these reasons.*

*[If safe, inexpensive child care had been available, would this have made your decision to leave easier?] Yes, actually, it would've.*

Because of concerns about the high numbers of turn-aways at urban shelters, we asked whether the women had had to wait before entering the shelter this time. The majority (83%) got in without delay. Most of the rest had to wait several days (9%).

**Table 31: Wait to Enter Current Shelter**

Got in right away	83.3% (290)
Had to wait several days to get in	8.9% (31)
Had to wait several weeks to get in	1.4% (5)
Had to wait several months to get in	0.3% (1)
<b>Total</b>	<b>327</b>

Also because of concerns about the capacity of some shelters to accommodate women and children needing emergency assistance, we asked whether the survey respondents had been turned away from one shelter and diverted to another. Impressively, 83% of the residents were admitted to shelter on request, without having to wait. As is clear from Table 32, 17.1% of the women had been turned away, most from only one shelter. In the subgroup of those who had been turned away more than once, a little more than half (55%) had either been turned away by two or more violence against women's shelters or other shelters; this is concerning.

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**Table 32: Turned away from other shelter?**

One other shelter turned me away	44.4% (26)
Two or more shelters turned me away	39.3% (22)
Another type of shelter turned me away	14.3% (8)
<b>Total</b>	<b>56</b>

### WHAT THE WOMEN WANTED FROM THEIR SHELTER STAY

A key question for the current research is what women need from shelters. The issues were organized into five categories: general needs and informational needs (Table 33), assistance with children and advocacy needs (Table 34) and referrals to community agencies/services (Table 35).

Across categories, the most commonly identified needs on entry to the shelter were for emotional support or counselling from shelter staff, closely followed by a safe, secure place to stay. Obtaining information about coping with stress and anger and about improving self-esteem, and referrals for housing were also high priorities. Taking a “break” from the abusive partner needs to be understood in the context of the process in leaving an abusive relationship. Time away is essential for women to consider - from a more objective perspective and away from family/cultural beliefs that support maintaining the family status quo - the costs of staying as well as the costs of leaving the relationship.

**Table 33: Shelter Intake: General and Informational Needs**

WHAT THE RESIDENT WANTED FROM THE SHELTER UPON ENTRY	% OF RESPONDENTS
Emotional support/ counselling from staff	81.0% (282)
A safe and secure place to stay	79.9% (278)
Help with getting housing	67.0% (233)
Talking to other women in abusive relationships	56.3% (196)
A break from my abusive partner	55.7% (194)
A safe and secure place for my children	54.9% (191)
Help in getting income assistance	53.4% (186)
<b>INFORMATION ABOUT:</b>	
Coping with stress and anger	73.3% (255)
Improving my self-esteem and self care	71.0% (237)
Coping (how to better help myself)	69.0% (240)
Safety planning (how to protect myself)	58.6% (204)
Patterns of abuse (learning to recognize abuse)	48.0% (167)

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Of women with children, almost half had needs related to their offspring, including understanding how abuse affects them, child care and counselling for children (See Table 34).

**Table 34: Shelter Intake: Help with Children & Advocacy**

<b>HELP WITH CHILDREN (278 HAVE CHILDREN; EXCLUDING ADULT CHILDREN)</b>	<b>WANTED ON ENTRY</b>
How abuse affects children	55.4% (154)
Child-care/day care and/or relief	43.5% (121)
Counselling/groups for children	40.0% (111)
Learning about healthy child development	30.2% (84)
Dealing with a difficult child	25.0% (70)
Dealing with my child's schooling/school	23.0% (64)
Safety plans for my children	39.2% (109)
<b>SUPPORT/ADVOCACY</b>	
Staff talking to community agencies with you	51.4% (179)
Staff going to appointments with you	34.2% (119)

High proportions of the women also hoped to receive referrals to community service or organizations, most commonly for housing, counselling, donations and financial aid.

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**Table 35: Shelter Intake Questionnaire: Referrals**

REFERRALS/INFORMATION ON COMMUNITY SERVICES	WANTED ON ENTRY
Housing	71.0% (247)
Counselling for myself	67.2% (234)
Donations: furniture or clothing	59.5% (207)
Financial aid	50.9% (177)
Legal services/court support/Victim's Services	42.5% (148)
Planning for my job or education	42.5% (147)
General children's services (i.e. recreation)	39.1% (136)
Help relocating to a new community	38.8% (135)
Counselling for my children	35.1% (122)
Health care	33.9% (118)
Counselling for the person who was abusive	31.9% (111)
Custody and access	26.7% (93)
Getting a legal order for my protection	22.4% (78)
Drug or alcohol addiction counselling	22.1% (77)

In summary, on entry to the shelter, the women identified numerous needs, many of which are basic necessities such as housing, financial support, and furnishings with which to establish a new residence separate from the abusive partner. In addition, they noted important safety and emotional support needs, such as counselling and/or support from shelter staff and similar support in the community for themselves and their children once their shelter stay was over.

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## CHAPTER FOUR: REFLECTING ON THE SHELTER STAY

The Feedback Survey was administered to shelter residents either just before they left or, in the cases of some shelters that allow stays longer than three weeks, about 21 days into their stay. In total, 238 residents completed the Feedback Survey.

In the first question, shelter residents were asked how long they had stayed on this visit. As can be seen in Table 36, almost 75% of the survey respondents stayed more than two weeks. As noted previously, the response to this question is determined by funding policies in some jurisdictions in which there is a specified maximum length of stay versus others that have no fixed length.

**Table 36: How long was your shelter stay on this visit?**

1 to 7 days	24 (10.8%)
8 to 14 days	33 (14.9%)
15 to 21 days	79 (35.6%)
over 21 days	86 (38.7%)
<b>Total</b>	<b>222</b>

The survey respondents were asked if they had stayed away from the shelter over night for any reason (medical, family visits, etc.) and for what reason? The majority of the 99 residents who had any overnight absences were away for short periods, primarily to visit family members (51 or 51.5%), to visit friends (15 or 15.2%), for medical reasons (8 or 8.1%) or because they were in the process of moving (4 or 4%).

Looking at whether the residents were satisfied with the shelter services, information, help with children, advocacy and referrals, the most helpful aspect was a safe and secure place to stay (96%), followed by a “break” from the abusive partner (91%), a safe and secure place for their children to stay (88%) and emotional support/counselling from staff (76%). These are a close fit with their expressed needs on entering the shelter.

In every category in Tables 36 through 40, on exit from the shelter more women valued receiving each form of assistance than had “wanted” it on entry. This suggests that the women came to value many types of help that they had not imagined needing. The forms of assistance characterized as most helpful in these tables were in the areas of -safety, time away from the abusive partners to consider options (a “break”), a safe and secure place for their children and emotional support from the shelter crisis counsellors.

Most forms of assistance were offered by the shelters. Exceptions in some shelters included not offering group fun activities for the adults, formal group discussions for shelter residents, and counselling groups for children. Referrals to services in the community were valued by the majority of residents in shelters. It was also the most commonly mentioned service that was “not offered”. Services not being offered could represent gaps because of the busy schedules of shelter staff and lack of funding to staff the shelters to the levels desired by shelter residents.

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**Table 37: On Exit: Shelter Assistance with General Needs**

GENERAL NEEDS	WANTED ON ENTRY	VERY HELPFUL	SOMEWHAT HELPFUL	NOT VERY HELPFUL	NOT NEEDED	NOT OFFERED
A safe and secure place to stay (N=207)	77.4% (168)	95.7% (198)	3.7% (8)	0.5% (1)	0	0
A break from my abusive partner (N=192)	50.7% (110)	91.1% (175)	7.8% (15)	1.0% (2)	11	
Emotional support/ counselling from staff (N= 201)	79.7% (173)	76.1% (153)	20.9% (42)	3.0% (6)	4	2
Talking to other women in abusive relationships (N=188)	53.5%(116)	68.6% (129)	23.9% (45)	7.4% (14)	11	6
Formal group discussions with other residents (N=143)	NA	51.0% (73)	32.9% (47)	16.1% (23)	26	31
Group fun activities or outings (N=109)	NA	45.0% (49)	39.4% (43)	15.6% (17)	26	60
A safe and secure place for my children (N=146)	53.5% (116)	87.7% (128)	10.3% (15)	2.1% (3)	39	6
Get income assistance more quickly (N=143)	51.2% (111)	60.8% (87)	28.0% (40)	11.2% (16)	45	10
Get into housing more quickly (N=143)	62.7% (136)	54.5% (49)	32.2% (46)	13.3% (19)	49	5

**Table 38: On Exit: Information Provided**

INFORMATION ABOUT:	WANTED ON ENTRY	VERY HELPFUL	SOMEWHAT HELPFUL	NOT VERY HELPFUL	NOT NEEDED	NOT OFFERED
Safety planning (how to protect myself) (N=180)	55.3% (120)	68.9% (124)	25.6% (46)	5.6% (10)	9	14
Coping (how better to help myself) (N=189)	65.4% (142)	68.8% (130)	26.5% (50)	4.8% (9)	6	9
Patterns of abuse (learning to recognize abuse) (N=191)	44.7% (97)	75.4% (144)	19.9% (38)	4.7% (9)	7	7
Improving my self-esteem and self-care (N=186)	68.2% (148)	66.7% (124)	28.0% (52)	5.4% (10)	8	11
Coping with stress and anger (N=179)	71.0% (154)	59.2% (106)	31.1% (56)	9.5% (17)	12	15

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**Table 39: On Exit: Assistance for Children**

HELP WITH CHILDREN (22 HAD NO CHILDREN OR ADULT CHILDREN)	WANTED ON ENTRY	VERY HELPFUL	SOMEWHAT HELPFUL	NOT VERY HELPFUL	NOT NEEDED	NOT OFFERED
Child care /day care and/or relief (N=108)	36.4% (79)	63.0% (68)	27.8% (30)	9.3% (10)	63	9
How abuse affects children (N=127)	42.9% (93)	70.9% (90)	25.2% (32)	3.9% (5)	47	8
Dealing with my child's schooling/school (N=86)	18.0% (39)	72.1% (62)	20.9% (18)	7.0% (6)	80	12
Counselling/groups for children (N=79)	32.7% (71)	54.4% (43)	31.6% (25)	13.9% (11)	72	23
Dealing with a difficult child (N=79)	22.6% (49)	49.4% (39)	40.5% (32)	10.1% (8)	81	15
Learning about healthy child development (N=96)	21.2% (46)	64.6% (62)	28.1% (27)	7.3% (7)	64	20
Safety plans for my children (N=107)	28.1% (61)	76.6% (82)	17.8% (19)	5.6% (6)	54	16

**Table 40: On Exit: Support/Advocacy Needs**

SUPPORT/ADVOCACY	WANTED ON ENTRY	VERY HELPFUL	SOMEWHAT HELPFUL	NOT VERY HELPFUL	NOT NEEDED	NOT OFFERED
Staff talking to community agencies with you (N=124)	46.5% (101)	59.7% (74)	29.8% (37)	10.5% (13)	62	11
Staff going to appointments with you (N=96)	33.2% (72)	55.2% (53)	25.0 (24)	19.8% (19)	78	21

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**Table 41: Referrals to Community Services**

REFERRALS/INFORMATION ON COMMUNITY SERVICES	WANTED ON ENTRY	VERY HELPFUL	SOMEWHAT HELPFUL	NOT VERY HELPFUL	NOT NEEDED	NOT OFFERED
Legal services/court support/ Victim's Services (N=109)	40.6% (88)	60.6% (66)	30.3% (33)	9.2% (10)	72	12
Financial aid (N=119)	47.5% (103)	59.7% (71)	31.9% (38)	8.4% (10)	61	13
Housing (N=129)	66.8% (145)	59.7% (77)	31.0% (40)	9.3% (12)	55	10
Counselling for myself (N=145)	66.4% (144)	62.8% (91)	32.4% (47)	4.8% (7)	39	13
Counselling for the person who was abusive (N=73)	31.8% (69)	53.4% (39)	24.7% (18)	21.9% (16)	75	38
Planning for my job or education (N=89)	37.3% (81)	47.2% (42)	31.5% (28)	21.3% (19)	72	30
Counselling for my children (N=85)	35.9% (78)	57.6% (49)	31.8% (27)	10.6% (9)	77	20
Custody and access (N=76)	21.7% (47)	59.2% (45)	26.3% (20)	14.5% (11)	94	17
General children's services (i.e. recreation) (N=89)	37.8% (84)	64.0% (57)	29.2% (26)	6.7% (6)	77	17
Health care (N=98)	27.6% (60)	56.1% (51)	38.8% (38)	5.1% (5)	75	17
Drug or alcohol addiction counselling (N=63)	19.8% (43)	54.0% (34)	23.8% (15)	22.2% (14)	106	20
Donations: furniture or clothing (N=168)	57.6% (125)	81.5% (137)	17.3% (29)	1.2% (2)	25	7
Help relocating to a new community (N=99)	34.6% (75)	64.6% (64)	26.3% (26)	9.1% (9)	76	15
Getting a legal order for my protection (N=82)	20.7% (45)	65.9% (54)	25.6% (21)	8.5% (7)	91	13

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In addition to completing the above table, we asked respondents to list which three of the above services they considered most important to them. The results are mostly congruent with the above summary statement. The most important assistance across the top three choices was safety and a secure place to stay, emotional support/counselling from shelter staff and assistance with housing.

