INTEGRATING METHODS TO DOCUMENT THE DISTRIBUTION OF INTIMATE PARTNER VIOLENCE RESOURCES

FINAL REPORT

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INTRODUCTION

International research has shown that individuals who have or currently live with intimate partner violence (IPV), predominantly women, often experience profoundly negative consequences as a result, including poor health as well as reduced social well-being and life chances (Krug et al., 2002). As such, concerns about providing equitable access to resources that help individuals deal with such violence are increasing. Currently, there are no reliable or valid data in Canada or elsewhere that allow researchers to systematically examine whether those experiencing intimate partner violence have equitable access to resources and, if not, what groups or regions are the most profoundly underserved (Dawson, 2010; DeLeon-Granados and Wells 2003). Without these data, it is not possible to determine whether the distribution or availability of such resources varies by socio-demographic characteristics of the populations being served, their geographic location and/or their level of exposure to intimate partner violence. As such, it is currently not possible to achieve a clear understanding of the role played by these resources in violence prevention. Focusing on two Canadian provinces, this study tested the utility of three common methods for conducting an environmental scan of such resources and, subsequently, building a database that can capture various characteristics, including whether there is an equitable distribution of intimate partner violence resources across the country. The three common methods are:

1) Building on existing databases;

2) The compilation and construction of a database from information available in published sources or online directories (Coy et al. 2007, 2009; Dugan et al. 2003);

3) Administering a survey questionnaire to resource providers (Coy et al. 2007, 2009).

Drawing from Dawson (2010), it is clear that various steps are required before beginning to collect any data on the availability of resources. With respect to intimate partner and domestic violence, for example, one of the first design decisions is to determine what types of resources will be the focus of data collection? Inherent in this decision-making process is defining what is meant by 'intimate partner violence' and, in turn, given the scope identified, what are the potential resources that target these victims, the perpetrators and/or their families? A second decision is whether or not to include resources that fall within one or all of the prevention levels: primary, secondary or tertiary prevention resources. Targeting the general public, primary prevention initiatives aim to improve relationships, strengthen communities, and prevent abuse from occurring in the first place (e.g. public awareness campaigns; Reilly and Gravdal 2012: 332). Secondary prevention or intervention initiatives are more focused on those individuals at high risk of violent victimization or perpetration (e.g. risk assessments) or soon after violence occurs (e.g. risk management, safety planning). The main aim of tertiary prevention is to prevent violence from recurring (e.g. typically criminal justice resources). A final design decision centers on whether the goal is to capture only those resources that *directly* respond to cases of intimate partner violence or those that are related, but more indirectly, to the prevention of IPV such as mental health resources, addiction resources, and so on?

In the end, these decisions 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 the sustainability of data collection. Focusing on intimate partner violence, this project is concerned with the latter three factors: what data are available and, if not available, what data can be collected in a consistent manner over a sustained period of time to examine the distribution of

resources? The term 'intimate partner violence' will be used throughout this paper to refer to violence perpetrated by males or females against current or former intimate partners, including legal spouses, common-law relationships and those who are dating.[1] However, it is recognized that women are the primary victims. Supporting this view, the World Health Organization states that "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 four cycles of the national Victim Services Survey (VSS; discussed in more detail below) have consistently demonstrated that women represent the majority of those served and, although both women and men are most likely to seek help after violent victimization, rates are higher for women than for men (Munch 2012: 5, 13). In addition, women were twice as likely as men to have been violently victimized by current or former intimate partner and, as a result, many of the resources available for individuals experiencing intimate partner violence see their work as part of addressing the larger phenomenon of violence against women.

