CONSIDERATIONS FOR THE DEVELOPMENT OF A PAN-CANADIAN MAP OF FAMILY VIOLENCE RESOURCES

Final Report

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I   WHY DEVELOP A PAN-CANADIAN MAP OF FAMILY VIOLENCE RESOURCES?

Where people grow up or reside throughout their lives can have short- and long-term effects on their physical and mental health as well as on their general social well-being and quality of life. An individual's address also often determines their ability to access human services and resources which exist to help them deal with a variety of social and health issues.[1] However, "where people live is seldom an accidental choice. Rather, it is shaped by factors such as socio-economic circumstances, employment opportunities, family history and life stage" (Witten et al. 2006: 7). If individuals or groups face difficulties accessing resources, it is the responsibility of the appropriate level of government (e.g. national, provincial, regional, municipal) to address the situation, especially if the lack of access leads to further negative consequences for those affected (e.g. poor health care, increased rates of mortality, higher rates of victimization). As such, "the achievement of equity in the distribution of public resources is a goal of paramount importance…deciding the distribution of benefits (who gets what)…is what is done almost daily in the allocation of scarce public resources" (Talen 1998: 2). Once termed the "hidden function of government (Jones et al. 1980), public resource allocation has received increased attention in recent years. The reasons for this vary but include an increasing emphasis on scarce resources, the growing power of various interest groups, improved techniques to monitor resource provision, and perhaps most important, the increasing awareness that how resources are distributed can directly impact overall public welfare (Harvey 1973; Pahl 1971). In particular, there is a growing international literature that emphasizes that the characteristics of a 'place' matter as much as the characteristics of the people who live there in determining health and social well-being (Macintyre et al. 1993; Yen and Kaplan, 1999; Pickett and Pearl 2001; Kawachi and Berkman 2003).

Despite varying efforts to reduce unequal resource distribution worldwide, variation along a number of dimensions continues to exist in the provision of many basic resources. Indeed, it is often the case that those in greatest need of resources are the most underserved and, as a result, remain the most disadvantaged (Townsend and Davidson 1992). The idea that those who are disadvantaged are located in particular 'pockets,' areas or regions and often share similar socio-demographic characteristics is not a new one. Without reliable and valid measures of specific resources, however, it has been difficult to demonstrate unequal distribution of resources and, more importantly, to identify communities that are underserved, relative to their needs, and their characteristics. Concerns about resource distribution are evident in the area of violent victimization, now recognized internationally as a public health issue (Pridemore 2003; Krug et al. 2002) and, in particular, for those experiencing family violence[2] which has garnered increased attention in recent decades. During this period, many countries have experienced tremendous growth in the range of resources (i.e. legislation, policies, programs, and services) that aim to intervene in and prevent family violence. Despite, and possibly because of, this rapid growth, little attention has been paid to systematically documenting what resources are currently available, where and for whom. Such information is critical, however, to understanding their ability to meet the needs of the individuals they were meant to serve. In particular, knowing the extent to which resources are available, accessible, and utilized by the populations at greatest risk for various forms of violence is central to understanding their overall effectiveness in preventing such violence.

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[1] The terms 'resources' and 'services' will be used interchangeably; however, the former will be emphasized to clearly distinguish the focus of this paper which is on the broader resources/services that target family violence from the more narrow focus on 'victim services' which is often believed to refer to the more formal and primarily criminal justice-based services involving police, courts and corrections.

[2] The focus in this paper is on 'family violence' resources; however, other gender-neutral terms such 'domestic violence' and 'intimate partner violence' are used throughout to refer to similar acts and/or behaviours. Variation in terminology stems largely from the particular focus adopted in the various studies being referenced and the increasing tendency to use gender-neutral terms when describing gender-based violence in many countries. The author recognizes, however, as does the World Health Organization (Krug et al. 2002), that the primary victims of many types of family violence are women and the primary perpetrators are men; therefore, regardless of the term used to describe this phenomenon, it is acknowledged that family violence is gender-based violence.

In contrast to the dearth of research that has examined the distribution of specific resources and their role in violence prevention, there has been a great deal of attention paid to other types of neighbourhood characteristics that might increase crime and violence in communities. In Canada in the past few years, for example, studies have examined how various neighbourhood characteristics may be linked to levels of crime and violence in Edmonton, Halifax, Montréal, Ottawa, Regina, Saskatoon, Thunder Bay, Toronto, Vancouver, and Winnipeg (Charron 2009, 2008; Fitzgerald et al. 2004; Ley and Smith 2000; Kitchen 2007; Savoie 2008a, 2008b; Wallace et al. 2006). These studies have examined how levels of violence and crime may be correlated with various factors including residential population density; average income; percent visible minorities; percent children, elderly or young males; levels of commercial activity, manufacturing and office jobs; number of bars, and so on. These studies have shown, as others have before them in the tradition of environmental criminology (Brantingham and Brantingham 1981), that crime is not randomly distributed across space, but concentrated within certain neighbourhoods, cities, regions or other geographic units that share common characteristics. While one might also expect that there would be a correlation between the availability of violence prevention resources and crime rates in particular communities, this has yet to be systematically examined. None of the above studies included the availability of various resources available to victims or perpetrators as a neighbourhood determinant of crime or violence. It has been argued that one key reason for this is the lack of available data that systematically document the existence of these resources (Dawson et al. 2009; Dugan et al. 1999).

The above ecological studies have also tended to focus on neighbourhood characteristics and crime rates within or between cities; however, extensive research has documented how remote and rural regions of various countries, including Canada, face particular challenges when trying to access resources and this may affect their ability to reduce levels of crime and violence (Lobao et al. 2007; Pruitt 2007, 2008, 2009). In a 2008 Senate report on rural poverty in Canada, for example, it was stated: "The evidence is in: rural Canadians are, on average, less healthy than their urban counterparts. While the reasons are varied at least part of the problem stems from inadequate access to health practitioners and services" (p. xviii). Adopting the 'healthy community' approach, the report emphasized that "it is important to recognize that the major determinants of health span a much broader range of issues than mere access to the health care system…health is in fact largely determined by equitable access to such basic prerequisites for health as peace, food, shelter, clean air and water, adequate resources, education, income, a safe physical environment, social supports and so on" (p. xix). The report also identified that the hidden nature of family violence in rural Canada was one of two pressing crime-related issues that required federal government attention and "inadequate access to services" was identified as a key factor contributing to this ongoing problem (p. 239). To date, though, there is limited research or data that can provide concrete evidence to document the extent of the problem facing rural Canadians. The Senate committee recommended that "the federal government fund academic and community-based, action-oriented research into the causes of, and response to, domestic violence in rural Canada. Applying this research, the federal government should take a leadership role, through its Family Violence Initiative, and support regional forums that bring together federal, provincial/territorial and community leaders, non-governmental organizations, front-line service providers, and survivors of domestic violence in order to develop appropriate response to family violence in rural areas" (p. 239).

Responding to this recommendation, a national, geographically-referenced database and pan-Canadian map of family violence resources can be used to address this and other equally fundamental research questions related to the equitable distribution of family violence resources in this country. Three broad questions that can guide this initiative are listed below:

- What does the distribution of family violence resources look like across various geographic boundaries in Canada (e.g. rural/urban, within-city variations, between-city variations, regional variations)?

- Is there a difference in the socio-economic composition of those individuals and/or groups residing in areas with higher provision of family violence resources compared to those in areas with lower resource provision (e.g. age composition of the population, percent living below poverty line, population density)?

- If there is variation in the distribution of family violence resources, do areas with higher or lower levels of resource provision have corresponding higher and lower rates of family violence? If so, does this correlation hold when other factors are held constant, suggesting that resource availability has an independent association with rates of family violence in communities?

Inherent in the above questions are other equally important and more detailed questions about additional characteristics of family violence resources such as their accessibility, utility, and quality and their ability to reduce or prevent violence. It is integral, therefore, to begin to document where and what resources are available and for whom (Dawson 2010; Dawson et al. 2010). Such information can contribute to more informed public policy decisions about the distribution and allocation of resources targeting specific types of violence and an enhanced ability to examine their impact on reducing levels of violence in communities. It is important to keep in mind, however, that placing the determinants of family violence solely in the local community ignores important "social processes generated by the political, economic and ideological structures that reproduce and maintain the prevailing social formation" (Santos et al. 2006). Therefore, to understand resource distribution at the local level, the larger regional, provincial/territorial and national public policy contexts must also be considered. For example, one recent study showed that there was a more equitable provision of violence against women resources in Scotland, compared to Ireland, England and Wales (Coy et al. 2007). This difference was largely attributed to the Scottish government's strategic national approach to violence against women which impacted decisions about resource provision at lower levels of government. In short, to be effective, public policies, resources and programs need to be implemented at the local, regional and national levels (Santos et al. 2006). Because political contexts do vary across Canada to some extent, a pan-Canadian map is important for understanding the reciprocal effects of the macro and micro policy contexts on the distribution of family violence resources.

Drawing from the above, then, it is clear that an important step toward improving the quality of life for individuals and communities is to document what public policy initiatives, resources and programs have been implemented at multiple levels of government to reduce or prevent family violence during the past several decades. Only then can we determine if there has been an equitable distribution of resources. A pan-Canadian map will provide the opportunity to examine family violence resource provision and distribution and its relation to national, regional and local policy environments. This opportunity has not been previously possible nor has such an initiative been attempted in any other country. As such, Canada will address the growing international recognition that countries must develop unified national strategies, rather than fragmented responses, to ensure equitable distribution of resources that target family violence or violence against women more generally which has been the emphasis in many countries given the high rate of violent victimization experienced by women (Coy et al. 2009: 14). Supporting the importance of such an initiative internationally, the *Report of the Special Rapporteur on Violence Against Women, Its Causes and Consequences* recently called for countries to begin to collect data on "the extent, geographical distribution, use and unmet demand for support services related to violence against women" which includes family violence (Human Rights Council 2008). This paper provides the foundation on which such an initiative can be developed in this country.

II   WHAT IS EQUITY & WHY IS THE EQUITABLE DISTRIBUTION OF RESOURCES IMPORTANT?

Equity concepts

While the importance of achieving an equitable distribution of family violence resources is clear, equity is not always achieved with equal resource provision and, thus, it is crucial to briefly discuss the need to determine how equity will be understood or conceptualized. For those involved in allocating resources, Lucy (1981) argues that there are five concept of equity – equality, need, demand, preference and willingness to pay – each of which can be used in isolation to make decisions about resource distribution, but typically two or more are necessary. Of these, equality, need and demand are the most frequently highlighted in discussions about resource allocation and, therefore, drawing from Lucy (1981), these three equity concepts are discussed below.

Equality: In the realm of government resource provision, equality as equity means "everyone should receive the same service" (Lucy 1981: 448). This concept of equity has three limitations. First, efforts to achieve equality are often not consistent with the other concepts of equity; that is, if resources are allocated according to need, the reality of unequal need will lead to unequal, not equal, service provision. Moreover, equal resource distribution to all individuals is largely impossible. For example, shelters cannot be located the same distance from every individual who may need this resource. Finally, equality of provision does not always lead to equal outcomes; for example, three communities may have the same number of police officers patrolling their communities, but that does not mean that family violence arrest rates will be equal in those three communities because arrest depends on more than just having a police presence.

Need: In contrast to equality, the concept of need as equity is consistent with the idea that sometimes to achieve equality, unequal treatment is required; that is, those who need more resources should get more, not less, resources to achieve equity. In reality, thought, the inverse care law[3] is more often in evidence: those who need resources the most are often those who are underserved. If one is to focus on need as equity then there has to be some basis on which to identify need. This can be done by describing need in general terms, describing service-specific needs, or both. An example of a general need indicator is the level of poverty; however, Lucy (1981) argues that need will be more helpful if indicators are related directly to the purpose of a service. For example, areas with high crime rates may have more need for increased policing resources than those communities with low crime rates. With respect to our purpose, if there are higher rates of intimate partner violence in some communities, there may be a greater need for shelters than in other communities with lower rates intimate partner violence. In short, because need as an equity element requires unequal treatment, there must be concrete evidence of this need to justify such treatment.

Demand: This element of equity stems from the idea that interest in a resource should be rewarded. Interest can be demonstrated by the relative use of a service – are shelter beds full in one area 100 percent of the time and only some of the time in another community? Alternatively, demand can be shown through requests for service or complaints about services – how many women are being turned away from shelters in a community or have there been more complaints in some areas, compared to other areas, that waiting lists for perpetrator treatment programs are too long? However, demand also often depends on individuals *actually* requesting or complaining about perceived inequities or community members being organized enough to make their voices heard. Lucy (1981) argues that demand is also linked to the minimum threshold concept which states that at least a minimum of service quantity and quality should be met. Since all demands cannot be met in the real world, there must be some way to decide among competing demands and typically this may mean looking simultaneously at the other equity elements of need or equality. One

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[3] This term was coined by Hart (1971) with respect to the provision of medical facilities in the United Kingdom.

limitation of demand as an equity concept is that services may not be used for a variety of reasons, including inadequate access for some groups (e.g. the elderly or children) or because of the resource characteristics (e.g. limited hours, inconvenient locations) that are not conducive to some potential users.