**Table 42: The Most Important Assistance from Shelter**

SERVICE	MOST (N=184)	SECOND (N=155)	THIRD (N=130)
A safe and secure place	66 (35.9%)	16 (10.3%)	25 (11.5%)
Emotional support/ counselling from staff	20 (10.9%)	48 (31%)	29 (40%)
Help finding Housing	15 (8.2%)	14 (9%)	11 (3.8%)

### CHANGES IN TRAUMA SYMPTOMS DURING SHELTER RESIDENCE

The shelter residents were asked to complete the Impact of Event Scale-Revised in both the Entry and Feedback Surveys. The scale does not diagnose PTSD, but asks women to identify whether they are experiencing trauma symptoms such as avoidance and intrusive thoughts. Coping with a high number of these symptoms interferes with individuals' ability to connect with others and to problem-solve effectively. The instructions for the Impact of Event Scale-Revised are the following:

“The following is a list of difficulties people sometimes have after stressful life events. Please read each item, and then indicate how distressing each difficulty has been for you *during the past 7 days* with respect to the event that brought you into the shelter. How much were you distressed or bothered by these difficulties.”

One hundred eighty residents completed the Impact of Event Scale-Revised at both shelter entry and shelter “exit”. Items are scored 1 for bothering you “a little bit”; 2 for “moderately”; 3 for being bothered “quite a bit” and 4 for “Extremely”.

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**Table 43: Changes on the Impact of Event-Revised Scale Items**

ITEM	PRE-TEST	POST-TEST	T-TEST
1. Any reminder brought back feelings about it.	2.31	1.79	5.3 (p<.000)
2. I had trouble staying asleep.	2.37	1.94	4.1 (p<.000)
3. Other things kept bringing it back.	2.07	1.63	4.6 (p<.000)
4. I felt irritable and angry.	2.08	1.50	5.6 (p<.000)
5. I avoided letting myself get upset when I thought about it or was reminded of it.	1.93	1.78	1.6 (n.s.)
6. I thought about it when I didn't mean to.	2.06	1.56	5.5 (p<.000)
7. I felt as if it hadn't happened or wasn't real.	1.76	1.27	4.8 (p<.000)
8. I stayed away from reminders about it.	1.60	1.63	0.1 (n.s.)
9. Pictures about it popped into my head.	2.29	1.78	5.1 (p<.000)
10. I was jumpy and easily startled.	1.83	1.28	5.8 (p<.000)
11. I tried not to think about it.	2.26	1.95	2.8 (p<.005)
12. I was aware that I still had a lot of feelings about it, but I didn't deal with them.	2.22	1.78	4.1 (p<.000)
13. My feelings about it were kind if numb.	1.88	1.36	4.4 (p<.000)
14. I found myself acting or feeling like I was back at that time.	1.42	0.94	5.2 (p<.000)
15. I had trouble falling asleep.	2.38	2.00	3.7 (p<.000)
16. I had waves of strong feelings about it.	2.37	1.76	6.3 (p<.000)
17. I tried to remove it from my memory.,	2.20	1.76	4.1 (p<.000)
18. I had trouble concentrating.	2.25	1.79	3.8 (p<.000)
19. Reminders of it caused me to have physical reactions, such as sweating, trouble breathing, nausea, or a pounding heart.	1.81	1.41	4.0 (p<.000)
20. I had dreams about it.	1.61	1.45	2.1 (p<.035)
21. I felt watchful and on guard.	2.21	1.78	4.1 (p<.000)
22. I tried not to talk about it.	1.81	1.35	4.2 (p<.000)

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The majority of the IES-R items were in the “moderately bothersome” level at shelter entry. The items that presented the most difficulties, on average, as women entered the shelter, were having trouble falling asleep, having trouble staying asleep, having strong waves of feelings about the event and any reminder brought back feelings about the event. Virtually all of the problems improved by the time the residents answered the feedback survey, most to the “bothering a little bit” range.

**Table 44: Impact of Event-Revised Subscale Pre-test/Post-test Changes**

IES SCALES	PRE-TEST SCORE	POST-TEST SCORE	DIFFERENCE (T-TEST)
Avoidance (N = 178)	15.7	12.7	5.5 (p<.000)
Intrusion (N = 181)	16.5	12.7	7.6 (p<.000)
Hyperarousal (N = 180)	12.6	9.8	6.7 (p<.000)
<b>TOTAL IES Score (N = 175)</b>	<b>45.8</b>	<b>35.2</b>	<b>7.4 (p&lt;.000)</b>

The women reported significant reductions on the Avoidance, Intrusion and Hyperarousal subscales of the Impact of Event Scale. The decrease in the number of symptoms on leaving the shelter suggests that the residents are more able to meet the challenges that face them as they re-enter their communities, most with the goal of leaving the assaultive relationship.

The Feedback Survey contained a number of questions related to consumer satisfaction and which aspects of the shelter the residents found most helpful (See Table 45). The most positively endorsed items (marked either Strongly Agree and Agree) included: “I understand that I deserve better” (100%); “I gained hope that I can make a better life for myself” (99%); “I am more able to keep myself (and the children in my care) safer from abuse”. (97%); “I was listened to” (96%); “I was believed” (96%); “During my shelter stay I felt safer from my abuser” (95%).

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**Table 45: Satisfaction with Shelter**

N = 238 EXCEPT WHERE STATED	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
During my shelter stay I felt safer from my abuser.	62.6% (142)	33% (75)	2.2% (5)	2.2% (5)
I was listened to.	56.8% (153)	39.3% (92)	3.4% (8)	0.4% (1)
I was believed.	59.6% (137)	36.5% (84)	3.5% (8)	0.4% (1)
I understand that I was not to blame for the abuse.	59.0% (138)	38.9% (91)	2.1% (5)	0%
I understand that I deserve better.	72.3% (170)	27.7% (65)	0%	0%
I gained hope that I can make a better life for myself.	67.2% (158)	32.3% (76)	0.4% (1)	0%
I know more about services in the community where I can get help for children in my care. (N=188)	51.6% (97)	42.0% (79)	4.8% (9)	1.6% (3)
I know more about services in the community where I can get help for myself.	46.7% (106)	47.6% (108)	4.4% (10)	1.3% (3)
I know more about where to go for legal information and support.	43.2% (96)	48.6% (108)	5.4% (12)	2.7% (6)
I know more about the signs of an abusive relationship.	51.1% (118)	42.9% (99)	3.9% (9)	2.2% (5)
I know more about the effect of abuse on the children in my care. (N=184)	46.7% (86)	47.8% (88)	2.7% (5)	2.7% (5)
I know more about the effect of abuse on me.	55.3% (126)	40.4% (92)	3.9% (9)	0.4% (1)
I am more able to keep myself (and the children in my care) safe from abuse.	54.0% (115)	43.7% (93)	2.3% (5)	0.0%
The food was tasty and filling.	48.7% (115)	41.9% (99)	6.8% (16)	2.5% (6)
The shelter rules were fair.	49.8% (118)	43.5% (103)	5.9% (14)	0.8% (2)
The services/staff were sensitive to my culture. N=116	54.2% (117)	42.6% (92)	2.3% (5)	0.9% (2)
The shelter was welcoming and comfortable.	60.8% (144)	35.0% (83)	4.2% (10)	0.0%
The staff respected my privacy.	61.2% (145)	35.0% (83)	2.5% (6)	0.0%
The staff were friendly and approachable.	58.4% (139)	37.4% (89)	3.4% (8)	0.8% (2)
The staff were helpful and supportive.	61.3% (144)	36.2% (85)	2.1% (5)	0.4% (1)
During my stay, the shelter met almost all of my needs.	54.4% (129)	40.1% (95)	4.6% (11)	0.8% (2)
I am very satisfied with the services I received during my shelter stay.	58.8% (140)	35.7% (85)	3.8% (9)	1.7% (4)
If a friend needed similar help I would suggest going to the shelter to her.	68.5% (163)	28.2% (67)	2.5% (6)	0.8% (2)

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### STRENGTHS AND CHALLENGES OF THEIR SHELTER STAY: THE WOMEN SPEAK

The final two questions on the Feedback Survey were open-ended, and dealt with suggestions or concerns and what the residents liked best about the shelter. Two hundred of the 239 women (84%) who completed the Feedback Survey wrote answers to these questions. Of the respondents, 96 provided both positive comments and suggestions/concerns, while 102 respondents had only positive comments. Only two residents wrote only suggestions/concerns.

The responses to what could improve the shelter were equally divided between concerns and suggestions. In the following sections, when suggestions were made to address concerns raised by others, they are placed adjacent to the issues. Some comments implied suggestions or the suggestion was imbedded in the concern. Notably, none of the concerns was with respect to any one shelter.

Twice as many residents wrote about aspects of the shelter that they found helpful, as wrote concerns or suggestions. Many of the comments simply endorsed the fact that their shelter stay was valuable and assisted them in a number of ways. Overall, the comments about shelter strengths are with respect to the same topics that were identified as concerns. Notably, residents in the same shelter often perceived issues differently, one noting staff approachability as a problem, another seeing the staff in the same shelter as caring and supportive.

However, the concerns should not be dismissed but must be seen in the context of different perceptions. The major concerns were about some staff, managing children's behaviour, some other residents, and the food. The major strengths of the shelter as perceived by the residents were the staff, the safety, the other residents, and meeting basic needs especially food.

The residents' comments need to be put in the context of the everyday life within a shelter, however. As mentioned earlier, Canada's shelters are funded by the provincial / territorial governments. Nevertheless, concerns with respect to woman abuse need to be addressed at the federal as well as the provincial/territorial levels because violence against women is a national issue.

Each province has different standards and funding structures, making comparisons across the country difficult. Examples of differences include the fact that some provinces provide the shelter buildings and the organization is not responsible for the building's up-keep. Most shelters are funded only for the in-house residential care they provide, not for additional programs such as outreach or follow-up—although some governments provide funding for these. In general, the funding to pay salaries of shelter staff is minimal and staffing is at a “bare-bones” level. One consequence of this is that many shelters have only a single front-line worker, and most night shifts are single-staffed.

It is important to remember, though, that the various shelters provide different services, partly depending on resources and/or philosophy. So while some respondents, for example, suggested adding a group program, other shelters already offer these. Some shelters have cooks and cleaning staff; others rely on residents to do these chores, as part of the expectation of contributing to the household.

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What do women experience in shelters? For the first several days, women are often traumatized from the event that brought them to the shelter. They may be very emotional or, in contrast, numb. They often need several days to settle in before they can consider making any decisions about their future.

Women often come with children; many of the children are young and are themselves feeling traumatized by having had to leave their homes and routines. While some shelters have child care workers and child care spaces, these are not available full-time. Being in a communal situation with other children is exciting, and the children may be active and difficult to manage, especially if their mothers are preoccupied by dealing with their own crises.

