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By Leslie M. Tutty[1]

Abstract

Shelters for women are often seen as the major resource for intimate partner violence, yet few evaluations have been published. This study describes the needs, trauma symptoms and safety issues of 368 women as they enter and leave emergency shelters in ten Canadian violence against women emergency shelters; nine operated by the YWCA and a private shelter in Nova Scotia. The results capture the nature of the abuse, what the women wanted from shelter residence, the services they received, and their plans for afterwards. On shelter entry, on the Danger Assessment over 75% of women residents fell in the range of Extreme or Severe Danger. Although still in the clinical range, total and subscales on the Impact of Event Scale-Revised significantly reduced from shelter entry to exit. The women strongly endorsed the shelter in assisting them with safety, support and access to essential basic needs.

Key Words: Intimate Partner Violence, Violence against Women, Shelters, Evaluation, Domestic Violence

Introduction

The serious and potentially life-threatening nature of violence against women by intimate partners has become a concern across North America and worldwide (Alhabib, Nur, & Jones, 2009; Brzozowski, 2004; Field & Caetano, 2005). Shelters for women abused by intimate partners are often seen as the major resource to address intimate partner violence, yet few published evaluations have explored the pathways into and out of shelters and how the residents fare throughout this process, both in terms of their perspectives and their mental health outcomes.

This paper reviews the nature and consequences of such abuse, research on shelters and shelter programs and presents the results of a study conducted in partnership with ten violence against women shelters located across Canada (nine operated by YWCA Canada). Issues and implications for shelter and post-shelter programs and services are presented.

The Abuse of Women by Intimate Partners

The abuse that women endure from intimate male partners typically extends throughout the relationship and takes many forms including significant physical and psychological abusive acts, sexual abuse and degradation (Johnson, 2006). Partner abuse is not about anger in reaction

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to disputes but the intentional and instrumental use of power to control a woman's actions, usefully entitled "coercive control" by Stark (2007). The physical abuse of women by their partners often results in serious injuries and, for some, life-long disabilities (Nosek, Clubb Foley, Hughes, & Howland, 2001).

Women are commonly raped and/or sexually coerced by abusive partners (Bergen, 2004; Temple, 2007), 50% of shelter residents in one study (Tutty, & Rothery, 2002a). Sexual assault may result in serious physical injuries. Psychological abuse is always a factor when women are physically or sexually assaulted. It entails making degrading comments and sexual slurs that target the most private and personal aspects of women's lives. Psychological abuse also includes death threats that elevate the risk of harm to a new level that must be taken seriously.

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 devastate their lives and the lives of their children. Most women are abused in multiple ways, each of which has a cumulative effect on their feeling trapped and ineffective in either addressing the abuse or fleeing the abusive relationship.

Brownridge's 2006 research highlighting that women are at risk of serious violence after having left abusive partners adds a new consideration that can paralyse women from acting. Leaving to 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.

The Impact of Woman Abuse

Being abused by one's intimate partner is difficult, especially if the threats and physical abuse continue over time. Serious abuse commonly results in women experiencing anxiety, depression, panic attacks, suicidal ideation, or abusing substances (Golding, 2002; 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 and who is responsible for her reactions.

However, rather than looking at the symptoms in isolation, a number of authors apply a trauma perspective (Vogel & Marshall, 2001). An advantage of this view 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 responsible for having created their symptoms. This context 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 women abused by intimate partners experience Post Traumatic Stress Disorder (PTSD), the reactions 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, Lee, Neylan, and Marmar's 1999 shelter study 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.

Shelters for Abused Women in Canada

Emergency shelters for women abused by intimate partners developed in Canada over thirty years ago with the hope that they represented a temporary solution to a serious problem

(Sev'er, 2002). Shelters have become necessary and, in fact, are regarded by many as the major institutional response to violence against women.

The number of violence against women shelters in Canada has increased over the years. The Transition House survey conducted in 2009/2010 by Statistics Canada (Burczycka, & Cotter, 2011) found that, in the year ending March 31, 2010, 64,300 women were admitted to 593 shelters in the country. While about a third of these women simply needed housing, the majority were leaving abusive partners. A little more than half of the women brought children with them into shelter; almost one-third did so to protect their child from physical or psychological abuse and another 20% to protect their children from exposure to the intimate partner violence.