Theorizing equity

Arguably, all three equity concepts can be related to the provision of family violence resources, although need may be the most appropriate equity element. Keeping these concepts in mind, various theoretical frameworks can be used to understand why an equitable distribution of resources is important to overall public welfare. Recognizing that family violence encompasses some acts or behaviours defined as criminal in Canada,[4] explanations that identify factors that contribute to higher or lower levels of crime are relevant and can also be applied to forms of family violence not officially defined as criminal (e.g. some forms of emotional and psychological abuse). Two separate, but interrelated, theories have been commonly used to explain why some areas have higher rates of crime and violence than do other areas. *Social disorganization theory* argues that high crime rates in particular neighbourhoods, primarily in cities, stem from the existence of weak bonds or connections between and among the residents who live there. Neighbourhood characteristics argued to produce or contribute to these weak bonds are high rates of poverty, ethnic/racial heterogeneity, high residential mobility, family disruption, and population density. *Opportunity theories* argue that higher crime rates are related to increased opportunities for crime that arise through routine or lifestyle activities that facilitate increased opportunities for criminal behavior or victimization (i.e. situations in which there is an attractive target or victim, a motivated offender, and the absence of a suitable guardian).

The link between these two theories may be conceptualized as follows: Socially-disorganized environments are often ripe with opportunity structures, routine activities, lifestyles, and so on that lead to a greater likelihood of violent perpetration and victimization. As argued above, the distribution of resources aimed at preventing violence can be conceptualized as one characteristic of an area or neighbourhood. Therefore, one might hypothesize that levels of available violence prevention resources may also be linked to whether an area is socially-disorganized and/or whether there are increased opportunities structures for violence. For example, if a woman is experiencing violence (the target) at the hands of a male partner (the motivated offender) and there are no reasonably-accessible shelters in her community (an absence of a suitable guardian) that might facilitate her leaving the abuser, opportunities for that abuser to continue victimizing her are enhanced compared to an abusive male partner and his female victim who live in a community with strong shelter networks and increased victim-focused resources. In addition, opportunity structures contributing to higher rates of family violence in a community with no shelters are further strengthened if the neighbourhood is socially disorganized due to poverty, population density, overcrowding and few common bonds among the residents because of their short-term tenure in the neighbourhood or differing cultural backgrounds.

An assumption inherent in the above theories and emphasized by the World Health Organization's (WHO) *World Report on Health and Violence* (Krug et al. 2002) is that "no single factor explains why some individuals behave violently toward others or why violence is more prevalent in some communities than in others. Violence is the result of the complex interplay of individual, relationship, social, cultural and environmental factors (p. 12)." The WHO report highlights how various factors at similar and multiple levels of society have direct, indirect and reciprocal effects on each other and, as a result, their interaction or

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[4] The *Criminal Code of Canada* has no specific offence for family violence, domestic violence, or intimate partner violence. Offences like common assault, assault with a weapon, assault causing bodily harm, sexual assault, criminal harassment (stalking), uttering threats, mischief, intimidation, forcible confinement, and homicide have all been applied in this context. Other non-physical forms of family violence or abuse, however, may not be covered in the *Criminal Code* such as verbal, psychological, emotional or financial abuse.

combination can produce varying levels of violence. It follows, then, that no one sector or discipline can address violence on its own and, in particular, this has been emphasized in recent assessments of criminal justice initiatives that have failed, in many cases, to reduce or prevent incidents of intimate partner and domestic violence as anticipated. Similarly, most recognize that shelters can address the problem for only some women and children and, in many cases, for only a limited period of time by addressing their short- rather than long-term situations. With the increasing emphasis on collaborative approaches among multiple sectors and agencies responding to family violence, it appears that the ecological model has also begun to influence how society responds to family violence and violence more generally. However, to date, there have been no systematic examinations of how the geographic distribution of resources that aim to reduce or prevent violence might interact with other factors at the same level or multiple levels to affect the geographic distribution of violence across time and space. As noted above, this is not due to a lack of interest on the part of researchers and others, but rather to a lack of consistent and reliable data that document resource availability and would also allow for the examination of these and related questions. As the next section demonstrates, however, resource allocation does have an impact on the overall welfare of individuals and communities as shown by research examining the role played by a broad spectrum of community resources. As such, there is every reason to expect that the adequate provision of family violence resources would similarly play a role in creating more healthy communities and individuals.

III   GENERAL LITERATURE: RESOURCE DISTRIBUTION & HEALTHY COMMUNITIES

It is increasingly argued that 'healthy communities' are determined by various features above and beyond those related directly to health care service provision. Macintyre et al. (2002) recently identified five types of features which can contribute to the health of a community and those who live there. They include: (1) physical features of the environment (e.g. quality of air and water); (2) availability of healthy environments at home, work, and play (e.g. adequate housing, safe play areas for children); (3) services provided to support people in their daily lives (e.g. education, transport, policing); (4) socio-cultural features of a neighbourhood (e.g. political economic, ethnic and religious history of a community; community integration); and, finally, (5) the reputation of an area (e.g. morale of residents, how an area is perceived by others). Various disciplines have focused in-depth on some of these aspects whereas other features have received little attention.

To date, as noted above, there has been limited research on the distribution of resources targeting violent victimization specifically, but a burgeoning of literature in recent decades on the distribution of and access to health-related services (e.g. Hendryx et al. 2002; Hirth et al. 2001; Hyndman and Holman 2001; Heckman et al. 1998), including HIV prevention services (Fulcher and Kaukinen 2005; Hanchette et al. 2005; Kaukinen and Fulcher 2006), health clinics and hospitals (Hirschfield et al. 1995; Martin and Williams 1992; Parker and Campbell 1998; Witten et al. 2003). Primarily focusing on urban centres, some studies have also examined how quality of life for residents of communities may be affected by the distribution of recreational amenities (Witten et al. 2003), public transport and communication (Witten et al. 2003), shopping and banking facilities (Witten et al. 2003), educational services (Witten et al. 2003), childcare services (Noble and Smith 1994; Queralt and Witte 1998; Truelove 1993), and policing services (Sherman and Weisburd 1995). Finally, some studies have examined how various other social and cultural resources are dispersed and what their impact is on residents (Witten et al. 2003), including non-profit organizations (Bielefeld et al. 1997; Wolch and Geiger 1983), social welfare agencies (Wolch and Geiger 1983), and programs for the homeless (Wong and Hillier 2001). This research has spanned a variety of countries including the United States (Bielefeld et al. 1997; Hanchette et al. 2005; Queralt and Witte 1998; Sherman and Weisburd 1995), Australia (Hyndham and Holman 2001), Canada (Fulcher and Kaukinen 2005; Truelove 1993), England (Hirschfield et al. 1995; Noble and Smith 1994), and New Zealand (Witten et al. 2003). Given this growing wealth of research, what do we know about the spatial distribution of resources and their impact on communities and the individuals who live there? As demonstrated by a sample

of studies described below that focus on different types of resources, the overall conclusion is that the distribution of resources does vary across various geographical boundaries and, where examined, this variation does matter to overall public welfare and individual quality of life.

Examining the overall 'quality of urban environments,' Witten et al. (2003) developed a Community Resource Accessibility Index (CRAI) to capture the location, distribution and relative accessibility of various community resources in two New Zealand cites.[5] Arguing that differential access to community resources can lead to various levels of opportunity to maintain and improve quality of life, they found that accessibility was highest in the core business sections of the cities examined and along major transportation routes and lowest on the outskirts of these cities. However, between- and within-city variations were also found with "pockets of poor service and amenity access" existing across both cities (Witten et al. 2006). They concluded that the CRAI was an effective tool examining the distribution of resources and identifying poor or underserved areas.

In the area of HIV prevention services, Fulcher and Kaukinen (2005) examined the location and distribution of HIV and AIDS prevention resources in Toronto, demonstrating that fewer options were available to some individuals compared to others because of where they lived. Specifically, some areas had only one service provider or none at all compared to other arguably smaller areas where there were three or more providers. Overall, services were more highly concentrated in the city's downtown core whereas lower access to services was evident in the eastern and northern sections of the city. The authors speculated that, while the downtown core was clearly more serviced than other parts of the city, this distribution may be justified by need (one of the equity concepts discussed above) given that this area of the city also had higher rates of young, single, and/or gay residents who may be at higher risk of HIV and AIDS. To examine this hypothesis, however, the distribution of HIV and STDs would need to be examined along with service provision which was not a focus of this study. In a later analysis, Kaukinen and Fulcher (2006) demonstrated that many of the neighbourhoods with less accessibility to HIV-related services were those with a high percentage of immigrants and black Canadians and a high degree of concentrated disadvantage, supporting the argument that it is often those most disadvantaged that have access to fewer resources.

In the field of general health services, Australian researchers Hyndham and Holman (2001) demonstrated that there was adequate distribution of general practice health services in metropolitan Perth, but that there was some variation in the types of services provided. Focusing on distance to services, doctors' hours, nurses' hours, ability to make same-day appointments and so on, they found that more surgeries and more doctors' hours were found in the more disadvantaged areas. However, they noted that the quality of care with respect to out-of-hours and same-day services were lower in disadvantaged areas despite what appeared to be their greater supply of resources (p. 1607). This supports the argument that availability is a necessary, but not sufficient, measure of resource distribution and that other attributes or characteristics of services and resources will need to be examined – an issue that will be discussed in more detail later in this paper.

US researchers Queralt and Witte (1998) examined the distribution of childcare services in relation to the age population to be served. They wanted to identify neighbourhoods with low levels of service in relation to the size of the child population. They found that supply varied considerably but, more importantly, it was inadequate based on need in some areas, including those experiencing higher levels of socioeconomic distress and residential instability (i.e. socially-disorganized environments). They also found that those areas with more adequate services were often the "higher income/lower poverty public assistance areas" (p. 464). Areas with inadequate services had higher percentages of Cambodian refugees and Puerto

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[5] The CRAI included recreational facilities and services, public transportation and communication, retail and banking services, education, health, social and cultural services.

Ricans and more households on public assistance, again supporting the perspective that it is often those with most need that have fewer resources and, thus, continue to be disadvantaged.

It is clear, then, that the distribution of resources does matter and that, beyond availability, the level of accessibility, utilization and quality of those services can also have a spatial dimension that will affect the health of communities and their residents. While research on the distribution of resources targeting violence is more limited, there has been some recent work in this area that underscores the importance of examining this issue further.

IV   SPECIFIC LITERATURE: RESOURCE DISTRIBUTION AND FAMILY VIOLENCE

In the past several decades, victims/survivors have become more aware of their rights and/or the resources available to them largely because of the victims' rights' and 'violence against women' movements. As a result, those experiencing violence have become more familiar with available resources and increasing numbers are now seeking help through various informal and formal channels. With limited funding, it has become more of a challenge to allocate available resources to effectively meet these growing demands, however. Adding to this challenge is the fact that, despite rapidly growing resources in most industrialized countries, there has been little effort to document what these resources are, where they are, and whom they serve (Dawson 2010). The theories and findings described above that demonstrate an important relationship between community resources and quality-of-life outcomes can easily be applied to violent victimization, highlighting the need to address this knowledge gap. For example, it is argued that pathways to positive health outcomes are enhanced through opportunities for access to health resources, close proximity to services, and the social connections and/or supports that the resources provide. Similarly, one might hypothesize that those who are victimized can more effectively recover from or reduce further victimization through opportunities to access appropriate crime prevention or victim-based resources, advocacy, community-based resources, or other initiatives targeting violence. Further, communities that provide adequate services to perpetrators – whether these are treatment programs for family violence offenders or mental health/addictions services – may more effectively reduce incidents of violence compared to areas with few such resources. Finally, resources that promote healthy relationships, particularly among youth, and seek to prevent violence and abuse from occurring in the first place can also contribute to positive social and health outcomes in the long term.

Two separate groups of researchers have underscored the importance of understanding the role played by the distribution of resources targeting domestic violence and other forms of violence against women. They draw attention to the possible mechanisms through which inequitable resource distribution can maintain or exacerbate inequalities for already-vulnerable, and primarily female, victims of intimate partner and sexual violence (Coy et al. 2007, 2009; Dugan et al. 1999, 2003). The U.S.-based project discussed first highlights the importance of conceptualizing legislation and public policy as a 'type of resource' that exists at various levels of society and provides the context within which the distribution of resources at the more local level will often depend. The second project, conducted in the United Kingdom, introduces the potential of Geographic Information Systems (GIS) to more concretely examine resource distribution in this area (Coy et al. 2007, 2009), a technique that was also commonly used in the general literature summarized above. As a result, following this discussion, Section V will address the challenges and benefits of incorporating GIS methodologies in understanding the distribution of resources and their impact on violence prevention.

Domestic violence resources and intimate partner homicide

One common indicator of safety for victims that has received significant research attention is the level of lethal violence or homicide in society. Recent documented declines in intimate partner homicide in

several countries have lead to concentrated efforts to identify factors that may be contributing to these declines using an exposure reduction framework (Dawson et al. 2009; Dugan et al. 1999, 2003). Premised on the consistent finding that chronic relationship violence often precedes these killings, regardless of whether the victim is female or male, this perspective argues that factors which help abused partners safely leave violent relationships, or avoid such relationships in the first place, should reduce levels of intimate partner violence and homicide (Dugan et al. 1999). The increasing availability of domestic violence resources is one of three societal trends that have paralleled declines in intimate partner homicide, arguably contributing to reduced exposure to violence for some victims.[6] This work echoes early U.S. research that highlighted a correlation between increasing resource availability and lower levels of violence. For example, examining a three-year period, Stout (1989) found that states with more shelters and rape crisis centres had lower rates of women being killed by male partners. Examining six possible state statutes[7], this study also showed that "the average number of women killed in states that had each of the individual pieces of domestic violence legislation was lower than was the average number of women killed in states that did not have such legislation" (p. 26-27). Similarly, focusing on trends over time from 1976 to 1984, Browne and Williams (1989) demonstrated that the growth of legal (i.e. criminal justice) and extra-legal (i.e. community-based) resources for abused women during this period appeared to parallel decreases in the rates that females killed male partners, but not vice versa. Based on these findings, it has been argued that this means increasing domestic violence resources are providing abused women with more viable alternatives to leaving an abusive male partner thereby reducing male exposure to lethal violence in intimate relationships. However, it appears these same resources are not providing the same exposure reduction benefits to women at risk of being killed by male partners.