Shelters are busy places. Residents often need to take immediate action to secure social assistance and housing, since these two basic needs are central to re-establishing themselves. Sometimes women must start the process of getting social assistance and finding new accommodations before they have decided to separate from their partner, simply because these take time to put into place. If she was injured in the incident that led to shelter, she may have medical appointments: if the police charged her partner, she may have to make a statement to them about the events. If she is working, she may need to continue working each day to ensure that she remains employed.

Some shelters offer group meetings either daily (daytime or evening) or weekly. Sometimes attendance is mandatory, but this becomes difficult with the many demands on women's time to prepare a new home in the community. With such diverse needs and activities, what do women find most helpful about their shelter stays and what could be improved?

The next sections provide an overview of the women's perspectives on what they found best about their shelter stay and what created difficulties or could be provided better. With each theme we provide several quotes that exemplify the issues. Notably, however, there were no substantial differences in comments across the racial groups.

### SAFETY

The undisputed most positive aspect of the resident's shelter stay was the safety and security provided. Fifty-three residents commented about safety being of central importance in their shelter stay, some in conjunction with comments about the staff members.

*The thing I liked best about the shelter was that when I needed someone to talk to, there was always someone right there to listen. Knowing that your abuser couldn't get into the shelter. The support from the workers.*

*I felt safe for my child and had a chance to deal with a lot of issues past and present.*

*Safe place – felt secure – actually slept! For once.*

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### SHELTER STAFFING

The role of the shelter crisis counsellor is to act as a “case-manager”, taking a holistic view of the needs of the woman and her children. This complex role means that shelter staff members remain aware of each woman’s emotional needs in the context of her current decision-making, in addition to accessing basic needs, such as housing and financial support. If she is having difficulty with institutional support or with child welfare, can the worker advocate on her behalf? Does she have medical, legal needs? How are her children responding to the crisis? Has she considered custody and access if she decides to divorce her abusive partner? These issues must be raised, while not overwhelming women with too many difficult decisions, balancing sensitivity with a sense of the urgency of achieving stability in the community within a relatively tight time-frame of three weeks in most sites. Not easy tasks.

In the early shelter days, the staff were often women who had themselves been abused. Many of these provided (and continue to provide) excellent emotional support, knowing, based on their own experience, what residents most needed from them. However, a minority of the women had not completely healed from their own abuse and may have had difficulty responding to the uniqueness of each woman’s experience (Tutty & Rothery, 1997).

Over the past several years, a number of shelters have developed the practice of hiring staff with professional training - social workers, social assistance workers or those with psychology degrees. The “professionalization” of shelters has been criticized by some (Lakeman, 2005) as pathologizing women by perceiving residents as needing counselling when they may only need support and advocacy. It may create a hierarchical, “us-them” phenomenon, different from the early collective years.

Continuing the debate about whether the best staff for shelters are experiential or professional women is likely no longer relevant. Not to forget the concerns raised, it may divide those most committed to working toward the common goal of ending violence against women. Advocacy remains a core service in shelters in Canada, regardless of the “professional” status of the staff.

Furthermore, one should not assume that professional staff do not have an abuse history, especially considering the high proportion of Canadian women who have been abused. A number of shelter staff with experiential backgrounds identified as such in Tutty and Rothery’s study of eight shelters in Alberta (1997). Rural and remote shelters have a much more difficult time attracting staff members with professional training. To the extent that this will not likely change, smaller shelters will likely continue with more grass-roots staff membership.

Finally, whether staff have professional credentials or not, the key to their being good shelter workers is an ability to connect with residents in a warm and non-judgmental manner, providing some structure to assist women in decision-making. They are grounded in an analysis of violence against women that does not blame the women for the actions of their violent partners. Understanding why women are abused from a systemic sociological perspective allows shelter staff to support and guide the women through a myriad of complex social service organizations whose workers often individualize the issues, such as child protection, the justice system, health and housing.

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Whether professionally trained or not, the position of shelter crisis counsellor has a number of characteristics that make it more complex than many other jobs in the helping professions. The staff work with women and children in a state of crisis, in a residential setting, and in a country in which diminishing social service benefits means that it takes considerably longer for residents to secure social assistance and affordable housing. Difficulty in meeting such basic needs means that residents may stay longer and may feel so anxious that they are less emotionally available for counselling about their abuse (Tutty & Rothery, 1997).

Staff have a mix of responsibilities including urgent tasks such as handling crises in progress either with residents in the shelter or over the phone or the more mundane and on-going tasks of completing the paperwork required to receive provincial funding, and organizing the completion of chores and meals in shelters without cooks or maintenance staff.

### THE RESIDENTS' FEEDBACK ABOUT SHELTER STAFF

The shelter crisis counselling staff were both the greatest strength and the most commonly noted concern of a smaller number (N = 30) of survey respondents. Overwhelmingly, a large number of respondents noted that their interaction with the shelter staff was what they liked best about their shelter stay. One-hundred and forty-seven respondents commented that the shelter staff members were one of the best aspects of being in shelter. Here are several of the many comments:

*The best things was I didn't have to worry that I would be scolded or feel uncomfortable if I did something wrong. The staff were really comforting, understanding, and gave me my freedom. They were comfortable and easy to talk with; they were supportive of my decisions. I felt like it was home. Living in the shelter has been more pleasant than when I lived at home as a child.*

*The staff are so nice – if it wasn't for my workers when I came in here, I don't know what I would have done. I was physically abused for the first time that night, slept in my car with a broken window, decided to call the shelter in the morning, and they have been my guardian angels ever since. So what I like best is how the staff cares about us!! Thank you all the staff.*

*It was amazing. I loved the supportive staff. It's amazing what a couple days of being treated good will do for your self-esteem.*

*The staff are very friendly, and non-judgemental. They made me feel like an equal.*

However, the problem most commonly mentioned by a smaller group of survey respondents (30) was issues with staff, usually with specific individuals or a subset of the shelter staff. Thirteen residents complained that a few staff members were unfriendly or rude, or described staff behaviour that they considered inappropriate.

*A couple of the staff members need to rethink their choice of jobs. We are made to feel like we've done something wrong. Their attitudes need to be different. I discussed this with a few other residents and they feel the same way.*

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*Workers with attitudes should be left out the door! Not taken out on the clients – had a very rough time with two staff – they made me feel like “a dirty pot smokin’ Indian”. Acted like they were the wardens and we were inmates in a prison!*

A resident of Aboriginal background suggested hiring Native staff:

*Have a native counsellor that has been in an abusive relationship in all different stages. Understand our culture and learning more about it would be helpful.*

Fourteen residents commented that staff should be more approachable, and should take the lead in asking residents how they are doing. Keeping a balance between being available to residents but not being intrusive by asking them how they are doing too often, can be difficult. A number clarified that the majority of the staff were supportive.

*The women need the workers to come to them when they’re here instead of the women going to them.*

*I thought the staff would talk more to everyone – be more present in our lives, helping with things like moving in and out, meals, cleaning, emotional support. The staff spent 99% of their time in the office, on the phone with family and friends (they told me this), trying to cover shifts. The door to the office was closed way too much and if you interrupted them because you needed something that was locked up or you needed to get out of the shelter, I felt like I was bothering them. They weren’t there for me. Other women felt this way because we talked about it.*

Two residents were upset that the shelter staff had called in child welfare workers in response to their mothering without first informing them.

*I only had one situation with my younger children and a staff had to come to call me on aggressive yelling and failed to tell me that it was going to be reported. I was not expecting her to call the social worker.*

*A very important trust was broken when someone called CAS without talking to me – this may affect me using services again. Never talked to find out if dealt with re: policy on approaching resident first.*

Several residents each asked for more time in the shelter, more privacy and help from staff with advocacy.

*Make the stay longer for people to get their own place.*

*An advocate for dealing with social services.*

*Trying to work with the local Housing Authority to try and get them to pick women in crisis that need places to live.*

### THE OTHER RESIDENTS

As with staffing, the other shelter residents were seen as both a positive and as of concern. Shelters entail communal living. Even the largest shelters, built specifically for the purpose, generally house women and their children in the same room. Some women must share rooms. Many shelters require the residents to assist with their stay by helping to clean and cook food for themselves and the other

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residents. Given the “close-quarters” living of women and children, all of whom have recently experienced an upsetting and often life-altering event, not everyone is responsive to the structure and communal demands.

Nevertheless, forty former residents mentioned the support from the other women at the shelter as an important aspect of their stay:

*I liked the way the other women made me feel at ease. Made me feel like I wasn't alone in the way I felt. It helped a lot. I have also made a few friends that are willing to stay in contact.*

*Other women to talk to who have been in similar situations. Someone to relate to and talk to. I was not isolated anymore.*

*Sharing “uncomfortable” stories with other women made me feel that my life was not shameful.*

Some residents have additional issues beyond having been abused that can make them difficult co-habitants, such as having mental health problems like schizophrenia or substance abuse. Cuts to health and mental health services have led to reported increases in residents with significant mental health and substance abuse problems. There may be few services in the community that can assist shelter staff in addressing their needs appropriately and these women also have great difficulty finding and keeping accommodation after leaving the shelter. Five survey respondents described problems with other residents that made aspects of their stay difficult.

*I had nice roommates, but the last one could not sleep. She had left the door unlocked, lights on and radio on.*

*Basically it was full house, during the whole stay. Personality clashes were apparent! Some people were not as kind as others! But I don't think that can be changed by anything staff can do. It's part of being in a large community environment.*

Another six women raised issues about other residents using substances.

*I had problems seeing women coming in looking like they were abusing drugs or alcohol. I felt that they were abusing the place and I didn't feel comfortable with my children around them.*

*A drug addict who told me about her drug use, being on a methadone program and the fact that she used on Thursday or Friday and Monday. Children should not be exposed to this lifestyle, especially when they are supposed to be in a safe and secure environment.*

One resident was concerned about a woman who had been diagnosed with schizophrenia. This is not to imply that women with mental health or substance abuse problems are not in need of the shelter, or that they should have been refused admittance. It does suggest that shelter staff work together with residents to promote understanding and a sense of community among those sharing the transition house.

Other areas of concern identified by the residents were with respect to various aspects of communal living such as problems with other residents' children, chores, the food and house rules. Notably, other respondents saw the food and child care as strengths. Such comments are commonly noted in evaluations of shelters simply because communal living is challenging and it is especially difficult to cope with others when one has recently been through a traumatic experience.

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### WHAT RESIDENTS LIKED BEST ABOUT THE SHELTER

The final section of feedback about what the women liked best about the shelter presents comments about the shelter experience as a whole. The women touch on most of the themes already mentioned, but in a more holistic manner.

*Ladies very kind and willing to listen and give support. Food was very nicely prepared and tasty. Still able to be independent. Don't think I would have strength or feelings of self-worth to leave relationship with (partner) and the ladies that spent so much time listening, talking, and encouraging.*

*I like safety and friendly environment, privacy, and rooms, staff it was very comfortable place to be. I thank this shelter for helping me and my child.*

*It made me realise that there is always hope for a better life. It gained me self-respect and respect for others. It taught me to recognize what is abuse in a relationship and to correct and avoid it. I learned to live more safely. And it made me strong, and through your support and assistance I stopped blaming myself as what I did before because you never blamed anyone anyway. It was not a self-righteous thing, it's merely identifying the problem and what could be done about it, and the shelter just provided the answer. And get to start a new life the one involved. It's not judgemental.*

*I found the staff to be professional, friendly, and helpful. The housekeeping staff are great and brought a sense of concern and gentleness to the shelter. Our cook was great – creative with her meal choices. My counsellor was attentive and concerned and was always willing to chat. I cannot thank the staff enough for making an unpleasant situation a more tolerable one.*

*Peer group. Someone who understands. Made some good friendships that hopefully will last a lifetime. Staff go above and beyond what is expected to help you to the best of their ability. A lot of laughs! Learned a lot about victim's rights. Excellent outreach worker astute to detail and knows the law and legal systems.*

*The support, the staff, and all the knowledge I learned about an abusive relationship. I loved the way the children's counsellor treated my children. The generosity was great.*

*I had a wonderful stay. My children really like it here. My son and I met new friends. Everyone is very supportive here, I'd recommend it to everyone who is in an abusive relationship. It's awesome here, the staff are great, I feel like at home.*

*My children were welcome here. I felt at home – very comfortable. I was extremely nervous when I arrived – having never done anything like this I didn't know what to expect. This did not last long – soon I was feeling as though I belonged here. I left home feeling very depressed – now I'm moving into my own apartment with my two children and next week I will be attending community college, taking something I have wanted to do for years!*

## 5

## CHAPTER FIVE: AFTER THE SHELTER

This chapter documents the women's plans upon leaving the emergency women's shelter. Furthermore, the interviews completed with the 20 residents two to five months after their shelter stay, provide a snapshot of what the larger group of survey respondents may be experiencing.