Although shelters are available across Canada, even in the remote northern territories, most are clustered in urban areas. In 2010, 39 shelters were located on Aboriginal reserves (mostly in rural areas); however, 64% of all shelters reportedly offer culturally sensitive programs for Aboriginal women and their children (Burczycka, & Cotter, 2011). The majority of funding for Canadian violence against women shelters comes from provincial/territorial governments.

Research on Violence Against Women Shelters

Much of what we know of how women react to their abuse by intimate partners is from studies conducted in violence against women shelters such as ones that identified high levels of depression (Hughes, Cangiano, & Hopper, 2011), help-seeking patterns (Krishnan, Hilbert, & VanLeeuwen, 2001) and the needs of older women (Vinton, 1998). Nevertheless, while North American surveys of abused women have rated shelters and support groups as among the most effective help sources (Gordon, 1996) and emergency shelters for battered women are perceived as critical resources in most communities, publications about how they assist women are rare.

Some researchers have focused on specific programs within violence against women shelters such as ones for social support (Constantino, Kim, & Crane, 2005) or short-term counselling (McNamara, Tamanini & Pelletier-Walker, 2008). Other researchers have focused on what happens to women after leaving shelters. Sullivan and colleagues randomly assigned former shelter residents to either receive advocacy and counselling post-shelter or not, finding that the women who received assistance fared much better than those who did not. Their series of studies concluded that these after-shelter services had a significant impact on the women's ability to access resources, better social supports and greater quality of life (Bybee & Sullivan, 2005; Sullivan, 1991; Sullivan & Davidson, 1991; Sullivan, Campbell, Angelique, Eby & Davidson, 1994). 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.

Similarly, Campbell, Sullivan, and Davidson (1995) reported significant improvements in depression 10 weeks after a shelter stay that were maintained six months later. Shelter follow-up programs and post-shelter support groups in Canada have also been evaluated with positive results (Tutty & Rothery, 2002b; Tutty, 1996).

Notably, though, little research has focused more holistically on shelter experiences for women. Recent Canadian evaluations support the importance of shelters in providing safety and assisting the transition to a life separate from an assaultive partner (Grasley, Richardson & Harris,

2000 [focuses on six Ontario shelters]; Tutty & Rothery, 2002a; Tutty, Weaver & Rothery, 1999 [both with respect to the YWCA Calgary Sheriff King Home]).

American studies specific to shelters include Bennett, Riger, Schewe, Howard, and Wasco (2004), who found that all four domestic violence resources (shelters, hotlines, advocacy and counselling) were perceived by women as helpful. Chanley, Chanley and Campbell (2001) conducted a cost-benefit analysis, concluding that the costs were balanced by the safety and support provides. Other researchers generally supported the conclusion that shelters are helpful, with a variety of research foci (Grossman & Lundy, 2011; Ham-Rowbottom, Gordon, Jarvis, & Novaco 2005). Miller Clevinger (2009) conducted an interesting comparison of domestic violence victims who did or did not use shelters, finding that those with children, from another location, who did not have a current protection order or who were injured were more likely to contact shelters.

Given the relative paucity of published evaluations of different sheltering models across countries with diverse populations, additional research on the shelter experience is warranted. Certainly not all abused women use shelters: according to Statistics Canada (Brzozowski, 2004), 11% of women abused in the past five years had used a shelter, only 7% as residents. In their study on what abused women wanted from health care providers, Chang et al. (2005) found that many women did not see being told to "go to a shelter" as helpful. These points raise questions about the characteristics of the women who do seek refuge in shelters and what they expect and desire for themselves and their children.

The current research is unique in several ways. First, it has provided a look at shelters for women 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, Taggart, Mockler, & Streich, 1994). The shelters are in diverse locations and located in all the western provinces, one territory and one province in the Maritimes. That nine of the shelters operate under the auspices of YWCA Canada is another unique feature. The Canadian YWCA has existed for more than 130 years and since the early years, one of its central services has been providing shelter to women.

Methods

The study took place in 2005 during an eight-month period 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). Given the lack of a YWCA shelter in the Maritime provinces, a non-YWCA affiliated private shelter in Yarmouth, Nova Scotia (Juniper House) volunteered for the study. The shelters involved were chosen for their locations spanning the country and their willingness to collaborate with the research process.