The more recent work by Dugan and her colleagues refined the above analyses using more advanced analytic techniques to allow for the examination of changes over time and across cities, rather than states as adopted in the above studies. Dugan and her colleagues (2003) examined the exposure-reducing effects of 11 policy changes on intimate partner homicide trends in 48 U.S. cities from 1976 to 1996 (*see Appendix A, Table 1*). Their study found that, more often than not, communities with more domestic violence resources had lower levels of intimate partner homicide. However, some of the resources examined were shown to have different impacts for various types of victims depending on their race/ethnicity or the type of intimate relationship they shared with their abusers (e.g. married or unmarried). In fact, some resources were associated with increases in killings which the researchers argued may stem from the tendency of some abusers to retaliate when partners try to leave. For example, while they found that stronger arrest policies were related to fewer homicides of unmarried partners, this association was driven largely by African-American victims. The authors speculated that arrest policies may have greater deterrent effects on unmarried rather than married men or, alternatively, police may respond differently to violence between unmarried intimate partners.[8] Increases in legal advocacy were also found to be associated with fewer killings of white, married women and mandatory arrest policies were associated with fewer deaths of married women in general. This is consistent with other research that has shown that increased provision of legal services for victims of non-lethal intimate partner violence contributed to declines in these crimes (Farmer and Tiefenthaler 2003). Finally, Dugan et al. (2003) found that warrantless arrest laws led to fewer killings of unmarried, male intimates, particularly African Americans, and of unmarried females generally.

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[6] The other two trends are increasing gender equality and changing relationship structures (for reviews, see Dawson 2001; Dawson et al. 2009).

[7] Statutes included civil injunction relief (abuse), temporary injunctions during divorce and separation, physical abuse defined as a crime, arrests without a warrant in domestic violence cases, required reports of domestic violence cases, provide funds or set standards for shelters (Stout 1989: 6).

[8] Rapaport (1994) and others (Dawson 2003) have argued that men who retain the 'husband' status may often be granted greater protection by law because of the legacy of patriarchal legal doctrines that afforded husbands greater rights and privileges over their female partners. In contrast, males who are not married to their female victims or are estranged from them may be seen as having forfeited their 'rights' to 'their' women.

Given the above, while resource availability was shown to have positive outcomes for some victims, Dugan and her colleagues demonstrated that there may be unintended consequences to some policies and programs, particularly if they do not address both offender accountability and victim safety equally and simultaneously. For example, 'prosecutor willingness' was shown to have consistent and strong retaliatory, rather than exposure-reducing, effects across various victim groups. Prosecutor willingness captured whether jurisdictions prosecuted protection order violations and if formal guidelines standardized how domestic violence cases were prosecuted. "As prosecutors adopt policies, we observed increases in homicide for white females, both married and unmarried, and African-American unmarried males. This result suggests that being willing to prosecute without providing adequate protection [to victims] may be harmful (p. 192)." Several other resources also had retaliatory effects for some unmarried victims during the later years. Specifically, communities with enhanced police training and specialized domestic violence units showed increases in killings of African American, unmarried women. Furthermore, as prosecutor offices became more specialized, homicide rates for unmarried, white males increased.

In later analyses of the association between various domestic violence laws and non-lethal violence using the U.S. National Crime Victimization Survey, Dugan (2003) found that six laws were at least minimally associated with one or more forms of non-lethal violence (e.g. family, spousal, boyfriend/girlfriend). The direction of one finding was unexpected, however: State laws stipulating that immediate child custody would be granted to victims with protection orders were correlated with increased, rather than decreased, rates of spousal violence in those states. Dugan (2003) speculated this may again be due to retaliatory actions by perpetrators who lose custody of their children, a situation further compounded if few safety mechanisms are in place for female partners. Other laws were shown to have marginal associations with rates of at least one type of domestic violence including laws allowing victims not living with offenders to apply for protection orders, providing judicial discretion in cases of protection order violations, defining violations as felonies, mandatory arrest, and, finally, confiscation of offender firearms when protection orders were served. Overall, Dugan (2003) concluded that states with more aggressive domestic violence legislation and policies had lower rates of related crimes.

While the above findings are somewhat mixed in terms of their exposure-reducing effects, this should not be interpreted as evidence that domestic violence resources are ineffective; rather, as argued by Dugan et al. (2003), the findings highlight that "a little exposure reduction (or unmet promises of exposure reduction) in severely violent relationships can be worse than the status quo" (Dugan et al., 2003: 194). That is, focusing on offender accountability without adequate and simultaneous attention to victim safety may be worse than doing nothing at all. While this research documents correlations, not causal connections between resources and levels of violence, their findings have clear implications for victims who may not have sufficient access to resources and, as a result, lack one key mechanism for reducing their exposure to further violence. This research also emphasizes how characteristics of states (or provinces/territories) may be important in preventing violence against women and family violence more generally. That is, jurisdictions with differing levels of resources may be more or less equipped to reduce domestic violence. To date, though, only one study has systematically examined the distribution of such resources across various geographic boundaries discussed next.

The geographic distribution of violence against women support services

Concerned with dwindling community-based resources and the increasing tendency to integrate domestic violence services into the criminal justice system, a recent study in the United Kingdom used GIS to map the existence (or lack thereof) of violence against women resources. Focusing on specialized support services, Coy et al. (2007, 2009) concluded that "access to support is a postcode lottery" for female victims/survivors of violence (p. 6). Depending on where they live, some victims/survivors have access to adequate services while others have little or no access to any resources at all. While this finding may seem

obvious to many who work in this field who are painfully aware of the inadequate and often uneven distribution of resources, the ability to document and provide evidence of this has been a challenge, but remains crucial to making this point clear to those who are responsible for allocating resources. UK researchers mapped various resources including women's refuges, community domestic violence projects, rape crisis centres, sexual violence support services, sexual assault referral centres, specialist domestic violence courts (which offer advocacy and support services), perpetrator programs (if they belonged to a network with stated principles and minimum standards including associated support services for women), prostitution, trafficking and sexual exploitation services, and health-sector, female genital mutilation services (Coy et al. 2009: 20). Their data drew from primary and secondary sources including: survey questionnaires emailed to service providers; published listings of services, similar to Dugan et al. (1999) above; internet searches; and information collected through communications with umbrella organizations related to violence against women services (Coy et al. 2007: 16).

The resulting database and maps allowed the researchers to visually show that one-third of the jurisdictions in the United Kingdom had no specialized support services for women experiencing violence. Further, they found that most women had no access to rape crisis centres, less than one quarter had access to any services specializing in sexual violence, and there was only minimal coverage offered by sexual assault referral centres. Less than one in 10 jurisdictions had specialized services for Black and Minority Ethnic (BME) women, almost one-third had no domestic violence services at all and few jurisdictions had services for women involved in prostitution. The authors concluded that few areas could actually claim to have 'sufficient' service provision and several areas were particularly underserved. In the follow-up study, some improvements were noted; however, one in four jurisdictions still had no specialized support services, BME women were still underserved, most of the new services were statutory (i.e. primarily related to the criminal justice system) while provision levels in the voluntary/third sector remained static or had declined (Coy et al. 2009: 7). The latter trend is not unique to the United Kingdom: an emphasis on criminal justice-related services to target these types of violence is increasingly evident in many countries, including Canada and the United States.

Summary

To date, these two studies – one focusing on adult victims of domestic violence and the other on female victims of violence more generally – represent the first efforts to more comprehensively understand the role of resource distribution and violence prevention. Focusing on U.S. cities over an extended period of time, Dugan and her colleagues showed that, as domestic violence resources became more available, levels of some forms of violence declined and that communities with more resources appeared to have lower levels of violence overall. The UK researchers were able to visually show the inequitable distribution of resources, not only for cities, but also for rural and remote regions whose residents have historically had difficulty accessing basic resources, a situation that is also relevant to the Canadian context. They also demonstrated that "where government steers provision, a more consistent geographical spread is possible whereas when decisions are left to localized decision-making, the postcode lottery is reinforced" (Coy et al., 2007: 41). As a result, they caution against "local commissioning" and the increasing trend toward larger and often-generic resource providers who often do not have the skill and expertise necessary to deal with these individuals. The UK study also highlights how the use of GIS and mapping techniques can visually display the distribution of resources, an important step in understanding what areas are adequately, or not so adequately, served. Drawing from these studies and the general literature, more detail on the challenges and benefits to using GIS techniques and related mapping techniques to develop a pan-Canadian map of family violence resources are discussed next.

V   MAPPING FAMILY VIOLENCE RESOURCES: CHALLENGES & BENEFITS OF GIS

Mapping as a method for understanding resource distribution is not a new approach. Various disciplines have long used this technique including geography, public health, urban studies and so on. Despite its obvious potential, however, it has yet to be used in the same way for understanding resource distribution as it relates to crime prevention other than primarily for policing. With the rise in more user-friendly GIS mapping techniques, this innovative method is more commonly being used in a variety of research endeavours, however. One of the first to draw attention to the potential for GIS mapping techniques for understanding the distribution of victim services was the United States Office for Victims of Crime Mapping and Analysis for Public Safety (Stoe et al. 2003). They argued that GIS can help identify underserved victim groups in relation to population needs by mapping the location and service areas of victim service organizations. "This information can be used to examine the availability of basic services and the sufficiency of services for specialized population groups. It can also visually display multiple funding sources in a geographic area to help fair distribution of resources and it can be useful in developing strategic program plans for the maintenance and development of victim services (p. i-ii)." In short, a natural use of GIS is the more efficient allocation of victim services and resources across geographic units and over time. Beyond mapping the location of services, this report also identified a number of policy-focused research questions that could be addressed including:

- What victim populations do providers serve?
- Does service provision meet the needs of the populations or communities based on types of crimes committed?
- Do services need to be expanded in areas with increasing populations?
- Does funding have to be re-allocated to account for population growth and mobility?
- Do changes in the socio-demographic composition of the population require adjustments in service needs?

The report also identified various categories and types of data that can be integrated using GIS to address these questions (*see Appendix A; Table 2*). These data as well as the above research questions can be applied to family violence resources more broadly, moving beyond the criminal justice focus, to encompass the broad spectrum of resources that respond to family violence. The benefits of doing so are many and will be discussed in more detail; however, the research summarized above also emphasizes that there can also be many challenges which are discussed first.

Challenges

(1) Defining the research scope: While not specifically related to the use of GIS mapping techniques, the development of a conceptual model that guides the research process is as important in mapping initiatives as it is with any research project. There will be a wide variety of definitions or perspectives about what constitutes the 'family violence resources' that will ultimately be mapped. For example, sexual assault centres and shelters may be identified by many as two obvious resources available to family violence victims; however, sexual assault centres may not be readily identified by others as a 'family violence resource' because it provides a service to victims of sexual assault more generally, not only within the context of the family. Similarly, the more recent implementation of specialized domestic violence courts and specialized police units in some jurisdictions are also easily identified as family violence resources; however, it may be that in some provinces/territories only some types of family violence cases are dealt with by these courts (i.e. intimate partner violence). Beyond these issues, there is the concern that focusing only on these more obvious, albeit important, initiatives does not recognize the wealth of social, health, community, and other resources that are directly or indirectly related to helping victims and perpetrators of violence (e.g. coordinated community protocols, addiction and mental health services, treatment programs,

and so on). Therefore, defining what is meant by 'family violence resources' – the 'what are they' question – is a crucial first step toward determining whether they are distributed equitably across the country and the subsequent role they play in violence prevention. Drawing from Statistics Canada's Victim Services Survey (VSS) and the two projects described above, the importance of this step is illustrated further.

Statistics Canada's VSS defines victim services as "agencies that provide direct services to primary and secondary victims of crime and that are funded in whole or in part by a ministry responsible for *justice matters* [emphasis added]" (Brzozowski 2008: 33). The survey's most recent findings found that, of the 766 service providers who responded, 40 percent were police-based, 23 percent were community-based, 17 percent were sexual assault centres, eight percent were court-based agencies, six percent were system-based, and five percent were Ontario Victim Crisis Assistance and Referral Services (Sauvé 2009: 6). With respect to the family violence mapping initiative, an initial question to be asked is whether some important resources integral to these victims are excluded based on these criteria or, put another way, does this definition adequately capture the range of resources available to address family violence? In contrast to the VSS emphasis on services related to 'justice matters' (which is a vague term that is not defined), the UK study which focused on female victims of violence adopted a broader definition of resources that encompassed 'support services' that provide "a range of support options that enable women to create safety, seek justice, and undo the harms of violence" (Coy et al. 2007: 10). Recognizing that these services are often found in what they refer to as the 'voluntary/third sector,' the authors included organizations if they worked "primarily on violence and…provide significant direct support to female victims/survivors" (p.16). Finally, documenting the impact of domestic violence resources, Dugan (2003) and her colleagues (1999, 2003) included in their definition of resources, those policies, laws and statutes that pertained to domestic violence as well as select organizations and initiatives that respond to domestic violence – the latter selected, in part, due to consistent and reliable data availability (e.g. shelters, legal advocacy services, hotline and counseling services).