Despite the above evidence for the prevalence of intimate partner violence, particularly for women, there is no comprehensive central database or directory that provides a reliable listing of resources available for those experiencing intimate partner violence and abuse. One reason for this may be that the range and volume of such resources are many and, thus, documenting them in a consistent manner over time is viewed as too daunting a task to be undertaken. If that is the case, this group of victims and the resources available to them represent the most appropriate focus of a large-scale initiative that can provide a template for documenting resources over time and space. In short, one cannot highlight the challenges to be faced in efforts to collect these data

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[1] Other terms such as domestic violence were used if that was the designation by the jurisdiction or agency being examined.

if the focus chosen is simplistic and straightforward and the situation with respect to intimate partner violence resources is not.

The first challenge faced in such an initiative is deciding what should be included in the broad category of intimate partner violence resources because it is not immediately clear. In particular, as discussed by Dawson (2010), it is difficult to determine what is directly related to intimate partner violence given that many resources may have a general client mandate, but their client-base is primarily comprised of victims of intimate partner violence. The national VSS uses six broad categories of services: (1) police-based; (2) court-based victim/witness assistance program; (3) community-based victim/witness assistance program; (4) sexual assault/rape crisis centre or hospital-based sexual assault treatment centre; (5) system-based (primarily found in Eastern Canada, Manitoba and the Yukon); and (6) victim crisis assistance and referral (Munch 2012: 8). At last report, there were 911 victim service providers operating in Canada in 2009/2010 (Munch 2012: 5). While these categories are useful, it remains difficult to distinguish among the varied types of resources that would fall within each of these broad categories. It is also expected that many important, but less direct types of intimate partner violence resources are not counted using these categories such as mental health resources, addiction treatment centers, supervised custody/access services and so on.

To date, there has been little effort to conceptualize what is meant by violence prevention resources in general and, more specifically, intimate partner violence resources (but see Dawson, Poon and Hubbert 2010). This represents a gap in knowledge given that resources will vary greatly in what services they offer, whether direct or referral, the types of clients they serve, and so on. As a result, the goal for this study is to be inclusive rather than exclusive so as not to omit any resources that may be seen as pertinent for this group of victims and perpetrators. Below,

three data collection methods used in prior studies are reviewed before their utility in the Canadian context are examined.

OPTIONS FOR DATA COLLECTION METHODS

Prior research emphasizes three key mechanisms for gathering data on violence/prevention resources that can be used, individually or together, to gather more detailed information that will support more informed decisions about resource distribution and allocations. Whether one selects one of these methods or combines two or more of them depends on the scope and depth of information that is desired, resources available, and the identified objectives. For example, if one seeks only to document the availability of a resource at one point in time, this would require different types of information than if one wanted to map where the resource was located or what specific services it offered and their availability over time. Further, additional information is required if more than availability of the resource is being examined. Various other resource attributes may be of interest such as accessibility, utility and quality of resources. The three methods are briefly described below before moving into a discussion of the methodology used in the present study.

(1) Building on existing databases

The first mechanism by which data can be collected on violence/prevention resources is by identifying and accessing existing and appropriate databases. Some of these databases may also have geo-coded information, or information with the potential to be easily geo-coded to more specifically define resource location, although the latter would increase the time and resources required. In Canada, the most consistent databases currently available on resources available for

those who are experiencing intimate partner violence are the *Transition Home Survey* (THS) and the *Victim Services Survey* (VSS) which could be built upon to develop a more comprehensive examination of the distribution of intimate partner violence resources. In addition, both would have geo-coded information or the potential to easily geo-code the location of the resources and link them to population characteristics across jurisdictions.

Funded primarily by the Family Violence Initiative and the Canada Mortgage and Housing Corporation, the THS is a biennial survey of all residential facilities serving 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. Its primary limitation is that the data capture only one type of resource (i.e. residential services).

Funded by the Policy Centre for Victim Issues, Department of Justice Canada, and conducted by Statistics Canada, the VSS collects data for a 12-month period on agencies that provide services to both primary and secondary victims of crime as well as information on who sought assistance during a snapshot day. Its primary limitation is that its data coverage emphasizes government-based agencies concerned with *justice matters* and, thus, non-government or community-based agencies less directly related to such matters may be underrepresented or not counted at all. For example, police-based agencies have traditionally comprised the largest number of respondents in the survey, a finding consistent with what US researchers DeLeon-Granados & Wells' (2003) argue 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 who are experiencing intimate partner violence and violent victimization more generally.