The project built on previous shelter research from Grasley and colleagues' 2000 study of six shelters in Southwestern Ontario, using selected questions. The study focus, procedures and revised surveys were developed in consultation with the shelter directors and staff in a two-day meeting prior to study implementation. The directors and managers were responsible for training their intake workers to invite shelter residents to participate in the study. A pilot of the measures was conducted to ensure the feasibility of the research.

All new residents were invited to complete an Entry Survey and a Feedback Survey when they left (or at approximately 21 days). Our Entry Survey collected information on demographics, what services the women had accessed before they entered the shelter and what they hoped to gain from residing in the shelter. As part of the Entry Survey, we asked the residents to complete the Danger Assessment (Campbell, Webster, & Glass, 2009) and the Impact of Events Scale-Revised (IESR) (Weiss, 2004), a measure of PTSD related symptoms.

The Danger Assessment (DA) consists of yes/no responses to 20 risk factor items associated with intimate partner homicide from Campbell et al.'s 2003 research in the United States that examined the characteristics of the perpetrators and the victims in domestic abuse that resulted in the victim's death. Examples of items are "Has the physical violence increased in severity or frequency over the past year?"; "Has he ever forced you to have sex when you did not wish to do so?"; and "Does he own a gun?" The instrument uses a weighted scoring system and has strong psychometric properties with internal consistencies in the .70 to .80 range and strong convergent validity with other scales such as the Conflict Tactic Scales and the Index of Spouse Abuse (Campbell, et al., 2009).

The IES-R comprises 22 items encompassing traumatic symptoms corresponding to the criteria for PTSD (Weiss, 2004) using a five-point Likert-style response. The scale does not diagnose PTSD, but asks respondents whether they are experiencing trauma symptoms such as avoidance, hyperarousal and intrusive thoughts. Items are scored one for bothering you "a little bit"; 2 for "moderately"; 3 for being bothered "quite a bit" and 4 for "extremely".

Weiss (2004) reports high internal consistency with alphas ranging from .79 to .92 for the IES-R subscales. The scale has high validity in a study by Creamer Bell, and Failla (2003) as evidenced by a .84 correlation with a PTSD diagnosis. The "event" to which the IES-R items were to refer in the current study was designated as the incident that led the women to seek shelter entry. The Entry Surveys were administered by shelter staff several days post entry, respecting that the women had recently experienced a significant life event that could have been traumatic.

The Feedback Survey asked about the extent to which the women's needs had been met during their shelter stay and their future plans regarding their abusive partner. The measures were to describe the decision process to enter the shelter, what happened within and what women planned for their future on leaving the transition house and re-administering the IES-R.

The women completed all of the measures in private with one exception. Because of the sensitive nature of the DA (the last component of the Entry Survey), the women were instructed to call the intake worker back so that they might complete the measure together, which allowed for any safety planning that arose from reactions to the DA items and score.

A total of 368 residents participated. Two-hundred and seven women completed both the Entry Survey (within three or so days upon entering the shelter) and the Feedback Survey (either on exiting or at about 21 days into their shelter stay because some shelters allow for a longer residence). Another 130 women completed only the Entry Survey and 31 completed only the Feedback Survey.

It is important to note that the study was not intended to be representative of the demographics and responses to shelters across Canada. While the shelters profiled in this research span the country, capturing a seldom-heard rural to mid-size shelter population, since the women were not randomly selected, 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 of up to six months, resulting in fewer residents and, consequently, fewer

respondents to the survey. If the sample from there had been larger, the number of immigrant women and women from visible minority groups would have increased, potentially shifting the feedback and characteristics of the respondents on average.

Study Sample

On average the women were 32.5 years old (range of 16 to 64 years of age, s.d. = 9.4 years). The majority (91.1% or 287 of 315) had children ranging in age from less than a year to 39 years: The children of 7.6% of these mothers were adults. Most had either two children or one child, 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.

The largest proportion of the women's income was from social assistance or disability allowance (41%). A small number (17.6%) had income from jobs; another 29.3% simply had no income. A further 5.2% had income from their partner's or another relative's job.

With respect to women's education levels, a little less than half (48%) had not completed high school. Notably, though, another 40% had taken or completed some post-secondary education. 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.

The women were from a variety of racial backgrounds. The largest group of respondents were of Aboriginal origin (46%) and Caucasian (45%). The remaining 10% of women were from visible minority backgrounds such as Black (3.6%), and Inuit/Inuvaluit (2.1%). Most (91.3% or 303 of 332) were Canadian-born. The remaining 29 (7.9%) were born outside the country and had come to Canada as immigrants and/or refugees; they had resided 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.