Two definitional issues are highlighted: First, before resources are defined, the particular groups of victims or types of violence being examined will need to be clearly identified because of the broad range of resources available, the varying types of victims, and the particular needs that may be acute for those targeted. Second, the importance of moving beyond the narrow conceptualization of resources as only those that are provided by responding organizations and agencies to more broadly encompass policy and legislative initiatives is highlighted. The broader policy and legislative contexts will often dictate how resources are distributed and what resources will be provided, leading to varying levels of resources in communities, provinces/territories, or countries. These definitional issues will need to be addressed when discussing what is meant by 'family violence resources' in the Canadian context. We will return to this research design decision in Section VI.

(2) Identifying geographic units of analysis: After clearly defining the research questions and the definitional scope of the project, an immediate issue will be to identify the unit of analysis that will be examined, an important issue in GIS mapping projects. Ecological studies require enough geographic units so that data can be modeled effectively and reliably. Various units have been adopted by Statistics Canada in their series of analyses, including neighbourhoods defined by local people, census tracts, or dissemination areas. The UK study used local or unitary authorities as the geographical boundaries because they were better able to maintain confidentiality of individual services (i.e. shelter locations) compared to specific addresses or postal codes. The use of these units also allowed them to make regional and city comparisons to reveal disparities in resource distribution. Canada is divided into 10 provinces and three territories, each of which may have different types of subdivisions used for various purposes. Statistics Canada has created a Standard Geographical Classification which is a hierarchical set of regional divisions. Provinces and territories are considered top-tier divisions and second-tier divisions are census divisions. Census divisions, in some provinces, correspond to a county whereas, in other provinces, they are somewhat arbitrary. Census

subdivisions are considered to be third-tier divisions, roughly corresponding to municipalities and include unorganized areas as well as Indian reserves and settlements. The final, fourth-tier divisions are referred to as dissemination areas. As a result, there are a variety of options available from which the most appropriate for this initiative will, in part, depend on whether existing data sources are used or original data is collected through survey questionnaires and so on. The goal is to identify geographical units that comprise a relatively homogenous population while still maintaining stability of estimates. Keeping in mind that the selection of spatial units should be guided by the phenomenon under investigation (Messner et al. 1999), below some options are discussed in more detail.

- Dissemination Areas: Defined by Statistics Canada, these small areas are composed of one or more neighbouring city blocks with a population of 400-700 persons. They are the smallest standard geographic area for which all census data are disseminated. All of Canada is divided into dissemination areas. Their small size makes them ideal for the geographic analysis of intra-urban patterns of criminal activity and socio-economic status (Kitchen 2007) and, as such, may also be conducive to examining the distribution of family violence resources. Their relative use in the more rural and remote regions is less clear.

- Census tracts: It has been argued that Census tracts are better for achieving greater population homogeneity than are other larger spatial units such as Census subdivisions or counties, but it creates statistical instability. Census Metropolitan Areas (CMAs) and Census Agglomerations (CAs) with a population of 50,000 or more are subdivided into Census tracts. In Canada, census tracts are small and relatively stable areas that typically have a population of 2,500 to 8,000 residents. Other characteristics of census tracts are that they must be consistent with census subdivision boundaries; to the extent possible, then, they should follow permanent and recognizable physical attributes; and be as homogeneous as possible with respect to socio-economic characteristics (Charron 2009).

- Administrative units: Despite concerns about the ecological fallacy (i.e. the problem of explaining phenomena at the aggregate level by focusing on the individuals), it has been argued that many research questions, especially those with implications for public policy, may be effectively conducted using the scale of the administrative units for which the policies in question relate (Messner and Anselin 2000). Administrative units may be police patrol divisions, victim service jurisdictions, postal codes and so on. Postal code boundaries are often used in GIS mapping projects because they are usually assigned to geographic areas. For example, postal codes typically correspond to a range of addresses, an entire small town, a significant part of a medium-sized town, a single side of a city block in larger cities, a single large building and so on. According to Statistics Canada, there are about 850,000 postal codes in Canada. Canada Post provides a free postal code look-up tool on its website which is a useful tool in determining accuracy of data for mapping projects. It is not clear how many individuals, on average, are in particular postal code areas. In the US, there are about 30,000 individuals per ZIP codes (their version of postal codes).

- Counties: Arguably, a large geographic unit, counties offer a number of advantages for examining the phenomenon of violence (Messner et al. 1999). They are a common unit of measurement for data collection given that multiple levels of government collect statistics by county and, thus, data on other social, economic, demographic and political variables may also be available which will become important for subsequent analyses. Counties also represent what has been referred to as "the complete range of social landscapes, from entirely rural to dense metropolitan areas" (Nielsen and Alderson 1997: 14). This allows one to examine the effects of urban centres on outlying, more rural areas, as well as variations along the rural/urban continuum. Problems with this unit of analysis are that some counties cover large areas containing heterogeneous rather than homogenous populations

and they will often vary significantly in population size, potentially leading to unstable estimates of the phenomenon under study.

The above spatial units can be informative, especially when examining Census population characteristics (e.g. age, gender, race/ethnicity composition of the population, percent living below the poverty line and so on) and their correlation with family violence resource provision. However, *resource area* and *resource location* also need to be considered in a project that is concerned with documenting the distribution of such resources. However, these boundaries may not always correspond to the above units of analysis. Therefore, a first step will be to determine how family violence resource jurisdictions are defined and if they do correspond with any specific spatial unit, including those described above. While service location is typically self-explanatory (i.e. the address of an agency, for example), Hanchette et al. (2005) examined three ways to define service area: *origin of person served*, *geographic distance*, and *geopolitical boundaries*. Origin of person served involves compiling the addresses for those who have used the service; however, this approach is resource- and time-intensive, poses confidentiality and privacy issues, and results in questionable data quality. In comparison, geographic distance is defined as the maximum distance from which someone travels to be access a particular resource. These data are difficult to match up service areas with distance measures, however. Finally, geopolitical boundaries define service areas as the province/territory, county, city/town, postal code or other administrative unit in which the services are provided. While often more familiar to most and the primary focus of planning, they can be imprecise. Given the number of options with respect to geographic units as well as how one defines service area and location, it is often the practice to use a variety of spatial units (Messner et al. 1999). For example, in an examination of socioeconomic inequalities and their relation to the distribution of sexually-transmitted infections, tuberculosis and violence, Krieger et al. (2003) examined block groups, census tracts and ZIP codes in their analyses.

(3) <u>Time and resources required to prepare data</u>: Creating a pan-Canadian map of family violence resources will take considerable time and effort because the first and perhaps most important step in the process is to make sure that the data to be mapped is up-to-date, accurate, and complete. Before the geo-coding process occurs, time needs to be spent cleaning and updating the records, including verifying that all resources are listed with accurate addresses, postal codes and telephone numbers where appropriate and applicable and that inactive service providers are not included. While these tasks may seem straightforward, they pose particular challenges because gathering accurate information about service area location and coverage for each provider can be difficult. For example, CDC's study of HIV prevention services relied on service providers' survey responses to compile some of their data, but noted that inaccurate information sometimes resulted. Some service providers indicated that their service area was an entire state which was not possible and/or they provided ZIP codes (i.e. postal codes in Canada) that did not exist (Hanchette et al. 2005). To reduce inaccurate responses, they developed a set of procedures for validating survey responses. Regardless of the checks put in place, gathering and verifying information remains a lengthy, work-intensive process that cannot be avoided because accurate data is imperative to mapping accuracy.

One way to reduce these efforts is to identify existing data sources that may be publicly accessible or available for sharing through various mechanisms (Buckeridge et al. 2002: 1191). One caution, however, is that these data may also have inaccuracies that are more difficult to detect and correct. Further, data sets housed by different agencies will often use varying geographical units. For example, data provided by government or community agencies will likely differ by level of geographic detail (county, census tract, postal code, administrative boundaries, etc.) and, therefore, will require collation of these data into a common format for analysis (Witten et al. 2003: 169). Finally, given concerns with privacy and confidentiality, especially in relation to family violence or violent victimization, accessing and sharing existing data sources represents an even bigger challenge as discussed below.

(4) <u>Data sharing concerns about privacy and confidentiality</u>: Previous research has highlighted concerns about privacy and confidentiality that arise when sharing data which stem, in part, from a lack of clarity around what the legal and/or administrative grounds are for doing so between levels of government, among agencies, or with researchers. However, as Hillier (2007) argues, "Conducting research on child abuse and domestic violence, for example, is greatly facilitated by access to individual data about abuse reports and investigations. Certain practice-related questions – such as where clients live in relation to a social service agency and how caseloads can be assigned to make good use of staff in the field – are unlikely to be addressed unless social workers are able to make maps and conduct the necessary analyses on their own from inside social service agencies (p. 217)." As such, while concerns about confidentiality and privacy have served as an obstacle to date, it is one that will need to be overcome if research relevant to more effective resource provision and violence prevention is to occur. Emphasizing the need for social scientists to advocate for access to these data given its positive uses, Hillier further argues that these data are often technically public if one can negotiate their way through the time-consuming and, sometimes, expensive pathways to acquire even small pieces of information. However, there is a "need to push public agencies to share data or to negotiate data agreements with agencies (Hillier 2007: 216). One way to assuage concerns about privacy and confidentiality would be to negotiate separate conditions for use of each dataset and, as part of this agreement, there would be a clear understanding and confirmation of the fact that data would be used only for specific research and policy purposes. All partners would have to be assured that only aggregate data would be released so particular agencies and/or organizations and their clients are not identified. In fact, many of these types of research agreements are currently the norm for many social science researchers.

(5) <u>Maintaining involvement of community partners and stakeholders</u>: The quality of the data being collected and/or the success of requesting access to existing sources will rely on the buy-in of many partners and stakeholders who are involved with the delivery of family violence resources. As such, one challenge is to continuously engage with the individuals and groups whose ongoing interest and support are crucial to any mapping project (or any large-scale project more generally that involves cooperation from many partners). In a community/university research collaboration to map health data in Toronto, Buckeridge et al. (2002) noted that "early and continued involvement of users in system development is important, if not essential" (p.1198). They noted that input from partners and stakeholders was important to design decisions made early in the research process, but maintaining and coordinating continued involvement throughout required more resources than had been initially estimated, despite strong interest on the part of community partners. Developing a research project across multiple organizations is a complex endeavour and Buckeridge et al. (2002) concluded that "issues such as separate cultures, time, and uncertainty may hamper collaborative system development (p. 1199). Further, many individuals and/or agencies involved are often under resourced in their everyday work and, therefore, providing them with additional resources that will make it easier for them to maintain involvement will help ensure their continued engagement. Recognizing and accommodating these issues at the outset of any project may enhance potential collaborations and, ultimately, the success of the project.

(6) <u>Mapping resource distribution answers only part of the question</u>: Understanding the availability and distribution of family violence resources is an important question. However, knowing that a resource is available does not mean that it is accessible to, or being used by, those who need the resource nor does locating a service on a map provide information with respect to the quality of that resource (number of staff, client capacity, or range of services being offered and so on). Accessibility, utility and quality of available resources have also been shown to contribute to the collective characteristics of a community and the health and social well being of its residents. Identifying and measuring indicators of these other resource characteristics represents a next stage for the pan-Canadian map and, as such, while not a challenge per se, it is important for those involved to recognize that mapping availability will address only some initial

questions about resource distribution, but create many more that will need to be examined before informed public policy decisions are possible.

Benefits

(1) Improves resource delivery: At the most basic level, one of the key benefits to mapping resources is that it can enhance the delivery of human resources and services by identifying where new services are most needed. "Mapping allows information about individuals and households to be integrated with information about their communities so that funders, service providers, and researchers can understand individuals in the context of their communities. Documenting need is not enough; documenting *where* there is need is critical to effectively delivering resources that can support intervention strategies (Hillier 2007: 212)." In fact, it has been argued that the process of mapping resources should be a standard procedure that provides direction for public policy (Talen 1998). With respect to family violence, mapping where resources are located and subsequently examining their distribution based on incidence and prevalence of this phenomenon can help to visually demonstrate where resource availability is less than adequate. Arguably, there is no better mechanism for enhancing the equitable distribution of resources across society. Related to this, the use of GIS techniques provides a number of advantages for practice, planning and research including an enhanced ability to manage, organize, and integrate data or to develop partnerships for data sharing (Fulcher and Kaukinen 2005: 395).

(2) More user-friendly information provided: Maps provide a visual look at patterns that may not be as evident in summary tables that provide a list of numbers that usually fail to convey the message to an audience that is not trained to understand such formats (Hillier 2007: 210). Referring to the provision of child services, Hillier writes, "While one could demonstrate this correlation with a Pearson's correlation coefficient, the statistics 0.39 gives no indication of how or where the relationship varies across space. A map, however, shows that, where child neglect is high, poverty is high (p. 208). GIS can clearly, quickly and persuasively show "the results of complex analyses that focus on geographic barriers to services" (Fulcher and Kaukinen 2005). In turn, because maps make complex data and analyses more accessible to both experts and non-experts, they can facilitate important and much-needed discussions about issues of equity and access (Hanchette et al. 2005; *for an illustrative example of the varying visual impact of a summary table compared to a map, see Appendix B*)

(3) Empowering groups and communities: Critics of GIS and related mapping initiatives have argued that mapping can often further marginalize already-vulnerable individuals, groups and/or communities by identifying them as problem populations or regions. Given that GIS has often been used in Canada and other countries to identify high crime areas and their common characteristics, this argument has some legitimacy, depending on how this information is ultimately used. However, a mapping project that has as its ultimate goal to display the distribution of violence prevention resources to underscore what areas are underserved may actually empower those communities and the people living there to get the resources they need. This is arguably the greatest potential of such an initiative. In short, maps can provide the concrete evidence needed to convince decision makers that an area is not adequately resourced and, further, it may be a first step toward achieving a better understanding of high crime areas by examining an important, but previously-ignored neighbourhood characteristic. Similarly, early applications of GIS in health examined the distribution and determinants of health and disease across groups, but, more recent applications have been used for planning and management of health services, ranging from the creation of community health profiles to determining the most appropriate locations for various health service centres (Parker and Campbell 1998: 184). It is time for a similar transformation in the area of violence prevention; that is, using GIS to map violence prevention resources (other than primarily policing) to achieve a better understanding of how they might more effectively be located to respond to and prevent violence in communities.