However, the second and perhaps more important limitation of both surveys, given the focus of this paper, is that the data produced are not available to the public (including researchers) and, therefore, cannot be used to address valuable research questions about resource allocations and violence prevention. There is the potential that these data sources can be made more broadly available through Statistics Canada Research Data Centre (RDC) Initiative,[2] but this has not yet occurred. Beyond the above, there are no other national or provincial/territorial surveys that collect such information in a consistent and comprehensive manner.

(2) Constructing databases from existing published and online resources

The second mechanism for collecting data on resources is through the compilation of information from available published reports or online directories that document particular resources, including those related to intimate partner violence. This was the primary method used by Dugan and her colleagues (1999, 2003) in the United States and one of several methods adopted by researchers in the United Kingdom to collect data (Coy et al. 2007, 2009). For example, Dugan and her colleagues compiled information on domestic violence resources from national domestic violence service directories which listed 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 intimate partner violence for which information is typically broken down by province/territory. They include:

- Victim Services Directory, Policy Centre for Victim Issues (victimservices.justice.gc.ca)

- Directory of Canada's Treatment Programs for Men Who Abuse Their Partners (2008)

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[2] RDCs provide researchers with access, in a secure university setting, to micro-data from population and household surveys.

- Directory of Services and Programs for Abused Men in Canada (2008)

- Transition Houses and Shelters for Abused Women in Canada (2008)

Additional directories which may, at first glance, appear to be indirectly related to intimate partner violence also provide a list of resources/services to such victims, perpetrators and/or their families given the complexities of this type of violence and its link to intergenerational abuse and prior victimization of both victims and perpetrators. For example, these include:

- Directory of Services for Adult Survivors of Child Sexual Abuse (2009)

- Directory of Services and Programs Addressing the Needs of Older Adult Victims of Violence in Canada (2004)

- Inventory of Government-Based Services That Support the Making and Enforcement of Custody and Access Decisions

- Inventory of Government Based Family Justice Services (2006)

- National Inventory of Treatment Programs for Child Sexual Abuse Offenders (2002)

- Canadian Centre on Substance Abuse (www.ccsa.ca)

In addition to these national directories, provinces/territories also have listings or directories documenting the resources available in their jurisdictions. For example, several provinces have 211.ca directories for their residents. These are online directories and telephone referral systems to community, social, health and related government services in the province, including those related to intimate partner violence.

Despite what, at first glance, appears to be a wealth of data, information on types of services provided by these organizations and agencies is limited for various reasons. First, some

but not all resources will be 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 a comprehensive listing of resources/services 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 available will be inadequate. That is, they often rely on agencies voluntarily entering a listing, may not be updated consistently, or published at regular intervals. For example, Dugan et al. (1999, 2003) found that only four resource/service categories were consistently reported in the directories they access so that the collection of reliable data was possible only for the following: (1) shelters; (2) legal advocacy services; (3) hotlines; and (4) counseling services. Despite these limitations, it remains a viable option for which its feasibility needs to be examined, including potential strategies for addressing the above limitations.

(3) Constructing an original database through an online survey of resource providers

The final mechanism through which data can be gathered on resources is through a one-time survey or, depending on funding, a regularly-administered survey questionnaire that is distributed to all identified resource/service providers. Such a survey, most easily administered using online survey software, can collect information on the location of services, which is important for constructing a geographically-referenced database for analysis using Geographic Information Systems (GIS). For example, researchers in the United Kingdom emailed questionnaires to service providers to collect information in their study (Coy et al. 2007). In the United States, focusing on HIV services, the Centre for Disease Control (CDC) 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. This method also has the added advantage of being able to capture a variety of other resource characteristics, beyond availability, through a series of questions about accessibility, diversity, and utility of services. Its utility, however, depends on the ability to gather an exhaustive list of resource providers and their email contacts that provides close to accurate coverage of what is available.