The survey respondents were asked "Where are you planning to go now?" with the proviso that shelter staff will NOT see their answer to this questions. This statement was added for two reasons. First, residents might fear disappointing the shelter staff, who have been supportive if they choose to return to an abusive partner. Second, in provinces with child welfare legislation that includes children being exposed to the abuse of their mothers by their fathers as grounds to perceive the children as being in need of protection, staff would, by definition, need to report women who return with children to an abusive partner if they know this to be the case.

**Table 46: Where Planning to Go After Shelter**

Move to a new home by myself or with my kids (without person who was abusive)	48.0% (108)
Return to own home (person who was abusive will NOT be present)	18.7% (42)
Move in with family or friends	10.7% (24)
Move to second-stage shelter	5.8% (13)
Undecided	4.9% (11)
Return to home to live with person who was abusive	4.4% (10)
Move to another emergency shelter	4.0% (9)
Other	3.6% (8)
<b>Total</b>	<b>225</b>

As can be seen in Table 46, on leaving the shelter, the majority of residents (about 90%) will not be returning to live with their abusive partner. About four percent will return immediately to their home with the intimate partner and 5% were undecided.

Two of those who responded "other" to the previous question were going to a substance abuse treatment or to a "healing and learning centre". One commented that she was having a difficult time finding a place to move in to, another will stay in the shelter until she finds housing. One other respondent is moving into a YWCA residence.

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**Table 47: What do you plan to do with the person who was abusive?**

Leave relationship for good	43.1% (97 )
Live apart and try to work things out	16.6% (37)
Live together and try and work things out.	5.4% (12)
I had already left relationship before coming into shelter	20.6 (46)
I was not in a couple relationship with the person who was abusive (i.e. landlord)	1.8% (4)
Don't know yet	12.1% (27)
<b>Total</b>	<b>223</b>

Those who were returning (or might return in future) to their partners gave the following reasons for doing so. Note that 28 women gave one reason why they were returning (or might return), while the other 27 respondents gave up to seven reasons. Returning is obviously a complex issue.

Hope for the relationship was most commonly endorsed, though the women also noted that lack of money, fear and lack of housing was causing - or could cause - their return. The ten women who expressed fear, related this to fear of their partner (2), his control over her (1) safety (1), fear of losing her children (1), being alone (1), drinking (1) and having no-where to go (1).

**Table 48: Why Return to Partner? (check all that apply)**

REASON FOR RETURNING TO CURRENT PARTNER	
Lack of housing	9
Lack of money	14
Hope for the relationship	31
Fear	10
Pressure from children	6
Pressure from my family	6
Pressure from his family	2
Pressure from my community	3
Pressure from my church/elders	3
Pressure from my ethnic community	2
Pressure from other community	0

## CHAPTER FIVE: AFTER THE SHELTER

As can be seen in Table 49, almost 70% planned to use the follow-up services offered by many of the shelters, an essential continuing support for many previous residents.

**Table 49: Do you plan to use Shelter Follow-up Services?**

Yes	69.6% (121)
No	5.2% (9)
Undecided	24.9% (43)
<b>Total</b>	<b>173</b>
Shelter has no Follow-up/Outreach program	9
Follow-up services/Outreach not offered to me	8

### PREVIOUS RETURNS TO PRIMARY ABUSER

When women return to an abusive partner after a shelter stay, some may conclude that the shelter services were not effective, but this is not justified. Rather, the shelter offers a short respite during which women can consider their options. Choosing to leave an abusive relationship entails a number of challenges, including often finding new housing, finances, schools for children to name only a few. While many shelter residents leave planning not to reconcile with their partners, it was pertinent to ask the women currently residing in shelters who had previously used shelter services and ultimately returned to their partners, why this happened.

Of the 238 residents who completed the Feedback survey, 134 (56%) had previously resided in a shelter. Of these, 60.4% (81 of 134) had returned to the primary abuser and 39.6% (53 of 134) had not. Similar to the reasons that could cause a return to the abusive partner currently, of those who had returned before, the most common reason was hope for the relationship. However lack of housing and money were significant reasons for reconciling, as was fear.

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**Table 50: Reasons for Previous Return to the Abusive Partner**

REASON FOR RETURNING BEFORE	TIMES MENTIONED
Lack of housing	25
Lack of money	27
Hope for the relationship	61
Fear	17
Pressure from children	5
Pressure from my family	15
Pressure from his family	3
Pressure from my church/elders	1
Pressure from my ethnic community	0
Pressure from other community	0

## THE WOMEN'S LIVES AFTER THE SHELTER

One of the primary reasons for interviewing the 20 former shelter residents was to discover how they were faring several months after having resided in the shelter. Once back in the community and at the time they were interviewed, seven of the 20 former shelter residents were working, and one was a university student. Two more, who were not currently working, were planning to go to school in the fall. Of those without income from employment or school support, five were receiving social assistance, three were on disability benefits and another was a widow who continued receiving survivor benefits. Three received some support from their ex-partners (one who was also employed) and two had no current means of support.

With respect to housing, five had moved home to live with their parents at some point. All but three women had safe and affordable accommodation. One of the three had moved repeatedly between friends and family and had no stable residence.

Two women who were interviewed had reconciled or planned to reconcile with their partners. As one described:

*I went back to see my boyfriend. It started out real calm and cool, but the girlfriend that I moved out with didn't like him, so that's why I have to move out. [I was] back out on the street. So what does every bright person do? They head back to what they know is natural. Now, I'm back with him. But I don't put up with it anymore. [You're not being abused now?] No.*

## CHAPTER FIVE: AFTER THE SHELTER

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Except for the woman abused by her adolescent daughter, seventeen interviewees were separated and many were in the process of obtaining a divorce. Three mothers had contact with the abuser because of custody and access visits by the children with their fathers. All of these visits were unsupervised.

Unsupervised exchanges can be dangerous for women and upsetting for children, as in the following example:

*I contacted the Native court workers here. They used to provide supervised visitation for the children, they don't have that now. But they aren't eager to go with him. The first visitation that was unsupervised, my five year old wouldn't go, and the lawyers negotiated and I felt forced into doing the exchange with him on the theory it would be easier for my children to leave me and go to him. Well it made it worse for the five-year-old 'cause she didn't want to leave me and I actually had a counsellor with me for that exchange. The counsellor said, "If you don't want to leave, we can stay for this visit", so I ended up staying for their whole visit, which to me was completely backwards and I never would've done it if I didn't have like a safety measure. I also had, security was phoning me from the shelter and checking on me every half hour through that visit. So I had lots of safety in place. I did it for my five-year-old; he would've had to pull her. She was screaming, she was crying, she wouldn't have gone.*

The interviewees were asked whether they had been abused by their partners since leaving the shelter. The former resident who ultimately moved back with her partner described the following:

**[What was the last incident of abuse?]** *About 4 weeks ago. Same thing, but I didn't leave. Maybe once every two weeks if he gets drinking, [he] just throws things, the same stuff. He's gotten better at it though, he doesn't throw anything of his now. I just want him to get a handle on his drinking. He's going to die if he doesn't quit, but he's working on it, he's got his name on the list [for the] treatment centre.*

Of the remaining 18, eight had no contact with their former partners, three have contact but their partner does not behave abusively and six described continuing abuse, often over custody and access or divorce proceedings.

**[Is your partner continuing to be abusive?]** *Not so badly in the last month, but he would call me every other day or every day and you know, the pity trip and the crying, and, "Look what you've done to us, you messed us all up." Well of course the pay cheque is gone, the meal ticket has left. Last Wednesday I had the first normal conversation with him in five months due to the fact that he has a girlfriend, and finally, I thought, this gets to be a normal conversation. So it was bitter sweet, but I was happy that at least you don't put me on the guilt trip like you did.*

*He tries to engage me once in awhile, because I've gone through court and tried to get allowance from him because I did contribute to the relationship with money and I worked. So I thought I might be entitled to a little money per month while I went to school. So that kind of keeps a tie, but I'm a different person and I see things different. I know when he's engaging me, and why, so I trust myself even when I have contact with him. He's not talking to the same person that I used to be and I never have to go through that again because I made my choices.*

## CHAPTER FIVE: AFTER THE SHELTER

One former shelter resident spoke eloquently about her realization of her lack of power to remove herself from his influence and that, even if they are not living together, he can continue abusing her through the children.

*I've tried to disengage from him: I had the restraining order for the first few months. He's still abusive, he still thinks he has control over me, He's constantly threatening that he'll force me to move back to [another province]. Of course he threatens to take the kids away. I thought by coming to [other province] I would be free of this abuse, but I don't think I ever will. I don't see it 'cause he's gotten no help. He's constantly blaming me, and I have the children so I will forever have a connection with him. I don't know how I'm going to be able to deal with him for the rest of my life. It doesn't matter that I'm not with him, you still walk on eggshells, you're still careful in how you deal with that kind of a person.*

*He's been great at paying child support, but if I need anything extra, he makes sure he removes some of the child support. He shut off my hydro one time, 'cause he didn't like that I had the air conditioner on, but my son has asthma, and we had that really hot spell? So he shut off my hydro, and he did something to my air conditioner. Something happened to my van and, he said I didn't need a thermostat in it, and took it out. I don't know anything about vehicles but when I went to get it fixed they said someone had taken this part out.*

Another type of abuse that women often experienced was their partner lying to the authorities about them. This was an issue for three interviewees whose partners called child welfare authorities to complain about their behaviour with the children:

*He called Children's Aid when I was in the shelter, I don't know exactly what he said, but they told me it was extreme and they don't believe it. They've been supportive. In the court papers he's lying and saying I'm an unfit mother, and it's just because he's angry. [Is he paying support?] No, we're still in the process of that in court.*

*He's tried that a few times but he has no guardianship and they pretty much ruled that he – he's not allowed access, he's not allowed to see her at all, he's got nothing. [So he has made false complaints against you] Yeah.*

Another respondent commented that her partner had lied about her in court papers:

*We only talked for the first time on Wednesday night. Because of the charges that I'm pressing, there's no contact between us, but now we can just for the kids. He's lied about me in his affidavits.*

The women were also asked whether any new individual such as a new partner was abusing them since having left the shelter. Fourteen women simply replied no. One woman considered the female roommate with whom she had briefly lived as controlling and abusive.

One interviewee had a new boyfriend whose behaviour was sometimes concerning, but she had confronted his behaviour directly:

*I find that the boyfriend has a tendency to... he jokes around, but sometimes it's not funny. Yeah, but with him, what I say means something so when I tell him, he said, "Okay, if I do that again, make sure you tell me." So my boyfriend, when he finds out that something offends me he doesn't do it anymore.*

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### POST-SHELTER SUPPORTS

The women were asked which services they had utilized since leaving the shelter and whether these were helpful. The first question related to follow-up from the shelter, either as a formal program or informal checks. Five women have followed up with their shelter for support.

*They have follow up. One of the ladies there will call me occasionally, check to see how I'm doing financially, physically, emotionally, so yes there is a good program there.*

**[Has that been helpful?] Yes.**

*I had some problems with my son, just everyday, normal stuff. I didn't really have friends to go to. I did go there one day to talk to them about his behaviour. They have an open door policy, I can go there at any time that I want to. They sponsored me to go to a day camp this summer that talked about their feelings which was good for him and good for me and so it was helpful.*

*You can go to an outreach worker. I was having a really rough time with child welfare, and I went there one day and talked to one of my old counsellors at the [shelter]. She talked to me. There was an outreach worker in the office, and I made a decision to go back and see her again.*

Two mentioned that their shelters have follow-up programs, but they have not used them. Three former residents spoke of intending to use the shelter follow-up programs when more settled. Ten interviewees were not aware whether or not their shelters offered a follow-up program.