For example, identifying vulnerabilities that arise from inequitable access to resources across race/ethnicity, gender, class, and other identities, either separately or in combination, is critical for promoting positive health and social justice outcomes and for more effectively addressing needs of at-risk populations. Decades of research in this country and worldwide has demonstrated that certain characteristics of individuals and their communities are associated with higher rates of intimate partner and domestic violence (Heise 1998). These risk factors can include, but are not limited to, youth, poverty, alcohol/drug abuse, witnessing domestic violence as a child, adherence to rigid gender roles and so on. Many of these and other risk factors overlap with other potential vulnerabilities such as mental health problems, discrimination, racism, lack of affordable housing – just to name a few. Together, such risk factors and vulnerabilities can lead to varying forms of social exclusion and justiciable problems.[9] Mapping resources can identify what is available to various groups who may be experiencing social exclusion or justiciable problems that can be addressed with adequate resource provision. Specifically, mapping can determine adequacy of supports, highlight social and health disparities related to socio-demographic characteristics, and assessing resource levels according to need in various geographic areas. "The geographical location of most public resources is determined by resource allocation decisions based on local body conventions, equity and efficiency consideration and lobbying. From a policy and planning perspective, the spatial distribution of public services and facilities is one area where social inequities can be mitigated or at least offset by compensatory distribution…Mapping physical manifestations of opportunity structures across urban [and other] environments enables contextual effects of place to be measured and also provides a way to visualize disparities in the allocation of community resources" (Witten et al. 2003: 162).

Summary

Maps will not provide definitive answers to all our questions about the distribution of resources; however, they can expose important relationships and guide investigations about levels of provision and levels of violence in particular communities, controlling for other determinants of violence as identified by previous research. This information is integral to national, regional, and local governments and the communities they serve if the goal is to achieve a more equitable distribution of family violence resources. Central and local government agencies with the responsibility for resource provision are often concerned with issues of equity; however, seldom are they able to systematically examine or determine the relative impact of marginal or limited access to a range of resources on a particular community and its residents (Witten et al. 2003: 173). Admittedly, as underscored above, the collection of data needed to develop a pan-Canadian map of family violence resources will be a large and complex task given the number of changes that have occurred and the substantial growth in resources that has taken place in recent decades. Without this information, however, it will not be possible to develop an accurate picture of how resources are distributed in this country or to achieve a comprehensive understanding of the relative impact they have had on the victimization experiences of women and men.

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[9] Social exclusion is described as the inability of some people or groups to fully participate in the normal, everyday activities of a society due to structural inequalities that can limit or prevent their access to social, economic, political, and cultural resources (Currie 2007). Justiciable problems are defined as those problems for which there are potential legal solutions, but other remedies may be possible and/or preferable (Currie 2007). For a detailed discussion of social exclusion and justiciable problems as they relate to intimate partner violence, see Johnson (2008).

VI WHERE DO WE GO FROM HERE? BUILDING A PAN-CANADIAN DATABASE & MAP OF FAMILY VIOLENCE RESOURCES

Significant transformations have occurred over the course of the past several decades in society's response to various types of violence. Accompanying these changes has been the rapid growth of resources meant to reduce or prevent violence. This has created a pressing need to begin to identify reliable, valid and standardized measures that can be used to understand the distribution of current resources across the country and what their role has been in preventing or reducing violence for those they were meant to help. An examination of the distribution of these initiatives is also vital to the development of public policy over time but this cannot occur without reliable information on what exists, where and for whom. Drawing from the above discussion, this section highlights first steps in building a pan-Canadian map of family violence resources including recommendations for conceptual and research design decisions.

Step #1: *Identifying partners/collaborators*

The success of most research initiatives and, in particular, one that seeks to develop a pan-Canadian map of family violence resources will depend on the support and participation from the variety of sectors that respond to this phenomenon either directly or indirectly. Therefore, informed decisions as to who may be key participants and/or stakeholders whose involvement will be integral to the research initiative are a necessary first steps. At the most basic level, however, it would be naïve to proceed with such a project without the involvement of those who have actually used family violence resources to deal with their victimization experiences. Who better to help begin to conceptualize what are 'adequate resources' or what a 'minimum threshold of services' means to victims/survivors of violence than this group? Second, given the experience and expertise of those working in community-based organizations that provide family violence resources, it is imperative that representatives from this sector are involved to help determine necessary components of minimum resource provision that will ensure equity across Canada. Similarly, those who work within the criminal justice environment responding to cases of family violence also have a particular expertise that needs to be represented. Together, these three groups will bring both the practical and logistical knowledge needed to determine the feasibility of documenting particular resources and related measures.

In addition, given the structure of Canada's Family Violence Initiative (FVI), various participating departments and agencies should be represented for their knowledge about the policy contexts related to decisions about resource allocation as well as their access to existing data sources that can contribute to such an initiative or, if no direct access, can facilitate potential avenues for the collection of these data.[10] In particular, as the lead and coordinator for the FVI, the Public Health Agency of Canada (PHAC) is strategically located to help spearhead the pan-Canadian map initiative and, given the increasing emphasis on family violence as a public health issue, this agency's participation will emphasize Canada's recognition of the health consequences for individuals and communities living with family violence.[11] As noted above, the Senate committee report, *Beyond Freefall,* recommended that the federal government should take a

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[10] These stakeholders would include the Canadian Mortgage and Housing Corporation, Citizenship and Immigration Canada, Correctional Service of Canada, Department of Canadian Heritage, Department of Justice Canada, Department of National Defence, Health Canada, Family Violence Prevention-Federal/Provincial/Territorial representatives, Human Resources and Skills Development Canada, Indian and Northern Affairs Canada, the Public Health Agency of Canada, Public Safety Canada, Royal Canadian Mounted Police, Service Canada, Statistics Canada, and Status of Women Canada.

[11] The PHAC has as its mission "to promote and protect the health of Canadians through leadership, partnership, innovation, and action in public health" and it is this agency's vision to support "healthy Canadians and communities in a healthier world." Toward this mission, the development of a pan-Canadian map of family violence resources is innovative as it has not occurred in any other country in the world and it can only be achieved through partnership and action. Further, the existence of such a map can lead to healthier individuals and communities by ensuring fair and equitable distribution of resources.

leadership role [in research], through its Family Violence Initiative, to develop appropriate responses to family violence in rural areas (p. 239). Given that rural and remote regions of this country do face particular challenges in accessing family violence resources, rural Canada would be a key focus of the pan-Canadian map. Finally, it has been argued that any efforts to document and ultimately examine the effect of resources requires "a dialogue among key stakeholders, practitioners, policymakers *and researchers* [emphasis added] on an important and growing research area; a discussion of the ways to improve data systems and to improve the manner in which data are used for social science; and an enhanced awareness of methods to track efficacy of state and federal policy over time (DeLeon-Granados and Wells 2003: 150). As such, a core group of researchers with the background and expertise to advise and undertake the logistics of such a project is final key group whose involvement that will contribute to the success of such an initiative.

Recommendation #1: **A Family Violence Resource Working Group comprising representatives from the five sectors identified above (victims/survivors, community, justice, government, and research) should be established to guide the evolution of the pan-Canadian map of family violence resources. Representatives should bring to the table varying fields of expertise as outlined above. Members of this working group will collectively, and through consultations, work through the various conceptual and research design decisions that will need to be made prior to launching this initiative.**

Step #2: *Determining the scope of a pan-Canadian map initiative*

As will become apparent in the steps discussed below, the complexity of the phenomenon of family violence and society's response to it means that developing a pan-Canadian map of family violence resources will inevitably be a complex process that is fraught with important and difficult decisions. As such, similar to any large initiative, the initial goal should be to test the validity of research design decisions in a smaller, more contained pilot project. A pilot will provide the opportunity to examine the outcomes of many of the research design decisions discussed below that can be revisited, and possibly revised, before the larger initiative is undertaken.

Recommendation #2: **A pilot study incorporating the research design elements decided upon by the working group should be conducted first that is smaller in scope than the larger proposed initiative, but will provide the opportunity to determine the feasibility of the proposed research design components of the larger project. The parameters of the pilot study are described in the steps below.**

Step #3: *Deciding what resources will be documented*

Once key stakeholders are identified and brought together, one of the first design decisions is what types of resources will be mapped (Witten et al. 2003: 165). Inherent in this decision-making process is defining what is meant by 'family violence' and, in turn, given the scope identified, what potential resources or services target these victims and/or perpetrators? Some decisions that will need to be made are:

- How do we define 'family violence'?

- Do we want to include resources for both primary and secondary victims of family violence?

- Is our concern with only those services/resources *directly* related to and funded to respond to cases of family violence or with the broader category of services/resources?

- Should both prevention and intervention resources be mapped?

In short, before 'family violence resources' can be defined, what we mean by 'family violence' will need to be discussed given that the term encompasses a broad spectrum of victims and perpetrators and a range of violence or abusive acts/behaviours. By beginning the discussion about definitional scope of the project with the question of how we will define 'family violence,' some consensus can be reached on the categories of victims, perpetrators and acts/behaviours that are encompassed. This will also provide a starting point for determining the types of resources that should be included. Identifying resources and related measures used in previous research is one mechanism for determining what should be included. These discussions and subsequent decisions will be conceptual, but are crucial to the project's research design and ultimate success. Such discussions may also be contentious because definitions will often vary depending on who the stakeholders are at the table. For example, the Family Violence Prevention Federal-Provincial-Territorial Working Group has collectively discussed and approved a definition of 'family violence' that encompasses a wide range of victims, perpetrators, and acts/behaviours. This issue may need to be revisited to incorporate the views of new stakeholders who have different, and possibly legitimate concerns about the above definition, and varying views of what 'family violence' and 'family violence services/resources' entails.

In the end, decisions about the definitional scope must reflect the practical realities of any research project such as funding, timeliness, current availability of data, ease of collection of other required data, and so on. Therefore, while the project will need to build on a realistic and jointly-developed consensus about how to define 'family violence' and 'family violence resources,' actual data needs and what will be mapped will depend, in large part, on what data are available and, if not available, what data are possible to collect given the above constraints. Further, given the range of victims, perpetrators and behaviours encompassed under the term 'family violence', there are various categories of family violence victims and perpetrators including intimate partner violence, elder abuse, child abuse, and so on. As such, the pilot project should focus on one type of violence and its related resources in select jurisdictions (*see Appendix D for examples of possible resources to be mapped*).

Violence against women, particularly female victims of intimate partner violence, has been a key focus of legislative, policy and program initiatives in Canada and many other countries because these victims have not historically had equal access to justice. According to the World Health Organization, "Although women can be violent in relationships with men, and violence is also sometimes found in same-sex partnerships, the overwhelming burden of partner violence is borne by women at the hands of men" (Krug et al., 2002: 89). In Canada, the three cycles of the Victim Services Survey have consistently demonstrated that victims/survivors of violence and women represent the majority of those served and, of this group, close to one-half have been victimized by current or former intimate partners. Despite this, there is no central database or directory that provides a listing of resources/services for women who have experienced intimate partner violence and abuse. One reason for this may be that the range and volume of such resources for female victims are many compared to male victims and, thus, listing them in a directory is perceived as too daunting to be undertaken.[12] If that is the case, this group of victims and the resources available to them represent the most appropriate focus of a pilot study. One cannot highlight the challenges to be faced in such an initiative if the focus chosen is simplistic and straightforward.

Finally, some effort should also be made in determining the most appropriate jurisdictions to be used in the pilot study. One criterion for selection should be what efforts at documentation have taken place in various jurisdictions and what existing infrastructure is in place in terms of partnerships, data sharing agreements, and so on. Ideally, the jurisdictions selected would be at different places on such a continuum for comparative purposes given that, once the larger initiative is launched, jurisdictions will vary considerably and knowing what challenges will be faced will be crucial.

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[12] The author acknowledges that the current directory of men's services is not exhaustive and would also require more comprehensive documentation in the future.

Recommendation #3: The pilot study should develop a geographically-referenced database and map of resources that are available to female victims of intimate partner violence in jurisdictions selected based on their ability to provide various points of geographical comparisons as well as varying levels of sophistication in current data collection efforts.

Step #4: *Collecting data for mapping*

Prior research emphasizes three key mechanisms for gathering data on violence resources that can be used, individually or together, to develop a geographically-referenced database that will support the mapping of resources. Whether one selects one of these methods or combines them depends on the scope and depth of information that is desired; for example, whether mapping resource availability is the sole goal, whether it is the goal to examine availability along with other resource attributes such as accessibility, utility and quality of resources, and/or whether one wants to determine if resources are adequate for population needs.