Results

Relationship with and Characteristics of the Abuser

The highest proportion of the abusers was common-law partners (44%) and non-live-in male partners/ex-male partners (29.1%). Only 17% of the women were married to the primary abuser, and another 6% were legally separated or divorced. Five women (1.6%) had women partners or roommates. Several shelter residents were fleeing from other relatives (1.6%) or non-relatives (0.6%).

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 seven years). The relationships had been abusive for an average of five years (range of several months to 48 years; s.d. = 6.6 years). As such, many of the relationships were abusive from or near the beginning.

In contrast to the women, 43.9% of the primary abusers were employed full or part-time, whereas 38.5% were not employed. Many worked in labour/service (39%); construction jobs (29%); technical/mechanical (15.7%); or fishing/ranching (7.1%). A small proportion (2.9%) was professionals. With respect to education, 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. 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).

Childhood Abuse, Health and Mental Health Problems

A high proportion of the shelter residents had suffered abuse in childhood (19.2% reported no abuse): more than half had been emotionally abused (52.2%), and almost half had been sexually abused (43.2%), witnessed violence between their parents (42.7%), or been physically abused (41.8%). Almost one-third had been neglected (32.1%). Of these five forms of abuse, 41% of the residents had experienced three to five forms of child maltreatment.

Over three-quarters of the women (77.1% or 252 of 327) had no disability or other physical health issues. However, 62 residents (20.4%) described physical disabilities, the majority (52%) of which were chronic health conditions such as asthma, diabetes, epilepsy, and arthritis. Almost one-fifth (17.4%) disclosed back, hip and other physical problems, some of which had resulted from the intimate partner abuse. Learning difficulties (11.3%), hepatitis C (11.3%), fetal alcohol syndrome (3.2%) and hearing problems (3.2%) were also mentioned.

Almost two-thirds of the shelter residents (64.5% or 211 of 327) self-reported that they had neither emotional problems nor mental health issues, while 116 (35.5%) noted that they did. Of these, most described depression (28.2%) or a mix of depression and anxiety (21/8%). Another almost quarter described anxiety (11.8%) or PTSD-related issues (10.9%). Bi-polar depression was mentioned by 9.1%, as were unspecified mental health problems such as self-esteem issues or stress (15.5%). 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).

The Nature of the Partner Abuse

The most often described serious physical injuries from the abuse for 71% of the women were cuts, scrapes or bruises (216 of 303), while a little more than one-quarter had not been physically injured (25.7% or 78 of 303). Of note, almost 11% (36 women) described sexual harm or being infected with diseases because of the sexual behaviour of the primary abuser. 23 women (6%) had miscarriages or other internal injuries, and 3% (9 of 303) reported broken bones or fractures.

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 that did, almost two-thirds (107 or 61.5%) responded that their partner/primary abuser had allowed them to receive medical help for injuries. Of concern, however, is that the partners of more than a third (38.5% or 67 women) had at least once prevented them from getting medical aid for injuries from the abuse. A significant issue 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.

Pathways to the Shelter

Abused women are often not the passive victims that many assume them to be. Most try a number of strategies to get support and advice about the abuse. The Entry Survey asked what sources of help the women had accessed and how helpful these were. Prior to the current shelter

stay, the women residents had requested assistance from many sources, the most common being shelters (of the 80.5% of respondents who noted this, 96% found the shelter helpful); talking to friends (67% of those that used this strategy found it helpful, as compared to somewhat helpful or not helpful); talking to family members (53% helpful); and leaving home to get away from the abuser (78% helpful). Of formal helpers, the most commonly utilized were counsellors (80% helpful), the police (59% helpful), and family doctors/nurses (67% helpful).

Relatively few had utilized services specific to abused women, although these were among the most helpful strategies according to those who had used them: support groups (N = 40; 82% found it helpful), emergency protection orders (N = 39; 54% helpful) and developing safety plans (N = 81; 76% helpful). The resource reported as least helpful was marriage counselling (N = 9; only 14.5% found this helpful), fitting with the analysis of advocates that a systems perspective commonly adopted by family and marriage therapists does not address the control and power differentials implicit in the abuse of woman by intimate partners.

Forty percent (39.8% or 132) of the women residents had not previously resided in a shelter for abused women. The other residents had stayed in a shelter once before (29%) or from two to six times previously (31%). When asked 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.