One woman was involved with a group for woman abuse afterwards:

*Every Wednesday night we had weekly meetings. One of the ladies would hold these group meetings, and that was good group therapy.*

Nevertheless, a number of women staying at shelters that do offer follow-up and support groups, in addition to some other programs such as safe visitation and monitored exchange, were not aware of these services.

Nine former residents had counsellors or programs from agencies in their communities:

*Through mental health I've had some appointments. I still talk to my drug addictions counsellor I don't visit her but I write letters to her and once in a while get a message on the phone from her, just kind of touch base and catch each other up, which is great, 'cause I know if I need someone I can call her and she will call me back. [Has this been enough support?] I think I just make do with what I have, and I'm learning that if I need more I will seek it.*

*I have gone to the YW. I had a counsellor there I talked to a couple of times. **[Has that been helpful for you?] Yes.***

*I was already going through 'Healthy Families,' and Healthy Families helps me a lot. I was visiting with Healthy Families at the same time as social services came in. So I basically only had two days alone with my kids a week, the rest of the time social services and Healthy Families were in.*

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*I have an [addictions] counsellor that I see weekly and I do relapse prevention. I've done treatment and I'm going back for a phase three and I have a sponsor and go to meetings. [Do those provide enough support for you?] Definitely.*

Other women relied on family and friends for support:

*[So just talking to your family?] Yeah. [Has that been enough support?] Yeah, it's been pretty good, we get along good now.*

### LIFE IN GENERAL: BETTER OR WORSE?

The women were asked in what ways their lives are better or worse since they had left the shelter (and their abusive partners). With respect to ways that their lives are more difficult, ten did not describe their lives as worse in any way; nine women identified at least one way in which their lives were more challenging. Several were with respect to their children:

*The worst part was the kids, even though they're adults. It was rough for a couple of months because my husband puts them on the pity/guilt trip, same as he did me. I guess it's what kept me there all the years is that I could never afford to lose one of them. But all three [children] are very much aware of the whole situation, and they're behind me one hundred percent. That meant a hundred percent, the fact that they're not going to disown me.*

*The only difficult thing is starting over again, I left with nothing, 'we have four plates, four forks, but we will get those things again, it will just take time. Maybe the only worse thing is not having enough for the kids. My son keeps asking about playing hockey, he did play on a AAA team and cannot do so now, he often asks me to call my ex-partner for the money and I tell him that I can't do that, say he will understand better someday, try to reassure him.*

*The only thing, and I think I'll always feel is that I wish I could've given my kids the "mom and dad family." But I just have to keep telling myself I did everything I could and that it's not me. It's hard because I just want to shake him and say, "Wake up, do you see what happened."*

Several additional women spoke tersely about how difficult it was to live with fewer financial resources:

*Less money (laughs sarcastically).*

*Bills. I have more bills now, because I'm on my own, than I had before.*

Two others spoke of feeling lonely:

*The worse, I guess, would be lonelier, 'cause I do live on my own now with the babies whereas at the shelter there's always women around to talk to and stuff, but no, I don't think anything is better or worse.*

*I miss them [the shelter] terribly. It's been lonely, just anxious, I'm anxious to get into my place 'cause I've never been alone.*

## CHAPTER FIVE: AFTER THE SHELTER

With few exceptions, most noted many more improvements than problems in their lives. With respect to what was going well for them:

*My life is great, I'm in school now to be a nurse, I've done academic upgrading from February to May, I've done a part-time job as a waitress this summer, I'm still waitressing part time, I go to school full time at the community college where I'm taking my LPN. I have an abundance since I left because I simplified my life. I really enjoy the things that I have and, and I don't look at the things that I don't have, I live every day, I try to live in the now, I try not to dwell in the past.*

*I'm free from that abuse, my children are free from that abuse. I recognize just how devastating that kind of abuse is. I think I'm modeling to my children, for them to recognize never repeat these steps. Three people's lives were affected in the positive, and I still hope and pray one day, my husband sees the light and turns his life around so he can have a healthy relationship with his kids. Staying in the marriage wouldn't have helped my husband, I can see that now. There's nothing I can do to fix him, but, in the process of leaving, maybe.*

**[What's life been like for you?]** *It's been awesome! My whole life is totally changing, I'm staying clean and sober. I have a new apartment that's beautifully furnished. My son has come home and things are really different. Everything is better, my self-esteem is better, my finances are better, my way of living is way better, my hope is a lot stronger, and I have no desire to ever go back to my ex.*

*My self-esteem is a lot better, I'm not crying as much; I still cry but for different reasons now. It's nice not being scared all the time, 'cause I never knew how he was going to be that day, like, is he going to kill me today or how's he going to wake up, is he going to come home slamming or breaking stuff today. Not being afraid, that's a good thing.*

Several mothers commented on seeing positive improvements in their children:

*Living with him was always tense, 'always walking on eggshells,' not allowed to do anything, being scared. I notice a big difference in the kids. I never supposed they heard or saw anything but guess they must have sensed something from me because they seem much happier now. I'm very grateful to have housing.*

*Well it's better because I've lost 285 pounds of stress (laughs). We can relax, we can breathe, we can laugh, we can have fun, and nobody is judging us, nobody is yelling at us, it's peaceful. My one daughter said to me, 'I don't even miss daddy,' well, I'm not surprised.*

**[So how is your life now?]** *I have my freedom: freedom of speech, freedom of action. I'm myself, I'm allowed to do things, before I wasn't, and now I'm allowed to do them. I'm, I'm not a prisoner in my own home. I'm allowed to go to friends and spend five dollars if I want to. You know, that's a great thing.*

**[How are your kids doing now compared to before you went to the shelter?]** *Oh they're happier, I see a big difference. There's no more tension anymore. There's been times when they've been around and things like that, they sensed the fighting. But no, they're much happier.*

A final interview question was what advice they would give to a friend who was in an abusive relationship. Fifteen respondents would tell their friend that it only gets worse and to leave the relationship.

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*I would tell her to get out of it and go to one of those places [shelter] and they'd help her a lot, they have those healing journeys and that and everybody there just shares everything and it makes you feel comfortable, they could help her a lot.*

*To get out, just for her own life and children. I would tell her to get out and basically, (sighs) go to a shelter, just for safety and protection. It is a good place to be and [gives you] time to come up with some comprehensive plans, where do you want to go from here.*

*If he doesn't get into counselling it's only going to get worse. [Did your partner ever get counselling?] No. Yeah, well he always said he would. [Would you recommend that she go to the shelter that you did?] Yes. Because they have counselling there and they make you feel safe.*

*Call [shelter's name], for God's sake! Don't do what I did and stick it out for 31 years. Things will never get better.*

Several had actually had friends in abusive relationships. While some provided advice, the others were more circumspect about directly suggesting what anyone else should do.

*I told her to leave and to call the police, and that she deserves better. But I know from myself, you don't leave relationship till you're ready. It doesn't matter what anyone tells you, it can be right smack in your face, if you're not ready you won't go. So the only thing I do, if she wants to talk I'm here. I'll be her friend. I would definitely recommend someone go to the shelter, I don't think she needs to, she has her house and this person just goes to her house, she should put a restraining order on him.*

*Go and see your friends, they usually help you out, and if your friends have been in a similar situation, they can probably point them in better directions and help them out also.*

In summary, the 20 former shelter residents provided revealing glimpses of how their lives were progressing, as well as important feedback about their shelter stays.

## 6

## CHAPTER SIX: FROM NARRATIVES TO ACTION

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Shelters for abused woman are widely acknowledged as at the forefront of interventions to assist and prevent woman abuse. They are available in all large Canadian cities and many small towns. They are centres that disseminate knowledge about the issue, advocate for abused women and offer a variety of programs to all family members affected by woman abuse, including the children who often witness the abuse, and even, in some cases, the men who are abusive.

As is clear from the stories of the women who informed this research, the majority were at serious risk of lethality and the shelter was integral to safeguarding both them and their children. There are no other resources or community services that provide the level of safety of shelters.

This chapter summarizes the research findings, linking the results with other research on shelters and shelter residents. The results are also considered in the context of the organization and funding issues of the shelter “system” in Canada. Finally, the chapter presents recommendations for improved structural responses with respect to housing, financial support, job training and child care for consideration by federal, territorial, provincial governments and related organizations.

The recommendations are presented in two sections. The first section documents recommendations that stem directly from the current research. The second section presents issues that are connected to providing shelter, but emerged more tangentially in considering the research results and the Phase I report.

### WHO ACCESSED THE SHELTERS?

As mentioned previously, the survey results are not, nor were they intended to be, representative of the demographics and responses to shelters across the country. Although the shelters that took part in the research span the country, the results cannot be generalized beyond the organizations included. All but one of the ten shelters operates as one program in a YWCA organization. Although each YWCA shelter is autonomously funded and operated, their affiliation to a national organization is atypical of most Canadian shelters.

While all of the shelters were in cities, most were in small cities with higher proportions of women of Aboriginal descent (46% in this study) and relatively low numbers of immigrant and visible minority respondents (10%). The shelter in Toronto, which might have reflected a more balanced view of the latter groups, takes relatively few residents for longer periods, due to a serious lack of permanent affordable housing, so a small number were involved in this study.

Nevertheless, having a large proportion of residents who are First Nations, Métis or Inuit from across Canada provides an important opportunity to hear their voices. Most published shelter research reflects much smaller proportions of Aboriginal clients (10% in Grasley et al., 2000; 25% in Tutty et al., 1999) so understanding the perspectives of a larger group of residents from Aboriginal families, can assist us in looking at whether their needs are unique and require different responses.

Eighty-four percent of the women had children under age 18, most of whom accompanied their mothers to the shelter, again consistent with Canada’s Transition House Surveys. Although more than half had only one or two children another 30% had three to seven children, reminding us that shelter facilities must find accommodation for more than just adults.

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Consistent with other shelter research in Canada (Grasley et al, 2000; Tutty et al., 1999; Weisz et al., 1994), the women in this study had relatively few resources: more than 70% were on social assistance or had “no income”. Of the approximately one-fifth who worked outside the home, more than half were part-time or casual employees, primarily in the service industry, clerical or child-care. Although almost 40% of the entire group had some post-secondary education and a small number were professionals, that almost half had not completed high-school suggests that a large proportion of shelter residents need access to upgrading and employment training if they are to survive in the community without returning to an abusive partner.

The primary abuser was most often a common-law male partner (45%) or a non cohabiting male partner/male ex-partner (30%). Only 17% were married. Compared to other Canadian research, this is a shift. In both Tutty et al. (1999) and Grasley et al. (2000), most couples were in married or common-law relationships. While we cannot interpret these different rates, they could be explained by either a shift in perceiving relationships as abusive (seeing abuse earlier), changes in marriage rates, or differences in marriage rates in Aboriginal cultures as compared to Caucasians as was suggested by significantly more common-law marriages reported by the women of Aboriginal background in this study.

The relationships were relatively long term (an average of 7 years) and had been abusive for much of the relationships. That, for many, the abuse was a problem throughout is congruent with other research (Grasley et al., 2000; Tutty et al., 1999). From the women’s accounts, a high proportion of the abusers were unemployed (more than one-third) or employed part-time or casually (one-sixth). Overall though, more men were employed than women (44% compared to 18%), perhaps not surprising given that so many of the women had young children. The men had similar rates of high-school completion, but fewer had any post-secondary education (20% compared to 40%). The racial backgrounds of the men were similar to the women’s.

Of the women who had experienced childhood abuse, more than half had been emotionally abused; 45% had been sexually abused; 43% had witnessed violence between their parents; 42% had been physically abused and 32% were neglected. Although there are no data available on the prevalence of various forms of child abuse (Trocmé, et al., 2001), the rates reported by the study respondents seem high. Furthermore, almost 45% of residents reported having experienced three or more forms of abuse as children, another surprisingly high proportion.

Women abused as children are often victimized as adolescents and adults (Coid et al., 2001; Russell, 1988). Furthermore, considerable research has documented the long-term effects of childhood abuse into adulthood, resulting in such problems as depression and anxiety (Latimer, 1998; Westbury & Tutty, 1999). It is not known whether counselling and supports to abused children would prevent the apparent vulnerability to abuse when older, but given that many abused children do not disclose their abuse and receive no support, continuing to monitor and report child maltreatment is important. Furthermore, since having been abused as a child often continues to affect women as adults, referrals for shelter residents with a childhood abuse history to services that address survivor issues are recommended.