Option #1: The first mechanism for collecting data on resources is through the compilation of information from available published or online government and other directories that document particular resources. This was the primary method used by Dugan and her colleagues (1999, 2003) in the United States and one of several methods adopted by the UK researchers to collect data. For example, Dugan et al. compiled information on domestic violence resources from national domestic violence service directories which listed the organizations, the location of each organization, and the types of services provided. In the Canadian context, there are a variety of national directories that document resources directly related to family violence including treatment programs for men who abuse their partners, services/programs for men who have experienced intimate partner abuse, services/programs for the needs of older adult victims of violence (some of whom will serve victims of elder or parent abuse in the context of family violence), services for adult survivors of child sexual abuse (some of whom will serve victims of sexual abuse by family members), and treatment programs for child sexual abuse offenders (some of whom will have victimized family members) (*see Appendix C for a listing of national and provincial/territorial data collection initiatives and directories*). Additional directories which may, at first glance, appear to be indirectly related to family violence will also provide services to these victims and/or perpetrators including, for example, the online inventory of government-based, family justice services as well as substance abuse resources which are listed by the Canadian Centre on Substance Abuse. In addition to these national directories, as described above, provinces/territories also have listings or directories on resources in their jurisdictions. For example, Ontario has the 211Ontario.ca which is an online resource to access community, social, health and related government services in that province, including those related to family violence.

The primary limitation of the above mechanism for collecting data on family violence resources is that only some resources will have been documented. For example, while there are directories for men who both perpetrate and are victims of intimate partner violence, as noted above, there are no published directories that have compiled services/programs for women who have perpetrated and/or experienced intimate partner violence and abuse. In addition, it is likely that the consistency of documentation in the directories that are available will be inadequate; that is, they may not be updated regularly nor published at regular intervals. For example, in Dugan et al.'s research, only four service categories were found to be consistently reported in the directories such that the collection of reliable data was possible.

Option #2: A second mechanism through which data can be gathered on resources is a survey questionnaire that is constructed and distributed to all identified resource/service providers. This method can collect information on the location of services which is important for constructing a geographically-referenced database, but it has the added advantage of being able to capture a variety of other resource characteristics through a series of questions about accessibility, utility and quality of services that can then

be linked to the geo-coded data. For example, the UK group emailed questionnaires to service providers while researchers in the CDC study mailed questionnaires to all HIV prevention service providers that were funded directly by the CDC or indirectly through agreements with state or local departments (Hanchette et al. 2005: 4). The CDC questionnaire was able to capture information that described prevention interventions, persons served, location of service delivery, and the geographic area in which those served lived. In the Canadian context, the national Victim Services Survey is a mail out/mail-back questionnaire that could be used as the foundation for a shorter, more-focused family violence services/resource questionnaire for all family violence resource/service providers that are, for example, funded directly or indirectly by various levels of government. However, as noted in Step #3, an examination of what resources might be excluded based on particular definitional criteria is important when determining what providers would receive the questionnaire. The survey questionnaire could focus on descriptions of the particular resources/services provided, persons served and so on. To maximize compatibility and to reduce the time/resources required for providers to fill out the questionnaire, some effort should be made to become familiar with current data collection initiatives so that response categories, if reliable and consistent, are as familiar and consistent with current data systems as possible.

Option #3: A third mechanism for collecting required data on resources while, at the same time, reducing the time- and resource-intensiveness of such an initiative is to identify and access existing and appropriate resources that already have geo-coded information or information with the potential to be easily geo-coded (although the latter remains time-intensive). In Canada, the most comprehensive data sources currently available, as noted, are the Transition Home Survey (THS) and the Victim Services Survey (VSS) which could provide a starting point for a pan-Canadian map of family violence resources and that will allow for geo-coding. However, the THS collects data on one type of resource only (i.e. residential services) whereas the second survey emphasizes government-based agencies concerned with *justice matters* and, thus, non-government or community-based agencies less directly related to 'justice matters' may be underrepresented. For example, police-based agencies comprised the largest number of respondents in the survey, a finding consistent with DeLeon-Granados & Wells' (2003) argument that there is an overemphasis on criminal justice services, ignoring the wide diversity of community-based resources and non-profit organizations that also offer assistance to those experiencing family violence. There are various other directories that may also be appropriate, however, and may help build a more complete database as would be determined in the pilot (*again, see Appendix C*).

While the above options are the most common in the literature, Macintyre et al. (2002) recently argued that studies of the impact of 'place' or 'space' on health and other social outcomes have largely been driven by the data available. The optimal approach is to construct a database that will allow for the specific testing of hypotheses about how factors (such as resource availability) might affect the quality of life for particular population subgroups, controlling for other possible variables.

Recommendation #4: All options for collecting data for a geographically-referenced database should be tested in the pilot study to provide the opportunity to examine the challenges and benefits of each approach individually and in combination. It is expected that the integration of the three mechanisms will provide the most comprehensive database for testing hypotheses about the effects of resource distribution on rates of family violence. This would move Canada beyond other countries; however, it is important to determine both the time and resources (financially and otherwise) that would be required to do so at the national level.

Step #5*: Determining the appropriate geographic unit of analysis*

As noted above, another challenging research design decision in a mapping project is what administrative units, jurisdictions, or geographic measures will be used as the unit of analysis? In other

words, what boundaries will define a geographic area and differentiate it from another geographic area so that resource distribution might be examined and compared? If collecting original data (as opposed to using existing data for which the boundaries may already be determined), the best approach is to collect data that will allow for an examination of resource distribution across a variety of geographical or spatial units. The CDC study, for example, in addition to collecting the addresses of service providers, asked service providers to identify the state served, the counties served, the cities/towns served, the ZIP (postal) codes served and whether any tribal lands (i.e. reserves in Canada) were served (Hanchette et al. 2005: 4) – in other words, a hierarchy of spatial units. In the Canadian context, similar to other countries, those agencies that respond to family violence are many and multi-sectoral, meaning that administrative or jurisdictional boundaries are likely to differ. For example, even within the criminal justice environment, the boundaries for court jurisdictions will often differ from police or victim service jurisdictions. Moreover, jurisdictions will be impacted by the larger political, cultural and economic contexts and, therefore, units of analysis at various geographic levels would help create both regional and local profiles of family violence resource distributions. Finally, when selecting the spatial unit(s) of analysis, it will be important to determine how the units selected may need to be modified when examining resource provision in rural, remote, or less-populated areas (Macintyre et al. 2002). Again, one way to initially approach this question is to determine how family violence resource jurisdictions are defined and if they do correspond with any specific spatial unit.

Recommendation #5: The pilot study should incorporate various, hierarchical geographic units of analyses to determine the most appropriate one(s) for the mapping of family violence resources, but emphasize those units that most closely align with administrative boundaries used to allocate family violence resources.

Step #6: *Identifying measures that capture family violence resources*

The next challenge is to identify appropriate measures for assessing the equitable distribution of resources – the actual data that will be collected, documented in the database and mapped. In the first instance, when examining resource distribution and/or allocation, we are concerned with availability for which such measures seem straightforward: Is there a shelter or not? Is there a dedicated police unit or not? Some have argued that this can be described as taking an 'inventory' of family violence resources. This is a necessary first step – necessary, but not sufficient if we are to accurately understand whether there is an equitable distribution of resources. As argued by Coy et al. (2009), documenting where resources are, and who they serve, will provide only part of the story and telling only part of the story can often be worse than telling no story at all. In the long-run, measures that capture the actual characteristics of resources, not just their availability, will provide a more comprehensive understanding of the level of resources that are provided across jurisdictions. For example, documenting the existence of a shelter does not tell us the number of beds available, the services it offers in-house or in the community through outreach programs. Documenting the availability of a specialized domestic violence police unit does not provide information as to the size of the unit (e.g., whether it is comprised of one full- or part-time police officer, or 10 police officers with support staff, number of civilian employees and so on). Further, sexual violence services available in a jurisdiction may be available 24 hours a day, seven days a week, or only for a few days per week. Thus, the documentation process must ultimately move beyond availability, accessibility, and utility towards the quality of available resources in terms of size, breadth, and level of commitment relative to the need of the population of victims/survivors. Efforts by US researchers to document the level of police or prosecutorial commitment is an example of this, recognizing that existing policies are often implemented at the local level by various actors and, therefore, policy and/or resource implementation will vary across jurisdictions. It is important, then, to move beyond the narrow conceptualization of resources as only those that are provided by responding organizations and agencies to more broadly encompass policy and

legislative initiatives that often define the larger policy context that lead to varying levels of resources in communities, provinces/territories, or countries.

Given the above issues, there are several ways to proceed. First, one can begin by examining only resource availability; that is, does a community have this resource or not? This type of 'inventory' is more quantitative in nature given that it will ultimately count what is available and where. Subsequent research stages could move on to examine various measures of accessibility, utility, and quality of each of the resources that have been mapped. Both the US and UK studies incorporate this inventory-like approach, acknowledging the limitations, but highlighting the potential upon which they can build. Those resources examined first could be those for which there is some agreement that there are reliable and consistent measures available (even if they are not currently geo-coded). A second approach is to select various resources and examine them in more depth with respect to all its attributes which would be a more qualitative approach. The number of resources examined would be fewer, but all elements of the resource would be covered including accessibility for those served, utility or usefulness as well as quality (hours open, number of employees, amount of annual funding and so on). The disadvantage with this approach is that it would not provide a complete picture with respect to the equitable distribution of resources which is the ultimate goal.

A third, and perhaps more innovative approach, would be to develop an index that can capture the extent to which family violence resources are provided in particular regions or communities, using a minimum threshold for adequate or sufficient provision to compare whether there is geographic variation in the ability to meet that minimum standard. This approach is similar to the Community Resource Accessibility Index constructed by Witten et al. (2006) in New Zealand. Despite the challenge of determining what is a minimum or sufficient standard of provision (Lucy 1981), such an approach would provide the most comprehensive understanding of how 'resourced' are particular communities or regions in preventing or reducing family violence. In the larger initiative, it would allow for the examination of family violence resource categories because the index can include resource sub-domains (e.g. intimate partner violence resources, resources for child victims, resources of elder victims, and so on). Further, inherent in this approach are the first two approaches; that is, to construct an index and subsequently to determine where a particular areas falls on the index would involve both determining whether communities have the resources (the inventory approach) and what are the relative qualities of the resources (incorporating more detailed measures of accessibility, utility and quality). Moreover, such an index would capture the more macro or societal context in which a region is located by including in the index what types of legislation and/or policies exist at various levels of government in which the community is located. Discussions and consultations with various stakeholders would be required to develop such an index, including victim/survivor groups, resource/service providers, women's groups, criminal justice representatives, policy makers and so on.

<u>Recommendation #6</u>: It is recommended that a Family Violence Resource Index be developed and that a minimum threshold of adequate resource provision be determined. The index and minimum threshold would develop from working group discussions and consultations that would focus on what are the core resource elements that individuals/communities need to reduce or prevent family violence. The feasibility of this index would be tested in the pilot study.

VII.   CONCLUSION

To date, little attention has been paid to systematically documenting what violence resources are currently available, where and for whom. Such information is critical, however, to understanding their ability to meet the needs of those individuals they were meant to serve. In particular, knowing the extent to which resources are available, accessible, and utilized by the populations at greatest risk for various forms of violence is central to understanding their overall effectiveness. This paper demonstrates the importance of understanding the role played by family violence resources in reducing this type of violence and contributing to healthier communities and residents. Moreover, it is increasingly recognized internationally that countries must develop national strategies for responding to family violence and violence against women and to ensure that these strategies are adopted on the ground to counteract what have been often fragmented and isolated regional and locally-based responses despite larger policy efforts. To do so, however, requires evidence that there is variation across jurisdictions at the national level despite legislative and policy strategies that call for similar responses.

A geographically-referenced Family Violence Resource Database and Map will enable policy-makers who make decisions about resource distribution and allocation as well as researchers who want to understand the role of resources in the reduction and prevention of violence to more systematically and effectively examine important questions related to these two goals. In the short-term, such a database allows for the identification of gaps and overlaps in resource provision. However, its potential is much broader with respect to understanding how family violence resources help offset negative physical and mental health outcomes for those victimized and subsequently improve their general social well-being and quality of life as well as the overall health of the communities in which they live. Once existing patterns of resource distribution are identified in the pan-Canadian map, these patterns can be compared to relevant population needs and socio-demographic characteristics.

For example, a country that has access to a comprehensive Family Violence Resource Database and Map can:

- Examine family violence resource provision as an important form of health disparity that affects particular socioeconomic groups in different ways;

- Examine the level of family violence resource provision to particular at-risk populations or already-vulnerable groups to determine if they are underserved according to their need;

- Provide a comprehensive and accurate portrayal of the distribution of family violence resources that may help integrate service provision more effectively;

- Analyze the level of resource provision in the context of need based on family violence rates and at-risk populations nation-wide.

In addition to the above long-term research questions that can be examined, this initiative will also provide policymakers, community-based organizations and other concerned stakeholders with crucial knowledge on which to base decisions about resource allocations, to develop content for lobbying for better and/or more equitable responses for particular groups or regions, and to measure progress over time in national, regional and local responses to family violence. In short, this project can confirm what is currently only anecdotal evidence about the regions or populations that are inadequately served and, with repeated assessments, show where growth is improving and where it still needs to be improved. With respect to the latter, long-term research goals will need to eventually consider that cross-sectional studies of which the above initiative represents do not account for changes over time and assume instantaneous impacts of spatial characteristics,

such as resource availability, on individual and community outcomes. "A zero time lag between exposure and outcome is usually implausible in social epidemiology, and one therefore needs to think about stability over time of the ecological exposure" (Blakely and Woodward 2000).

APPENDICES

Table 1: Summary of Variables Capturing Domestic Violence Resources in U.S.