A number of the women had delayed going to shelter for various reasons, primarily worrying about leaving their personal belongings (40.2%), having no money or way to get to shelter (28.2%), worrying about being safe after leaving partner (27.3%), not wanting the children to live in a shelter (26.1%) and not wanting to take the children away from home (23.9%) or school (16.7%). A small proportion delayed going to the shelter because they worried that the children might be apprehended by child welfare authorities (11.5%).

Because of concerns about the high numbers of turn-aways to 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%).

What Women Wanted from Their Shelter Stays

A key question for the current research is what women want from shelters. The issues were organized into five categories: general needs, informational needs, assistance with children, advocacy needs, and referrals to community agencies/services. Across categories, the most commonly endorsed need on entry to the shelter was for emotional support or counselling from shelter staff (81% of 282 women), closely followed by a safe, secure place to stay (79.9%). Obtaining information about coping with stress and anger (73.3%) and about improving self-esteem (73%) and referrals for housing (67%) were also high priorities. Taking a "break" from the abusive partner (55.7%) needs to be understood in the context of the process in leaving an abusive relationship. Time away is essential for women to consider the costs of staying as well as the costs of leaving the relationship, from a more objective perspective and away from family/cultural beliefs that support maintaining the family status quo.

Of the 278 women with children, almost half had needs related to their offspring, including understanding how abuse affects them (55.4%), child care (43.5%) and counselling for their children (40%). High proportions of the women also hoped to receive referrals to

community service or organizations, most commonly for basic needs such as housing (41%), counselling (67.2%), donations (59.5%) and financial aid (50.9%).

The Danger Assessment Scale

As mentioned previously, the DA is a measure of the risk of lethality (homicide) of women by male partners (Campbell, et al., 2009).

Table 1: Scores on Danger Assessment Scale (Entry Survey)

Danger Assessment Levels of Lethality	% of Respondents
Extreme Danger	59.7% (181)
Severe Danger	16.5% (50)
Increased Danger	15.5% (47)
Indeterminate Danger	8.3% (25)
Total	303

As can be seen in Table I, on shelter entry almost 60% of the women (N = 303) fell in the range of Extreme Danger, and another 17% were in Severe Danger. The lowest level of danger, Indeterminate, has been renamed "Variable" danger in the latest version (Campbell, et al., 2009) 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.

Responses to specific DA items put the risk into focus. Fifty percent stated that their partners had tried to choke them; 49% had sex forced on them; 55% noted that their partners had threatened to kill them; 39% of the partners had used a weapon against them. It is the combination of such factors that increases the risk of homicide (Campbell et al., 2009).

The Exit Survey: Reflecting on Their Shelter Stays

The Feedback Survey was administered to shelter residents either just before they left or, in the cases of some shelters that allow longer than three weeks, at about 21 days into their stay. In total, 238 residents completed the Feedback Survey. The women were asked how long they had stayed on this visit. Almost 75% of the survey respondents stayed over two weeks. Notably, though, a small proportion stayed only about a week (10.8%) or two weeks (14.9%). As noted previously, shelter residence length 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.

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, followed by a "break" from the abusive partner, a safe and secure place for their children to stay and emotional support/counselling from staff. These are a close fit with their expressed needs on entering the shelter.

Changes in Trauma Symptoms During Shelter Residence

A total of 188 residents completed the Impact of Event Scale-Revised at both shelter entry and shelter "exit." The majority of the women coded the IES-R items 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 issues improved by the time the residents answered the feedback survey, most to the "bothering a little bit" range.

Table 2: Impact of Event-Revised Subscale Pretest/Posttest Changes

IESR Scales	Pretest Score	Posttest Score	t-test	Effect size
Avoidance (N = 178)	15.7	12.7	5.5 (p< .001)	.39
Intrusion (N = 181)	16.5	12.7	7.6 (p< .001)	.49
Hyperarousal (N = 180)	12.6	9.8	6.7 (p< .001)	.45
TOTAL IES-R Score (N = 175)	45.8	35.2	7.4 (p< .001)	.49

As can be seen in Table 2, the women reported statistically significant reductions on the Avoidance, Intrusion and Hyperarousal subscales of the Impact of Event Scale with effect sizes in the medium range. 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. Although Weiss (2004) did not provide a cut-off score to create a PTSD diagnoses, Creamer, et al. (2003) suggest a cut-off of 33 on the total IES-R score. Using this marker, the majority of the residents were well into the "PTSD range" on entry and, although improved, many remained in the area of clinical concern on leaving the shelter. Given the childhood maltreatment and long-term partner abuse experienced by the majority of the shelter residents, it is not surprising that they continue to exhibit some trauma symptoms.