One fifth of the shelter residents had either chronic health problems such as asthma or diabetes or back hip and other physical problems, which may have resulted from abuse. A little more than one third

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reported emotional problems or mental health issue, mostly depression and anxiety. We cannot determine whether the residents had actually received treatment for these, nor whether their mental health provider had known about or conceptualized their emotional reactions as realistic responses to living with an abusive partner. The mental health system has come under much criticism for not taking a contextual response (Ristock, 1995; Tutty, 1998), resulting in pathologizing the victim and treating her with medication rather than seeing her reactions as appropriate and normal given her circumstances.

One third of the residents had been treated (or were in treatment) for substance abuse, some of which they linked to childhood abuse, others as a reaction to living with an abusive partner. More Caucasian residents reported emotional problems and more Aboriginal residents had been in substance abuse treatment. However, the number of forms of child abuse were much more predictive of mental health problems and experiencing substance abuse than was racial background.

With respect to the current violence, the women reported that the nature of the abuse inflicted by the abuser in the current relationship was physical in almost three quarters of cases. The 2003/2004 Transition Home Survey (Statistics Canada 2005b) reported a similar rate of physical abuse of 70%.

Seventy percent of the women whose partners injured them suffered cuts, scrapes or bruises, others documented miscarriages and broken bones or fractures. Ten percent reported sexual harm or having sexually transmitted diseases because their partner had affairs outside the relationship. Interestingly, few studies with abused women have asked about sexual harm. The question was suggested by several shelter staff on the Research Advisory Team, based on their recent experience with several residents. That ten percent reported such maltreatment suggests its inclusion as a form of abuse in future research.

Most concerning is that two thirds of the women (68%) had at some point feared for their lives because of the abuser's threats or behaviours. This proportion is much higher than that reported in the 2004 Statistics Canada General Social Survey, in which 34% of abused women respondents to the telephone survey reported such fear. Seeking shelter to protect one's safety is congruent with high levels of fear.

The women's responses to Campbell's Danger Assessment Survey (2001) are congruent with such fear. The Danger Assessment is a measure of the risk of lethality (homicide) of the women by her male partner. Almost 60% of the women residents fell in the range of Extreme Danger; another 17% were in Severe Danger. That almost three-quarters of the residents were in serious danger confirms that shelters are facilities that save lives - at least in the short term .

The Danger Assessment responses provided additional information about the characteristics of the abuse. For 61% of the women, the violence had increased during the past year, another 65% had been stalked, almost half of the abusers had tried to choke them, forced sex on them and threatened to kill them. A little more than one-quarter of the women had been beaten while pregnant and forty percent of the abusers had used a weapon or threatened to use a weapon on them. These are all seriously violent behaviours that could easily result in serious injuries or death.

According to the women on the Danger Assessment Scale, substances were a problem for many of the primary abusers. A little more than half of the men reportedly used street drugs such as crack cocaine, one third were drunk almost every day. Seventy percent were "violently and constantly jealous of you"

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and over half had threatened to or tried to commit suicide, meaning that the women were at higher risk of being murdered before the suicide attempt.

It may seem odd that such a high proportion of the residents are at significant risk for lethality, especially if one looks only at the extent of past physical abuse. The Danger Assessment looks more broadly at factors such as sexual assaults and threatening harm than simply the level of physical injury. Responses to other Danger Assessment items put the risk into focus. It is the combination of such factors that increases the risk of homicide.

Forty percent of the women residents had not previously resided in a shelter for abused women. The others had stayed in a shelter once before (29%), or up to six times previously (31%). Of the 81% of the respondents who had been in shelter previously, virtually all found the shelter helpful. In comparison to the 2003/2004 Transition Home Survey (Statistics Canada, 2005b), the proportion of residents with previous shelter stays in the present study is higher (60% compared to 33% in the THS). This difference may be accounted for by the high proportion of women of Aboriginal background in the current research, many of whom have few resources to assist them in responding to partner violence.

Who recommended the shelter? As reported in a national study conducted in 2002, the general public has little real understanding of how to help abused women, resulting in limited support or a lack of knowledge about available resources to assist their friends and colleagues (EKOS Research Associates, 2002). Women, such as those who were interviewed for the study, often keep silent and feel ashamed because of the abuse, rather than trust that family and friends will be supportive. Nevertheless, friends and family together were the most likely to have suggested that the women seek shelter: more than half of the residents first heard about the shelter from relatives or friends.

Of the 134 residents who had previously resided in a shelter who answered the Feedback Survey, a little less than two-thirds (61%) had returned to the primary abuser, the most common reason being hope for the relationship. However lack of housing and money were also significant reasons for reconciling, as was fear.

A number of the women delayed going to shelter for various reasons, primarily worrying about leaving personal belongings, having no money or way to get to shelter, worrying about their safety after leaving partner. Other concerns were with respect to their children: not wanting them to live in a shelter and not wanting to take them away from their homes or schools. A small proportion delayed going to shelter for fear that their children might be apprehended by child welfare authorities.

Because of concerns about the high numbers of turn-aways at urban shelters, we asked whether the women had to wait before entering the shelter this time. The majority (83%) got in without delay. Most of the rest had to wait several days (9%).

Nevertheless, that even a small proportion of women at risk of lethality needed to wait to find a safe refuge is concerning and warrants a review of the numbers of turnaways. In the 2003/2004 Transition Home Survey (Statistics Canada, 2005b), in a one-day snapshot on April 14th, 2004, one fifth of shelters referred a number of women and children elsewhere, two-thirds of those because the shelter was full. Although this was a decline from previous years, it remains of significant concern.

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### THE EFFICACY OF SHELTERS

A central question for the current research is “What do women need from shelters?” The most commonly endorsed need was emotional support or counselling from shelter staff (81%), closely followed by a safe, secure place to stay (80%), information about coping with stress and anger (73%) and about improving self-esteem (71%), and referrals for housing (71%). This recognises the role of shelters as essential resources for women abused by intimate partners to find a safe place in which to consider her options, with the support of those with expertise in understanding the dynamics of woman abuse.

Looking at the longer list of items that the women endorsed as needing, a number are basic necessities such as housing, financial support and furnishings to create a new residence separate from the abusive partner.

The second key question is “Do women get what they need from shelters?” The vast majority of the women residents were satisfied with their shelter stay, the most helpful aspect being a safe and secure place to stay (96%), followed by a “break” from the abusive partner (91%) (meaning time away to consider one’s options), a safe and secure place for their children to stay (88%) and emotional support/counselling from staff (76%). These are a close fit with their expressed needs on entering the shelter.

The consumer satisfaction questions on the Feedback Survey covered aspects of the shelter that the residents found most helpful. The most commonly-identified improvements - that “I understand that I deserve better”, “I gained hope that I can make a better life for myself” and “I am more able to keep myself (and the children in my care) safer from abuse” are, in and of themselves, validation of the importance of the shelter. These generally positive responses and the focus on safety and emotional support counselling as most important are identical to Grasley et al (2000) and Tutty et al. (1999).

There were no significant differences between the women of various racial backgrounds with respect to their general satisfaction with the shelter and whether they perceived the staff as sensitive to their cultural needs. This is likely due, in part, to the presence of culturally sensitive programming that exists in most of the shelters involved in this study. For example YWCA shelters with a high proportion of residents from Aboriginal communities have incorporated Aboriginal spiritual rituals such as inviting in Elders or holding Sweet Grass ceremonies. Nevertheless, not all women of Aboriginal background, especially those who have grown up in more urban locations, necessarily take part in traditional rituals. This is not to say that more work is needed in this area. It is vital that shelters meet the cultural needs of their residents.

Finally, on leaving the shelter, the women reported significant reductions on the Avoidance, Intrusion and Hyperarousal subscales of the Impact of Event Scale, which does not diagnose PTSD, but asks women to identify whether they are experiencing trauma symptoms such as avoidance and intrusive thoughts. Coping with a high number of these problems interferes with individuals’ ability to connect with others and to problem-solve effectively. This decrease in the number of problems on leaving the shelter suggests that the residents are more able to meet the challenges that face them as they re-enter their communities, most with the goal of leaving the assaultive relationship.

Safety was the one aspect of their shelter stay that everyone in the study identified as essential. A large number of respondents noted that their interaction with the shelter staff was what they liked best about their shelter stay.

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Shelters entail communal living - often in close quarters. Nevertheless, forty residents mentioned the support from the other women at the shelter as an important aspect of their stay. In contrast, several women raised concerns about other residents with substance abuse or mental health issues. The 2003/2004 Transition Home Survey (Statistics Canada, 2005b) noted that on the one-day snapshot on April 14, 2004, a number of women wishing admittance were turned away because of drug and alcohol problems or mental health concerns.

As mentioned, with cuts to health and housing, women with serious problems have fewer basic resources and some without current abuse issues may be referred to shelters specific for violence against women (Tutty, 1998). Nevertheless, women with multiple problems are vulnerable to and often have a history of abuse and require significant supports.

Other feedback from the residents concerned children's behaviours, house rules and chores. All of the above issues have been raised in previous Canadian research on shelters such as Grasley et al., 2000 and Tutty et al. (1999). They reflect some of the difficulties and benefits of living in an "institution" with others in crisis. However, despite such challenges, only two residents gave only negative feedback and the majority wrote strongly enthusiastic endorsement of the safety and the emotional support that they received during their shelter stay and the assistance in preparing to move back to the community.

In summary, the women residents provided strong support for the effectiveness of the shelter in providing them with safety, support and assistance in making the transition to a life separate from the abuser, if they so desired. Such assistance comes from shelter systems that are often stretched for funding, make do with limited numbers of staff and are situated in buildings that are often just barely adequate. While shelter funding is always a central point of negotiation between provincial shelter associations and their respective governments, the current research provides added evidence of the importance of shelters in protecting the lives of women and children who might otherwise be severely injured or killed.

**RECOMMENDATION 1: Advocate for provincial/territorial/federal governments to provide adequate levels of funding for shelters that will fully support the needs of abused women and their children.**

### THE UNIQUE NEEDS OF RESIDENTS OF ABORIGINAL BACKGROUND

Residents of Aboriginal background were significantly more likely to have used the shelter previously. To understand this we need only look at Canadian studies that estimate that Aboriginal women are significantly more likely to experience abuse by their male partners (Statistics Canada, 2005a). Also relevant is the economic situation of many Aboriginal women; they are often the poorest citizens in Canada. Given that, it is not surprising that Aboriginal women are more likely to use shelter services than other populations of women in Canada (Weitz et al., 1994). The results in the current study support the need to address the unique experiences of abused women of Aboriginal background.

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From a human rights perspective, women of Aboriginal descent are at higher risk because their rights and access to decision-making power are seriously compromised by the discrimination embedded in Canadian society and law. In 2003, the United Nations Convention to Eliminate Discrimination Against Women (CEDAW) Committee suggested that the Canadian federal government:

*Accelerate its efforts to eliminate de jure and de facto discrimination against Aboriginal women both in society at large and in the communities, particularly with respect to the remaining discriminatory legal provisions and the equal enjoyment of their human rights to education, employment and physical and psychological well-being (CEDAW, 28th Session, January 13-21, 2003, paragraph 362).*

Congruent with this suggestion, the dire circumstances of many of the women of Aboriginal origin in the current study provide evidence of the urgency of addressing this issue. In 1981 the Canadian Parliament government and provincial governments ratified the Convention to Eliminate Discrimination Against Women, signalling their willingness to address discrimination against Aboriginal women. Reportedly, little has been done to date.

**RECOMMENDATION 2: Advocate that the federal/provincial/territorial governments answer the concerns raised by the UN CEDAW committee by addressing the discrimination against women of Aboriginal origin implicit in Canadian laws and society.**

### THE NEED FOR POST-SHELTER SUPPORTS

As previously mentioned, not only this study, but other research on what happens to women after they leave the shelter suggests that many have numerous needs for support and access to basic resources (Sullivan, 1991; Sullivan et al., 1992; Tutty, 1993; 1996) About 69% of the survey respondents planned to use the follow-up services offered by many of the shelters, an essential continued support for many previous residents.