Variable	Measure
*Services****	
Presence of hotlines	Number of programs for each city per 100,000 females of eligible age for each city and period
Counseling	Number of programs for each city per 100,000 females of eligible age for each city and period
Legal advocacy	Number of programs for each city per 100,000 females of eligible age for each city and period
Shelter bed capacity	Number of beds per 100,000 female population of eligible age for each city and period
State statutes	
Warrantless arrest	Dichotomous measure capturing states that have a warrantless arrest policy when protections orders are violated
Mandatory arrest	Dichotomous measure capturing states that have mandatory arrest policy when protections orders are violated
Violation index	An index that sums the total number of consequences for violating a protection order: contempt (civil/criminal), misdemeanor, or felony
Beyond cohabitation	A dichotomous measure that identifies states that allow victims who do not live with the offender to petition for a protection order
Custody	A dichotomous measure that identifies states that authorize the court to award temporary custody of children to the victim once a protection order is issued
Firearm confiscation	A dichotomous measure that identifies states that confiscate the offenders' firearms once a protection order is served
Local policy	
Police arrest index	An index totaling number of arrest policies
Police commitment index	An index capturing whether department has police domestic violence unit and in-servicing training
DA willingness index	An index capturing DA domestic violence policies
DA specialization index	An index capturing whether department has police domestic violence unit and in-servicing training
No-drop policy	A dichotomous measure that identifies cities with no-drop prosecution policies

*Information on these four services was collected from various editions of national domestic violence service directories which listed the organizations, the location of each organization, and the types of services provided. Only these four service categories were consistently reported in these sources (Dugan et al. 1999, 2003; Dugan 2003)

APPENDIX A

Table 2: Different types of data for mapping

Victim Services Data:

- Victims of Crime Act-funded sub-grantee locations and catchment areas
- Other victim services programs by location and catchment areas
- Funding of services by multiple funding sources
- Types of services available by location
- Locations of claimants for crime victim compensation (awarded and denied)
- Dollar amounts of compensation claims awarded by geographic area
- Number of victims served in compensation programs
- Number of victims served by victim service organizations

Criminal Justice Data:

- Number of crime incidents
- Types of crime incidents
- Locations of police stations, sub-stations, and patrols
- Computer-aided dispatch calls
- Firearms purchases
- Locations of prisons and jails
- Locations of criminal and juvenile courts
- Open-air drugs markets
- Gang locations
- Jurisdictional lines for state police, county sheriffs, tribal police, and municipal police
- Number of restraining orders

Health and Social Services Data:

- Locations of public assistance agencies
- Locations of public housing
- Locations of hospital and emergency rooms
- Locations of mental health programs
- Locations of youth shelters

Generic data:

- Census data
- Neighborhood boundaries
- State, county, and other boundaries
- School locations
- Business locations
- Transportation routes
- Park and recreation areas

Comparing the impact of summary tables and maps: An illustrative example
(Coy et la. 2007)

Table 4: VAW support services by Nations and Regions

Nation/Region	Services		Population
	N	%	%
London	119	15.2	12.4
North West	84	10.7	11.3
West Midlands	77	9.9	8.9
South East	77	9.9	13.6
Scotland	76	9.7	8.4
Yorkshire and the Humber	75	9.6	8.5
South West	64	8.2	8.5
East Midlands	53	6.8	4.9
Wales	52	6.7	7.2
East of England	50	6.4	9.2
North East	41	5.2	4.2
Northern Ireland	13	1.7	2.9
TOTAL	**781**	**100**	**100**
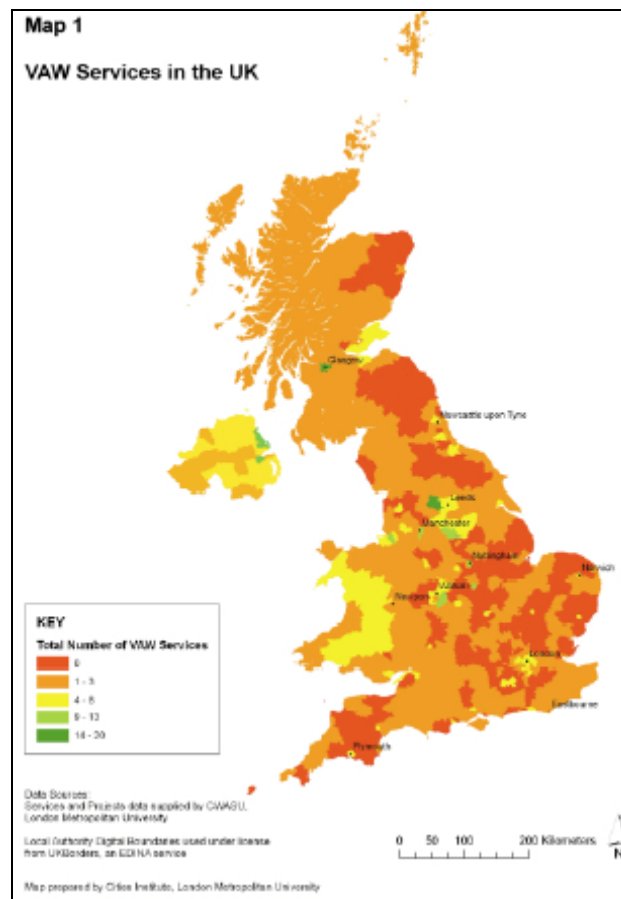
APPENDIX C

EXISTING DATA ON FAMILY VIOLENCE RESOURCES IN CANADA

To get a general understanding of what data are currently being collected on family violence resources in Canada and for what purpose, two exploratory avenues were pursued. First, an email soliciting information was sent two groups: (1) The Family Violence Prevention Federal/Provincial/Territorial Working Group. This group was established to bring together various levels of government to collaborate, discuss issues, and share information within the context of the Family Violence Initiative (http://www.phac-aspc.gc.ca/ncfv-cnivf/initiative-eng.php) and is led by the Public Health Agency of Canada; and (2) The Federal-Provincial-Territorial Working Group on the Victims of Crime, formed to fulfill similar goals of collaborating, discussing issues and sharing information on victims of crime in Canada. The latter FPT group had representatives at a workshop hosted by the author of this paper at the University of Guelph in November 2009 to discuss the feasibility of documenting resources for victims/survivors of violent crime in Canada (Dawson, 2010; Dawson et al. 2010). Each of the above was asked the following: (1) Does your province/territory have existing data on family violence services? (2) If so, what is the source of these data? (3) What time period does the data cover? (4) How are the data gathered? (5) What does the data look like? While some asked what was meant by 'family violence services,' no specific definition was provided so that those responding could decide what information was relevant on their own. Second, an Internet search was conducted to see what other sources of data, directories and/or publications of directories were available and, if possible, whether these directories/databases were publicly accessible.

While an exhaustive search of what data sources were available was not possible, this exploratory scan provides a general idea of what we currently know about family violence resources in Canada. Below, then, is a non-exhaustive sample of what data are currently being collected at the national level followed by a summary of provincial/territorial data collection initiatives. Responses were replicated as closely as possible so as not to misrepresent any information provided. Some of these data sources may provide foundational data for the pan-Canadian map as discussed in the report.

National Data Collection Initiatives

- **211Canada**: This is an online or telephone directory that provides free, confidential, multilingual access to information about the full range of community, social, health and government services. Their website indicates that 'just as 911 now means access to emergency services, 211 is the pathway to these non-emergency human services.' 211 has been available to residents in Toronto since June 2002. In 2004, it started up in Edmonton and, in the spring of 2005, it was introduced in Calgary. With these three centres operating, 15% of Canada's population has access to 211. In 2005, Ontario's service expanded to include Niagara Region and South Georgian Bay (Simcoe County). Regional Information Centres in Niagara and Simcoe are networked with the existing 211Toronto and comprise the first components of Ontario's integrated province-wide, 211 system. In early 2006, Quebec City was to commence service becoming the first 211 centre to operate primarily in French. By the end of 2006, Canada's first, province-wide, 211 service was slated to be operational in Nova Scotia.

- **Canadian Centre on Substance Abuse (CCSA)**: The Canadian Centre on Substance Abuse has a legislated mandate to provide national leadership and evidence-informed analysis and advice to mobilize collaborative efforts to reduce alcohol- and other drug-related harms. The CCSA houses various databases that document federal, provincial and territorial government departments, and non-government organizations involved in the addictions field in areas such as policy, prevention, education and advocacy; provides detailed information about initiatives that meet the Canadian Standards for Youth Substance Abuse Prevention. Initiatives included have been reviewed against the

Canadian Standards by a national panel of experts in the field; and detailed information on just over 1,000 treatment programs throughout Canada. Each listing includes the addiction treated, the treatment setting, the target population, the language in which services are provided and a brief program description. [See http://www.ccsa.ca/Pages/Splash.htm]

- **Directory of Canada's Treatment Programs for Men Who Abuse Their Partners (2008)**: This directory provides a listing of treatment programs that address the needs of men who behave abusively in their intimate relationships, alphabetically by town and city. Although most treatment programs are open to all men who behave abusively, some evaluate candidates to determine whether they may benefit from the type of treatment provided. Each listing identifies the organization with which the program is affiliated and specifies the clients served such as mandatory clients (referred by parole or probation offices) or voluntary clients (referred by community agencies). Types of services provided are also listed for each program. It is one of a series of directories prepared for the National Clearinghouse on Family Violence under the Family Violence Initiative of the Government of Canada.

- **Directory of Services and Programs for Abused Men in Canada (2008)**: This directory provides a listing of services for men who have experienced intimate partner abuse, identifying various organizational attributes including the type of service provided (information/referral, shelter, counseling, education or advocacy), whether services are limited to specific groups (i.e. military and family members only), provide bilingual or multilingual services, and so on. Listings are presented by province/territory and alphabetically by town and city, usually include website addresses and toll free numbers as well as postal codes. It is one of a series of directories prepared for the National Clearinghouse on Family Violence under the Family Violence Initiative of the Government of Canada.

- **Directory of Services and Programs Addressing the Needs of Older Adult Victims of Violence in Canada (2nd Edition, 2004)**: This is also one of a series of directories prepared by the National Clearinghouse on Family Violence under the federal Family Violence Initiative. It provides a publicly accessible listing of services and programs that address needs of older adult victims of violence listed by province/territory and, within each province/territory, by town or city. Each listing identifies the type of organization (long-term care, resource, government, and legal) and type of service (crisis, care, general, bilingual). Contact information may include street or mailing address which could be geo-referenced; at minimum, town and city is listed so county-level or postal code data may be possible. It breaks down categories of services which may be helpful. [2010 update pending]

- **Directory of Services for Adult Survivors of Child Sexual Abuse (2009)**: Prepared by the National Clearinghouse on Family Violence under the federal Family Violence Initiative, this directory provides a publicly-accessible current listing of programs that address the needs of adult survivors of child sexual abuse listed by province/territory and, within each province/territory, by town or city. Services range from group and individual counseling to crisis intervention and individual advocacy. Each listing identifies whether services are available for women, men and/or children, whether there is a fee for services, and whether bilingual services are available. Contact information may include street or mailing address which could be geo-referenced; at minimum, town and city is listed so county-level or postal code data may be possible.

- **Inventory of Government-Based Services That Support the Making and Enforcement of Custody and Access Decisions (2000)**: This report describes government-based services that help families deal with separation and divorce and services that relate to the making and enforcement of custody and access decisions that were available in 2000. This was updated and expanded in the *Inventory of Government Based Family Justice Services* discussed next.

- **Inventory of Government Based Family Justice Services (2006)**: This is a user-friendly online tool available on the Internet and accessible to all Canadians. It allows one to obtain information about government-based family justice services in any province or territory based on services that were available as of January 2009. It is housed through the Family Law Policy Unit in the Family, Children and Youth Section, Department of Justice Canada. [See http://www.justice.gc.ca/eng/pi/fcy-fea/lib-bib/tool-util/apps/fjis-rsgjf/brows-fure.asp]

- **National Inventory of Treatment Programs for Child Sexual Abuse Offenders (2002)**: This directory provides a current listing of 196 programs that address the needs of child sexual abuse offenders listed by province/territory and alphabetically by town or city, most including postal code and some will have street or mailing address and telephone numbers. Each listing provides the programs target group, identifies how an offender is referred to the program, and indicates whether bilingual service is provided. It is one of a series of directories prepared for the National Clearinghouse on Family Violence under the Family Violence Initiative of the Government of Canada.

- **Shelternet:** This website was created to provide reliable and up-to-date information for abused women, their family, friends, and colleagues in Canada. Approximately 450 of the more than 500 shelters are listed, but due to confidentiality concerns, addresses cannot be listed. Contact information is available and postal codes may be as well. [See http://www.shelternet.ca/]

- **Transition Home Survey**: Funded primarily through the Family Violence Initiative and the Canada Mortgage and Housing Corporation, this is a biennial survey of all residential facilities for female victims of violence. Questionnaires are mailed to all shelters, transition homes, second-stage housing facilities, safe home networks, women's emergency centres, general emergency shelters, and family resource centres known to provide residential services to abused women.

- **Transition Houses and Shelters for Abused Women in Canada 2008**: This directory provides a listing of transition houses and shelters for abused women, listed by province/territory and alphabetically by town and city. Transition houses, second-stage housing and safe homes are included and each listing identifies the type of facility or service, and so on. [2010-2011 updates pending]

- **Victim Services Directory**: This directory was created by the Policy Centre for Victim Issues, Department of Justice Canada, to help service providers, victims and individuals locate services for victims of crime across Canada; allow victims to determine which services they may require; to link organizations and victims; and to help all individuals to access victim services. The list of agencies, however, is not exhaustive. [See http://www.justice.gc.ca/eng/pi/pcvi-cpcv/vsd-rsv/index.html]

- **Victim Services Survey:** This survey, funded by the Policy Centre for Victim Issues of the Department of Justice Canada and conducted by Statistics Canada, collects data for a 12-month period on agencies that provide services to both primary and secondary victims of crime and information on who sought assistance during a snapshot day. The third cycle was released last year.