On exit, 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 congruent with the Canadian Transition Home Survey, which reported that about 90% of the women did not plan to return to their partner post shelter (Sauvé & Burns, 2009).

In the current study, the few who declared that they were returning to their partners or might return in future (12 or 5.4%) noted that they did so in hope that the relationship would stop being abusive (31). Importantly though, women also mentioned that lack of money (14), fear (10) and lack of housing (9) could cause their return.

The Feedback Survey contained a list of consumer satisfaction questions related to what aspects of the shelter the residents found most helpful. 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%).

Strengths and Challenges of Their Shelter Stay: The Women Comment

The final two questions on the Feedback Survey were open-ended and with respect to 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. Two residents wrote only suggestions/concerns.

Twice as many residents wrote about aspects of the shelter that they found helpful as wrote about concerns or made suggestions. Many of the comments simply endorsed the fact that their shelter stay was valuable and assisted them in a number of ways. Notably, residents in the same shelter sometimes perceived issues differently, one noting staff approachability as a problem, another seeing the staff in the same shelter as caring and supportive. Several comments present these differing views:

> *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 other residents and they feel the same.*
>
> *The staff are very friendly, and non-judgemental. They made me feel like an equal*.
>
> *I loved the supportive staff. It's amazing what a couple days of being treated good will do for your self esteem.*
>
> *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 there's anything staff can do. It's part of being in a large community environment*.

The following quotes summarize the strengths of the shelter from several women's perspectives:

> *I liked the way the other women made me feel at ease, 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*.
>
> *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!*

Discussion

Shelters provide essential and life-saving support to abused women and their children. That almost three-quarters of the women residents were in serious risk according to the DA

supports shelters as 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. The DA looks more at factors such as sexual assaults and threatening harm than the level of physical injury and is primarily related to the background characteristics of the perpetrator. It thus provides important additional information in contrast to measures with respect to the physical and psychological abusive acts.

The clinically significant scores on the Impact of Event Scale-Revised at shelter entry and the statistically significant reductions on sub-scale and total scores at shelter exit are also notable. Two of the shelters in the current study (Toronto's longer term facility and Calgary's Sheriff King Home) have adopted trauma perspectives in their staff training and approach to women residents. That the average woman in the current study presented with clinically significant trauma symptoms confirms this perspective. Coping with a high number of trauma symptoms interferes in an individual's ability to connect with others and to problem-solve effectively.

That many exit the emergency shelter with improved but still concerning trauma symptoms suggests the need for continued support afterwards perhaps in shelter follow-up programs (Tutty, 1996). Nonetheless, one should be careful not to stigmatize the women as traumatized. As Walker (1991) noted, "it is important to remember that not all battered women develop PTSD and even when they do, they may not need more than a support group with others in similar situations" (p. 28).

However important the services that emergency shelters provide, they are time-limited, and their major goal is to assist women in crisis because of the abuse from intimate partners to make a transition to a safer life back in the community. To do so entails that women have access to housing, financial support, education, job-training and child-care (Ham-Rowbottom, et al., 2005). Almost half of the women shelter residents in the current study had not completed high school, were on social assistance or disability, and one-third had no income whatsoever. As such, shelters are serving those who need them most, providing, "options for women who have few options" (Weisz, et al., 1994). With so little education or job training, a number of these women will likely have difficulty establishing independent households when they return to the community, which may leave them at risk of either homelessness or needing to reconcile with an abusive partner (Baker, Holditch Niolon, & Oliphant, 2009; Tutty, Ogden, Giurgiu & Weaver-Dunlop, 2013). But even after having being 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 recommendations to advocate for better access to housing, social assistance and education.

Conclusions

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. Nevertheless, continued creativity and flexibility are essential. Creating transition homes across the country has been a major achievement, and one hard fought. 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 again venture into the community to create a life independent of abuse, for both themselves and their children (Sullivan, et al., 1992; Tutty, 1996). The recognition that emergency shelters are only the first step to a new life means

acknowledging the necessity of 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.

Shelters 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 the abuse of women by intimate partners.

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