The twenty women interviewed in the current study were asked which services they had utilized since leaving the shelter and whether these were helpful. While five women have followed up with the shelter and three former residents intend to use the shelter follow-up programs when more settled, ten interviewees were not aware whether or not their shelters offered a follow-up program. Some were in shelters that offer follow-up and support groups.

Nine former residents had counsellors or programs from agencies in their communities, several of which were with respect to addictions. The responses of residents endorsed the importance of assistance from those with a solid understanding of the dynamics of woman abuse. While some community resources have professional staff with such an understanding, many do not.

Research on the efficacy of follow-up programs or advocacy for women after the shelter strongly demonstrates the benefits of such services (Sullivan et al., 1994; Tutty, 1996), yet most provinces provide no additional funding for follow-up or outreach programs. To ensure that former residents receive the informed supports and safety planning necessary, services that understand the complex needs of abused women post-shelter is critical.

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Such services need not necessarily be based in shelters, although having established rapport with shelter staff would likely be a significant advantage for former residents who wish to re-connect for support with new or ongoing problems. Nevertheless, the residents' comments about previous sources of assistance suggest that staff from community services should acquire an understanding of violence against women consistent with that of shelter staff. Shelter representatives would be ideal trainers for professionals from such community services.

**RECOMMENDATION 3: Advocate for federal/provincial/territorial governments to adequately fund post-shelter services for abused women to address their safety needs after they return to the community, not only while they reside in transition houses. Such initiatives include follow-up and outreach programs.**

### SOCIETAL SUPPORTS FOR WOMEN ABUSED BY INTIMATE PARTNERS

Shelters provide essential and life-saving support to abused women and their children. The services they provide, though extremely important, are time-limited, and their major goal is to assist women abused by intimate partners to make a transition to a safer life back in the community. To do so requires that women have access to housing, financial support, education, job training and child care. For the women with few resources who use shelters, establishing a new home means relying on Canada's social agencies and services, which is often time-consuming and difficult, especially for those on the intersections of race, ability and poverty. The following section looks beyond shelter services to enumerate the needs identified by a number of the shelter residents.

On leaving the shelter, the majority of residents (about 90%) were not planning to return to live with their abusive partner. Only about 4% were returning directly to their home with the intimate partner and 5% were undecided. The proportion of women not returning to abusers is high compared to the results from the latest Canadian Transition Home Survey, which reported that across Canada nearly two-thirds of shelter residents did not plan to return to their partner after leaving the shelter. (Statistics Canada, 2005b).

In the current study, those who were returning to their partners (or might return in future) often did so in hope that the relationship would stop being abusive. Importantly though, women also noted that lack of money, fear and lack of housing would (or could) cause their return. That such a high proportion of the reasons for returning related to basic needs such as housing and income, strongly suggests improving access to such supports.

One of the primary reasons for interviewing the 20 former shelter residents was to discover how they were faring several months after having resided in the shelter and what they thought of their shelter stay in retrospect. Yet these women may have been different from those who chose not to agree to a follow-up interview. They may have had more stable community supports (and so could provide us the name of a relative or family member to contact) or were returning to their own residence, so could provide us a working phone number. Nevertheless, their narratives provide valuable feedback about their experiences post-shelter that is seldom captured by researchers.

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Only one of the women who had been interviewed had reconciled with her partner. Seventeen of the women were separated and many were in the process of obtaining a divorce. When women return to an abusive partner after a shelter stay, this should never be interpreted as a “failure” of either the women or the shelter staff. Rather, shelters offer a short respite for women to consider their options. Choosing to leave an abusive relationship involves a number of difficult changes, including finding new housing, finances, and schools for children, to name only a few. While many shelter residents leave planning not to reconcile with their partners, it was pertinent to ask the women currently residing in shelters who had previously used shelter services and ultimately returned to their partners, why this happened.

Giles-Sim’s estimate that it takes a woman five to eight separations to leave an abusive partner is still often cited, although it was based on 1983 research that is almost twenty-five years old. If the current study is representative, only a minority of the residents (10%) returned to partners immediately after their shelter stay, a smaller proportion than in other older shelter studies in which about half of the residents did so (Aguirre, 1985; Cannon & Sparks, 1989; Snyder & Scheer, 1981).

Some women now use shelters strategically, as their first step in leaving an abusive partner, rather than only in reaction to an assault or other emergency. This is confirmed by recent research in New Mexico (Krishnan Hilbert, McNeil & Newman, 2004), in which some residents went to shelter for respite from the abuse and others for the transition to a new life. The women who used the shelter for a respite to consider their options with respect to their partners were more likely to use alcohol, have a higher rate of suicide, and were less likely to use formal services.

Three or so weeks in a shelter, at maximum, is a short period of time to establish a new and safe residence in the community if one chooses to leave an abusive partner. Yet most provincial guidelines limit shelter stays to this length. While some women, usually those in large cities, have access to second-stage housing, only a minority of the 238 women who completed the Feedback Survey in the current study were moving to such a residence. This may be because such facilities were not available in their community; they tend to be located primarily in large urban centres. We do not know how the majority were doing after they left the shelter and whether they remained safe, despite the concerning levels of lethality documented on shelter entry.

On leaving the shelter, women are often faced with inadequate housing and financial support that leaves them with a choice between homelessness and returning to the abusive partner. Previous Canadian research has drawn links between being abused, leaving the relationship and becoming homeless. Homeless women are not uncommonly former shelter residents who failed to find adequate and/or safe housing (Breton & Bunston, 1992; Charles, 1994). Several more recent studies, one in the United Kingdom (Malos & Hague, 1997) and one in the US (Baker, Cook & Norris, 2003) raise similar concerns. In Baker et al’s study of 110 women, 25 to 50% reported housing problems and 38% were homeless.

Not having access to safe and affordable housing has been associated with women’s deaths. In 1999, Gillian Hadley of Pickering, Ontario was shot to death by her estranged husband who disregarded court orders to stay away from her. Gillian, on welfare, had applied for subsidized housing but had not been considered in the highest priority group (Toronto Star, Nov. 26, 2001).

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With respect to housing, five of the twenty women interviewed had moved home to live with their parents at some point. Except for three women, most had safe and affordable accommodation. One of the three had moved repeatedly between friends and family and had no stable residence

But even after they have been established in the community for a while, if their housing or finances are not adequate, women may return to an abusive partner to sustain themselves and their children more appropriately, a situation that underlies the following recommendations to advocate for better access to housing, social assistance and education.

**RECOMMENDATION 4: Improve access to safe and affordable permanent housing to assist women and their children to both leave an abusive relationship earlier (before needing to go to shelter) and leave the shelter with adequate resources to make the transition to a violence-free life.**

Seven of the 20 former shelter residents interviewed in the current study were working either part-time or full-time, one was a university student and several planned to attend school in future. Even if working, most were in low-paying jobs. Five were receiving social assistance, three were on disability benefits and another was a widow with survivor benefits. Only three received some support from their ex-partners (one who was also employed) and two had no current means of support.

While poverty rates have diminished over the past three decades, the majority of the poor are women in both North America (McLanahan & Kelly, n.d.) and around the world (United Nations, n.d.). A central reason for this feminization of poverty is the process of divorce during which women's income typically decreases while her male partner's increases: this is almost always the situation for women leaving abusive partners.

Applying for and receiving social assistance can be a prolonged effort, particularly if one needs an established residence and address. Similarly, finding employment at a salary that covers the basic needs of the woman and the often young children who typically reside with her, also depend on finding appropriate child care arrangements. Educational upgrading is important for many women to become more self-sufficient, but requires financial subsidy.

**RECOMMENDATION 5: Improve access to adequate social assistance and living allowances to assist women and their children to both leave an abusive relationship earlier and leave the shelter with adequate resources to make the transition to a violence-free life.**

**RECOMMENDATION 6: Improve access to supported education, upgrading and training programs for abused women. A substantial proportion of women who utilize shelters have little education and few job skills. To leave abusive relationships in which the partner supported the family, many women need upgrading and access to job training programs so that they can make an adequate wage.**

Before leaving their partners and after their shelter residence a number of women described child care as a concern that affected their decision to leave an assaultive partner. Even while in the shelter, several

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residents commented that enhanced child care would have assisted them in carrying out the many tasks necessary to establish an independent household, such as finding housing and making arrangements for adequate financial assistance.

### **RECOMMENDATION 7: Improve access to affordable, high quality child care to provide women with improved options in considering whether to leave an abusive partner.**

The interviewees were asked whether they had been abused by their partners since leaving the shelter. The former resident who ultimately moved back with her partner described him as continuing to throw objects when he was drinking. Of the remaining 18, eight had no contact with their former partners, three have contact but their partner did not behave abusively, and six described continuing abuse, often over custody and access or divorce proceedings.

Another type of abuse that women often experience is their partner lying to the authorities about them. This was an issue for three interviewees whose partners called child welfare authorities to complain about their behaviour with the children. Another respondent commented that her partner had lied about her in court papers. The women were also asked whether anyone new was abusing them since leaving the shelter. Fourteen women simply replied no. One woman considered the girlfriend with whom she briefly lived as controlling and abusive.

Conflict about custody and access of children is often significant for couples in which woman abuse is a central issue. When the courts determine custody, the victims of intimate partner violence are often disadvantaged, the major reason being the trend to award joint custody to parents (Tutty, Barlow & Weaver-Dunlop, in press). Shaffer and Bala (2003) reviewed Canadian court cases between 1997 and 2000, in which domestic violence was documented as an issue in the trial proceedings. Most of the men who abused their wives were granted access to their children, and, for the most part, this access was unsupervised.

Three mothers interviewed in the current study had contact with their children's fathers because of custody and access visits of the children with their fathers. All of these visits were unsupervised. The visits went well for one family. Research clarifies that women are at most risk of lethality after having separated from their partners. If lethality is a concern, any situations that allow contact with abusive partners can result in women and/or their children being murdered, as was exemplified in two recent tragedies in Alberta. In one case, after a parental visit, Cole Harder, a three year old was murdered by his father who then committed suicide. Similarly, in 2003, in Red Deer, while returning his three year old son after a weekend visit, Josif Fekete shot and killed his estranged wife, Blagica, Alex, his son, and himself. Similar tragedies have occurred across the country.

Safe visitation centres provide monitored exchange or supervised visitations if child abuse is a concern, allow fathers access to their children while safe-guarding mothers; since the parents need never meet. The relatively few studies conducted on the efficacy of such centres demonstrate their utility in Ontario (Park, Peterson-Badali, & Jenkins (1997), and as one of the programs of the YWCA Sheriff King Home in Calgary, one of the shelters in the current study (Tutty, Barlow & Jesso, 2004) and in the US (Dunn, Flory, & Berg-Weger, 2004). This research also points out that they safeguard the abused parent while

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improving children's relationship with the non-custodial parent. Changes in Ontario's custody and access regulations have gone further to recognize the inherent danger in having an abusive parent gain access to children under any circumstances.

**RECOMMENDATION 8: Advocate provincial/territorial/federal governments to take into account the previous violence of a parent, who is the primary aggressor, in determining custody and access agreements.**

In reviewing the preceding recommendations, it is striking that most of the funding affecting women who seek emergency shelter comes from the province. The provincial governments are responsible for -funding not only shelters, but also many of the collateral services needed by or that become involved with women abused by intimate partners: housing, social assistance, education, justice and child welfare, and health. The diverse funding strategies of each province/territory make it difficult to conduct a national comparison of resources for woman abuse, an analysis that would highlight best practices and collaboration across jurisdictions.

### BEYOND THE RESIDENTS' FEEDBACK

While the above recommendations clearly stemmed from the research, we take this opportunity to add several recommendations, some of which emerge from the Phase I report and others that are in reaction to concerns raised by the shelter residents.

Most commonly, the women in the study sought assistance from friends and family, making it critical that the general public have access to accurate information about woman abuse. Contrary to the public's perception of abused women as helpless victims, the majority of survey respondents had tried using both formal services/agencies and informal support networks - friends and family - for assistance in stopping the abuse, with varying results. Some were helpful and supportive but a number were not. This is congruent with Du Mont, Forte, Cohen, Hymen and Roman's (2005) analysis of two major Canadian violence surveys, in which they conclude that, from 1993 to 1999, increased numbers of abused women sought help, and a higher proportion of those who did not seek help knew where to go if necessary.