Provincial/territorial data collection initiatives

- **British Columbia:** Victim Services and Crime Prevention have undertaken steps to map out victim services in this province, including supports for women and children impacted by violence. Their approach to mapping has had two distinct phases. Phase 1 asked ministries to identify violence against women programs, services, policies and initiatives. This was undertaken to identify key contacts across governments working in this area and to inform the work of a cross-government committee looking at violence against women issues. Phase 2 asked ministries to provide greater detail on services and supports for all victims of crime and trauma, including women and children impacted by violence. This was undertaken as part of a high-level review of services to victims in the province. Data collected in Phase 2 provided a snapshot of funding for 2008/09 programs and services. There are currently no plans to comprehensively collect this information for 2009/10. Data in Phase 2 were gathered through a request from the Deputy Minister of Public Safety to colleagues in other ministries to complete and submit two spreadsheets: one for direct programs and services and one for indirect services and supports (any service that does not provide direct client support). This information was then collated at Victim Services and Crime Prevention.

- **Manitoba:** For service accountability purposes, the Family Violence Prevention Program (FVPP) in Manitoba collects statistics from its 33 funded agencies on a monthly basis. Funded agencies are community-based, non-profit and fall within the FVPP mandate of programs that support families that are impacted by family violence, namely domestic violence or intimate partner violence. They also fund a program for women and men who have been sexually abused. Data collected allows them to track service delivery trends and identify concerns. FVPP has statistics in an accessible format dated back to 1998. It has been collected every year since then and is ongoing. Over time, the forms, variables, and definitions have changed to reflect agency practices and service populations. It was noted that the quality of the data can be affected by changes in staff, lack of training, and general errors in reporting and FVPP is sometimes not aware of problems until after several months of reports have been submitted. For this reason, FVPP hesitates to use this data for research purposes. FVPP provides agencies with a template form for recording monthly data. These are submitted by the 25th day of the month following the reporting period, by e-mail, fax or mail. Data are entered in Excel and aggregated for quarterly analysis. Data allow for tracking of clients through various programs at an agency. Data does not identify clients in any way. Aside from voluntary identification of Aboriginal background or newcomer status, the data is not demographic in nature. The forms also do not reflect staffing levels.

- **New Brunswick:** Services provided and/or regulated by government departments would have reporting mechanisms within departments to monitor service provision. Those departments would gather information on the services provided, number of clients, staffing numbers, and so on. Community-based services tend to be developed as a community identifies a need and may be attached to a pre-existing agency. They would not necessarily report to a central agency or department unless they received funding from them. It was noted that agencies receiving federal funding would likely report to their respective federal funder. In short, regarding victims services, there are various collection points for information. For example, the Department of Social Development is the primary department responsible for child protection and collects data related to these cases. Depending on the court process (either family or criminal), the Department of Justice would collect court information. If the matter goes to criminal court and victim services is involved, as usually the case in criminal matters, then data would be collected on the clients served and services provided. Transition and second-stage housing collect their own information. Police data is collected at each individual force. Regarding elder abuse, the Department of Social Development is responsible for responding to abuse of persons 65 years of age and

older, but there is very little information on this population (for various reasons, there are few incidents coming to the attention of the criminal justice system). Overall, then, the approach to data collection is interdisciplinary and there is no single source for data collection.

- **Nova Scotia:** Data is collected and input by direct service providers at intake and throughout the service-delivery period. Although the types of information gathered have changed over the years, data have been gathered since the mid-1990s. There is direct input into a case management database by regional victim services officers. At the regional level, information collected includes age, gender, relationship between accused and victim, type of service offered and provided, type of crime or criminal code charge, court outcome, if children testified and if they used a testimonial aid or submit a victim impact statement. All information is input by the front-line staff at regional victim services offices. Some of this data is "harvested" as raw data by Justice Canada. In addition, the court services division collects information related to the Domestic Violence Intervention Act related to Emergency Protection Orders (% approved, types of conditions, geographic location of respondent, for example). Their policy, planning and research division conducts a family violence tracking project which looks at a variety of issues related to family violence and justice, including case-processing times, etc. The timing of the tracking projects is similar to the General Social Survey. The types of information gathered vary depending on operational requirements.

- **Nunavut:** This territory does collect data, although they are in the beginning stages of collecting data systematically. In general, their family violence services in the Territory consist of shelters (currently there are five family violence shelters across Nunavut and one homeless shelter for women located in Iqaluit), outreach programs, regional social services related to family violence (counseling, etc.) and local community resources. The Department of Health and Social Services recently implemented a Cabinet-approved Saillivik Policy which is specifically geared towards family violence shelters that the Department funds. Among its provisions is a more consistent protocol around data collection. Previous to this, due to capacity issues, lack of knowledge, unclear reporting relationships, many of the shelters would often not submit monthly data on usage. This data is collected by Health and Social Services regional staff and it is then submitted to Headquarters and analyzed to determine usage of the shelter, demographics, trends and appropriate funding levels. Data collection has not been systematic up to this point, but this will change with the implementation of procedures as outlined in the new policy. The data are gathered by the shelter managers who make use of two forms: a daily admission tracking form which assists the shelter managers in compiling the second form, monthly occupancy reports which are submitted to the Department of Health and Social Services. The daily admission tracking form consists of name of the shelter, community, date of admission, referral source, reason for referral, and some demographic information on the client. The monthly occupancy reports specify the name of the shelter, community, reporting period, total new clients (including number of children), total number of occupants of the shelter that month, actual bed nights and monthly occupancy rate, as well as some additional information. There is also a year-end expense reporting rorm required under the shelter's contribution agreement and which specifies year expenses as well as paid staff positions during that year.

- **Northwest Territories:** Community-based victim services workers collect data (pencil on paper) on services they provide to victims of crime. Specifically, they record on client intake records (hard copy), transpose data to monthly, statistical summary sheets which are faxed to GNWT Justice where they are input into an Excel spreadsheet and converted to tables and graphs for reporting. The data framework was developed by consultants as part of the evaluation framework for the NWT Victim Impact Statement program. The service data that victim services workers complete and submit forms part of the contribution agreement requirements between GNWT Justice and various victim services sponsoring

organizations. It is believed that these data were first collected and reported on in 2002/2003 and it has been collected and reported on every year on an ongoing basis.

- **Ontario:** In 2000, a report from the Office for Victims of Crime provided a comprehensive review of the provision of victim services by both the government and the community, an analysis of provincial legislation and policies in order to provide recommendations for improvements as well as an analysis of federal policies that had negative impacts on the province's ability to administer justice and to achieve public safety priorities. Their sectoral analysis of victims services included police-based services, the Victim Crisis Assistance and Referral Service, the Victim Support Line, SupportLink, Partner Assault Response programs, violence awareness programs for women, police and correctional staff training, Community Victim Initiatives Program grants, sexual assault/rape crisis centres, Victim/Witness Assistance programs, the Criminal Injuries Compensation Board, Crown Attorney's Office, Coroner's Office, the courts, and so on. Many of these services were also mapped. More recently, Ontario joined the 211Canada service in the form of 211Ontario.ca which, as noted above, is an online resource that provides access to community, social, health, and related government services. Partner sites include the Directory of Youth Justice Services in Ontario which connects the youth justice system with supports in the community for young persons in conflict with the law as well as the Directory of Justice Services and Resources in Ontario which is developed by and for people who work in correctional services and includes a directory of services by type, target group and location as well as a links to web pages with detailed information on topics such as education, health, skills and employment, legal information, facilities and community services. In 2005, Ontario's service expanded to include Niagara Region and South Georgian Bay (Simcoe County). Regional Information Centres in Niagara and Simcoe are networked with the existing 211 Toronto center and comprise the first components of Ontario's integrated province-wide, 211 system.

- **Prince Edward Island**: Data are available on the number of emergency shelters, shelter occupancy, referrals to family violence outreach services, and number of second-stage housing units. This information is provided by PEI Family Violence Prevention Services Inc. Provincial Family Violence Prevention Services Inc. manages the emergency shelter and outreach services. They have limited outreach data, data on admissions to Anderson House, which is the emergency shelter for abused women and their children and this data has been collected since 1985. Data is collected by staff in paper form and at, Anderson House, using the Homeless Individuals and Families Information System (HIFIS) which is being adapted for use by emergency shelters for abused women. The data collected through HIFIS are admissions, date of birth for client and any children, referrals to agencies, calls/visits, and occupancy at shelter. In addition, Victim Services collects data on referrals to Victim Services, broken down into a number of categories which include wife abuse, other family abuse and sexual assault. These data have been available consistently since the Victims of Crime Act came into effect in 1989 and is available by police jurisdiction and by county. Victim Services also maintains data on the number of Emergency Protection Orders and Victim Assistance Orders granted every year since the Victims of Family Violence Act came into effect in 1996. This data is available by police jurisdiction and county as well. The Victim Services Annual Report reports on Criminal Injury Compensation claims awarded by category of case, so this information is available for family violence cases, also back to 1989. Statistics for Adult Protection Services are collected by the Adult Protection Consultant and some of this data would relate to family violence whereas some is more related to self neglect.

- **Saskatchewan:** Saskatchewan has no centralized source of data on family violence services. Each level of government (federal, provincial, municipal, First Nations) and community keeps its own list of services. This also varies within government ministries. For example, services funded through the Ministry of Justice and Attorney General are available on the following websites http://www.justice.gov.sk.ca/IVAP and http://www.justice.gov.sk.ca/victimsservices. However, this

does not include the First Nations Transition House services funded through Indian and Northern Affairs Canada, the services for men through Corrections, Public Safety, and Policing and Health Districts, Domestic Violence Courts, etc. Each level of government (federal, provincial, municipal, First Nations) and communities collect and maintain its own list of services for its own purposes. There are also various websites that list services such as http://www.stopstoviolence.com/, http://abusehelplines.org/.

- **YUKON:** This territory does some tracking through the courts (Domestic Violence Treatment Option Court) and the treatment programs. The RCMP also collects statistics on the amount of spousal and sexual assault in the territory via charges. The data collected through Offender Services (spousal assault treatment program) includes the number of clients referred to spousal abuse treatment and whether they completed treatment. The data are collected on a ongoing basis throughout the year and have been for approximately 10 years. Other data collected includes age, gender, First Nation or non- First Nation, community, risk level, and whether other treatment or assessment services are needed. The data are collected by all therapists and input in an Excel spreadsheet.

LIST OF POTENTIAL RESOURCE MEASURES*
[Listed alphabetically in each category]

*The resources included in each category are meant as a guide only. It is possible that some resources will be provided in more than one environment. For example, advocacy services may be housed within the court system (often referred to as internal advocacy services) while some may be in the community (referred to as external advocacy services). This list is meant to serve only as a beginning foundation for discussion about the possible resources to be included in a database and mapped. It is not meant to be considered exhaustive.

- **F/P/T legislation and policies related to family violence**

  Child custody and access policies
  Civil justice legislation/policies
  Criminal justice legislation/policies
  Pro-arrest policies
  Pro-prosecution policies
  Firearms legislation

  [*This information would provide the macro-level public policy context within which various jurisdictions operate when receiving and distributing family violence resources. This information is generally publicly available. Policies also exist at lower levels of government and these should be explored in the pilot study*]

- **Resources directly related to family violence**

  Child protection services
  Community-based specialized domestic violence resources
  Court-based victim/witness assistance programs
  Domestic Violence Emergency Response System/Protocols
  Perpetrator treatment programs
  Safety planning (immediate and/or long-term)
  Shelters
  Second-stage housing
  Specialized domestic violence court programs
  Specialized domestic violence police units
  Violence against women specialized support services

  [*These resources are more recognizable as those available to family and domestic violence victims and should be amenable to straightforward inventory mapping of availability.*]

- **Criminal justice services related to violence generally including family violence**

  Assistance with victim impact statements
  Case/trial updates for victims
  Court accompaniment
  Court orientation and information
  Criminal Injuries Compensation programs
  Police-based victim/witness assistance programs

- **Criminal justice services related to violence generally including family violence (cont'd)**

  Risk assessment
  Training programs for justice personnel for domestic violence
  Victim Crisis Assistance and Referral Service (Ontario only)
  Victim notification
  Victim/witness preparation

- **Family justice resources for family justice issues which may include family violence**

  Mediation
  Parent education/information
  Family court services
  Family law information centres
  Family resource centres
  Family justice centres
  Support establishment services
  Children services
  Supervised access services
  Enforcement services

- **Community-based and other direct/indirect resources for violence generally including family violence**

  Aboriginal services
  Addiction services
  Advocacy – criminal justice
  Advocacy – civil justice
  Anger management
  Basic needs provisions (i.e. food, clothing)
  Child abuse counseling
  Childcare – emergency services
  Community-based victim/witness assistance programs
  Community health centres
  Community mental health centres
  Community outreach programs/services
  Couple and family counseling
  Crisis counseling
  Counseling – individuals
  Cultural interpreters
  Crisis/distress line
  Crisis intervention/responses
  Distress centres
  Emotional support
  Employment counseling
  Ethno-specific services
  Financial assistance
  Friendship centres
  Hospital accompaniment
  Hospital-based sexual assault treatment centres

- **Community-based and other direct/indirect resources for violence generally including family violence (cont'd)**

  Housing assistance/services
  Language services
  Legal clinics
  Legal-aid services
  Liaison with other agencies for victims/survivors
  Psychological assistance
  Public education/prevention
  Restorative justice/mediation
  Self-help peer support groups
  Services for victims/survivors with disabilities
  Sexual assault/rape crisis centres
  Sexual violence support services
  Shelters/housing (emergency and/or long-term)
  Supervised access services
  System-based services for victims of crime
  Transportation services
  Women's resource centres

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