Prior to the current shelter stay, the women residents had sought help by talking to friends (two thirds found this helpful), and family members (a little more than half found them helpful), which raises the question about to what extent members of the general public know how to assist relatives or friends that disclose woman abuse.

A 2002 public opinion survey conducted by EKOS Research Associates concluded that although a majority of Canadians are concerned about family violence, as they framed the issue, many were reluctant to interfere in a "family affair", especially by contacting the authorities, and they were not sure how to help. EKOS suggested that "public information/awareness campaigns may assist in eroding both these barriers" (2002, p. x.). The relatively disappointing quality of assistance from family members and friends in the current study indicates the need for more awareness campaigns directed at members of the general public.

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### **RECOMMENDATION 9: Advocate for federal/provincial/territorial governments to mount public awareness campaigns about woman abuse that are based on documented practices and equality based principles.**

Of formal strategies for getting help, the most commonly utilized were consulting counsellors, calling the police, and contacting family doctors/nurses. Least helpful was marriage counselling. Other than a shelter, relatively few women had utilized services specifically developed to assist abused women such as support groups, emergency protection orders and developing safety plans, although these were among the most helpful strategies for those who had used them, confirmed by researchers such as Bennett et al. (2004).

Perhaps disturbingly, few professionals working in non-specific violence against women services such as counselling agencies suggested shelters as a resource, even though over half of the women had been in counselling or sought assistance from professionals such as doctors, nurses and the police prior to going to the shelter. Many social work, medical, nursing and psychology programs have no course on helping victims of woman abuse. These front-line workers are the ones that women abused by intimate partners are most likely to encounter, whether they are applying for social assistance, seeking marital or individual counselling, or dealing with child welfare authorities.

More than 40% of the residents had involvement with the police in the incident that led to their current shelter stay. The police charged the abuser in 40% of the incidents that led to the shelter stay and assisted women in acquiring legal orders for their protection (restraining order, emergency protection etc) almost one-quarter of the time. In twenty percent of the situations, the police transported the woman and her children to the shelter. Non-helpful responses from the police, although relatively few, included coming but doing nothing (9%) not coming after having been phoned (5%) and charging the woman either on her own or in addition to her partner (dual charging) (4%).

Although the responses of a number of these professionals were helpful, indeed, life-saving, that some still seem to have little understanding of the dynamics of intimate partner violence and the risk of death and injury to women and children is alarming. Professionals typically wish to provide safe and respectful assistance to women abused by their partners, yet may not have had adequate training. Many professional associations have developed policy statements, courses and training programs specific to intimate partner violence, yet the extent to which these have been implemented remains unknown.

Cross-training, whereby representatives from different professional groups and services are trained together and provide their perspectives and challenges is a recommended way to provide education about woman abuse. Leadership from violence against women experts such as shelter providers and advocates is a crucial component of such training.

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**RECOMMENDATION 10: Advocate for professional bodies such as the Canadian Association of Social Workers, the Psychological Association of Canada, the Canadian Medical Associations, the Law Society of Canada, the Canadian Police Association, the Canadian Nurses Association, the Canadian Teacher’s Federation and other professional groups to evaluate the extent to which their training components on violence against woman have affected the professional responses of their graduates and members.**

The current wisdom in addressing intimate partner violence is that communities adopt a co-ordinated approach, encouraging the various stakeholders to collaborate, conduct cross-training and utilize appropriate risk assessment tools (Shepard & Pence, 1999). Shelter workers are often key players in advocating the need to address intimate partner violence. In many communities they are central in offering prevention programs to youth and training other staff (Christensen & Tutty, 2005).

However, while some communities have embraced the need to coordinate their efforts on behalf of victims, coordination is not necessarily easy to initiate or to maintain, nor do we know how many Canadian municipalities have truly achieved collaboration. In a recent study of 41 coordinating councils in the US (Allen, 2006), many focused on addressing weaknesses in the criminal justice system, issues that clearly affected some of the current study responses. Representatives from violence against women services such as shelters can provide valuable leadership in advocating coordination to more adequately focus the response to woman abuse in the justice system and beyond.

**RECOMMENDATION 11: Encourage communities to assess the extent to which their endeavours to address women abuse constitute a collaborated approach and provide consultation to assist those that wish to improve their collaborations.**

Research looking at the role of shelter staff has identified the stressful nature of the position. In Tutty and Rothery’s 1997 interviews with 40 shelter staff and 19 directors, those working front-line in shelters, primarily crisis counsellors but also including child-care workers, described their positions as substantially stressful at least some of the time. For some, this has led to burnout. Workers in single-shifted shelters, especially, commented on the demands of being available to counsel and address the needs of residents, answer the crisis phone lines and complete the mandatory paperwork (Tutty & Rothery, 1997).

Shelter staff worry about residents and have described the impact of traumatic incidents experienced by women residents or their children. A *Vis-à-vis* article (1995) based on telephone conversations with 40 provincial and territorial associations and individual shelters raised the following concerns about working in shelters: stressful work – lots of burn-out; never-ending work, hard to set boundaries; underpaid, few benefits, little security; discouraged to see women coming to shelter who were there as children; little time for political action; and most of the time spent fighting for basic services. McAleer’s 1998 study of shelter workers in Alberta similarly found that front-line crisis counsellors were, on average, suffering moderate levels of burnout.

A related concept, vicarious traumatization or compassion fatigue, is a process by which workers who deal with traumatized victims may, themselves, begin to exhibit symptoms that resemble victimization,

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including flashbacks, numbed affect and heightened sensitivity (McCann & Pearlman, 1990). Vicarious trauma occurs in front-line workers after a prolonged period of repeatedly being exposed to the abuse experiences of victims. Obviously, shelter staff are at risk of becoming affected by the stress levels and trauma of shelter residents.

Even though the concerns about staff approachability in the current study were with respect to only a minority of the shelter crisis workers, it was the most commonly-noted criticism of the women's shelter stay. One plausible reason for staff distancing themselves from residents or appearing irritable is that they have been vicariously traumatized because of their work in the shelters. Preventing burnout or providing assistance to employees who are "burned-out" or vicariously traumatized is feasible once the problem is acknowledged.

**RECOMMENDATION 12: Provide training and information-sharing for shelter staff with respect to vicarious trauma and the strategies to deal with this, including critical stress debriefing and self-care (McCann & Pearlman, 1990; Richardson, 2001).**

Across Canada, shelters in the various provinces have different problems and benefits. Some, for example, offer better wages for shelter staff; some provinces fund follow-up or outreach programs. Some provinces contribute the buildings and the building costs, while others have a different model for post-shelter housing.

Each province (but not all territories) has a shelter association that represents the shelters in its region to provincial government officials. These organizations are funded at different levels, a factor that can impede their being an effective voice for their constituents. The provincial transition house associations are an important resource for individual shelters and are often influential in advocating to keep woman abuse a central issue for both the general public and government bodies.

**RECOMMENDATION 13: Advocate for provincial/territorial/federal governments to maintain and/or increase their support of provincial/territorial transition house associations to ensure that these are viable organizations.**

As noted in the Phase I report (Goard & Tutty, 2003), however, the provincial representatives have no funding for a national collaboration/network. At a meeting in early 2006 the provincial shelter associations formed a national association - Canadian Association of Women's Shelters (CAWS). It will, if effectively funded, allow the provincial groups to meet and compare best practices and strategies to address their common issues to safeguard the lives of women abused by intimate partners. A national organization will benefit shelters, while provincial officials could be apprised of initiatives that have been effective in other regions. Sharing best shelter practices could ultimately save lives.

**RECOMMENDATION 14: Advocate for the federal/provincial/territorial governments to fund a National Association of Shelters.**

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### CONCLUDING THOUGHTS

This research is unique in a number of ways. First, it has provided a look at shelters for woman abuse with representation from across Canada, in comparison to previous research that has been either regional or local (Grasley et al, 2000; Tutty et al., 1999) or has focused on one population such as shelters for Aboriginal women (Weisz et al., 1994). The shelters in this study are in diverse locations and located in all the western provinces, Ontario, Nova Scotia and one territory.

That nine of the shelters operate under the auspices of YWCA Canada is another unique feature. This distinguishes them from most other emergency and second-stage shelters in Canada that are not affiliated with one larger organization. All YWCAs and YMCA-YWCAs are autonomous organizations with their own constitutions and by-laws. However, the environmental scan of YWCA shelters for abused women conducted by Goard and Tutty in 2003 confirms that there are more similarities than differences with the vast majority of Canadian shelters.

As also noted in the Phase I report (Goard & Tutty, 2003), the YWCA has existed for more than 130 years. Since the early years, one of its central services was providing shelter to women. Across Canada, 24 independent YWCA and YMCA/YWCAs shelter and/or provide services to women and children fleeing abuse. Furthermore, YWCA organizations that do not have shelters specific to abused women often provide programs that address violence against women or count women with abuse histories among their residents. The YWCA is also one of the largest women's service organizations in the country. YWCAs and YMCA-YWCAs operate across Canada, reaching out to more than one million women and their families annually.

A third unique factor in this research has been listening to the voices of the women with respect to their perspectives of their needs and the extent to which shelters and other services/professionals offered support. It built on the few similar Canadian studies of shelters that address violence against women (Grasley et al., 2000; Tutty, 1999; Weitz et al., 1994), confirming the majority of the conclusions from those studies. It is hoped that this research will be a resource to others interested in examining this key service for abused women.

But ultimately we must build on the voices of the women residents to document some of the commonalities and challenges of shelter organizations across Canada. This research has also provided an overview of the history of the development of shelters, current issues and future challenges. With the complexities and variations of the Canadian experience there are simply no prescriptions that fit all shelters. However, there is a commonality of purpose and perspective that violence against women is an issue of equality and that access to resources such as permanent affordable housing, income and child care would make a difference in the live of women and their children.

The continuing good work of shelter staff in offering safety, support and information to abused women and their children whether they are in residence, after residence or non-residents must be acknowledged. An impressive number of innovative approaches have been developed by shelter personnel, the provincial/territorial transition home associations, and the provincial ministries with responsibility to address women abuse. These initiatives include developing certificate training programs for shelter staff, creating shelters specifically for groups with specialized needs, and varieties

## CHAPTER SIX: FROM NARRATIVES TO ACTION

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of follow-up and outreach programs to meet the needs of women and children who are previous residents or non-residents. What is even more exciting is the dialogue that is taking place. Shelters and government representatives are reaching out to community groups such as immigrant and refugee women, lesbians, older and Aboriginal women. The process is interactive so that each learns more about the other and potentially creative solutions can emerge.

Canada has a shelter system that is considered to be one of the best by international experts. Nevertheless, continued creativity and flexibility will be essential as Canada has entered the new millennium. Creating transition homes across the country has been a major, hard-fought achievement. Yet, the challenges for the next quarter century are equally daunting. The question of how best to offer safety to the numerous remote and rural areas in Canada is one of the critical challenges for the future. For both funding and feasibility reasons the model of shelters from main-stream Canada is often not an adequate fit. The central concern about the proposed alternatives is safety. Models that fit the unique needs of women and children in rural and remote areas must be developed and supported.

Numerous women, including the large number in the current study, have confirmed that shelters save lives. But once a life is saved, women need support to once again venture into the community to create a life independent of abuse, for themselves and their children. The recognition that emergency shelter is only the first step to this new life means acknowledging the need for a range of services that include second-stage or supported housing, follow-up and outreach for both women and children, a range that is, as yet, available in few provinces. Given the wide-spread cuts to social programs, the knowledge that shelters do, in fact, assist women and children to change their lives remains academic if there is no commitment to ensuring that they are adequately funded.

Shelters are far more engaged in their communities than they were in the early days. They remain an essential service within a much broader range of supports available not only to abused women, but to their children and male partners as well. They have been at the forefront in training professionals, and developing prevention programs, and now, having raised our awareness of the need for such supports, work in partnership with many health, justice, social services and mental health agencies. Part of their role is continuing to challenge us lest we become complacent, believing that society has sufficiently addressed woman abuse.

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