THE CURRENT STUDY

Given the inability to access current databases (e.g. those compiled by the THS and VSS), the current study focuses on the utility of the latter two methods: (1) constructing databases from existing published resources and (2) constructing an original database through an online survey. Focusing on two provinces as case studies, this study tested the use of these two methods to conduct an environmental scan of resources available to those experiencing intimate partner violence. Ontario and Nova Scotia were selected as the focus for the study. One key criterion for selection of sites was already-existing efforts to document resources. A further guiding factor was the importance of focusing on rural populations given that extensive research has documented how rural regions of various countries, including Canada, face particular challenges when trying to access resources and this may affect their ability to reduce their exposure to violence. For example, a 2008 Senate report on rural poverty in Canada identified the hidden nature of family violence in rural Canada as one of two pressing crime-related issues that required federal government attention and "inadequate access to services" was identified as a key contributing factor (p. 239). To date, though, there remains limited research or data that

can provide concrete evidence to document the extent to which these particular regions may be underserved. Nova Scotia has one of the highest rural populations (45%) and Ontario is one of the most urban provinces (85%) and, therefore, each provides a distinct population composition. Finally, it is likely that various methods may work better in larger or smaller provinces which may also vary in available resources and, thus, Ontario and Nova Scotia were perceived to be sufficiently distinct in terms of available resources that it was also possible to examine the importance of this issue as well. The methods and results of this study using each of these methods are discussed below.

(1) Constructing databases from existing published resources

Various published resources and online directories were identified and these are described below.

With respect to Ontario:

■ In 2000, the Office for Victims of Crime (OVC) in Ontario published *A Voice for Victims* which was based on a comprehensive review of available victim resources provided by government, criminal justice, and community-based agencies and organizations in that province. The review focused on a wide variety of resources, including women's shelters, victim-witnesses assistance programs, sexual assault services, police services, the legal community, education/community advocacy, children/youth services and other crisis/trauma/faith community, social and health services. Based on over 300 victim service site visits and about 1,200 questionnaires administered to providers, this study showed that

there was significant disparity in the nature of victim resources provided across the province and that there was no provincial threshold or minimum standard for what should be offered. These data were accessed through a Freedom of Information and Protection of Privacy request to the Ministry of the Attorney General of Ontario.

■ As discussed above, 211Ontario.ca is an online directory and telephone referral system to community, social, health and related government services. It was first made available to Toronto residents in 2002, but is now available to all Ontario residents. Services may be related to abuse (including sexual assault), child and family services, consumer protection and complaints, emergency and crisis services, employment, education and training, financial assistance, food and clothing, general community services, government officials, health, homelessness, housing, legal issues, multicultural associations, seniors, settlement and newcomer services, youth services. Only those services that were judged to be directly or indirectly related to intimate partner violence were included in this study. These included child protective services, counselling for abused women, crisis lines for abused women, sexual and domestic assault treatment centres, shelters for abused women and general services. The latter category of 'general services' included a broad range of resources such as accompaniment services, crisis intervention, counselling, legal services, family violence support services as well as services available for men experiencing violence.

With respect to Nova Scotia:

■ A key source of information for this province was the *Nova Scotia Domestic Violence Resource Centre* which is website that centralizes information on available domestic violence resources. Including both direct and indirect resources available for individuals experiencing this type of violence, the listing categorizes resources as follows: family violence resources, legal services, men's intervention programming, second stage housing, sexual assault services, transition houses, victim services, and women's centres. More indirect support services also listed were services for victims of human trafficking, employment services, federal services, law enforcement, legal aid, resource centres, Salvation Army, and support services for immigrants and migrants.

■ Similar to Ontario, but launched only this year, is 211NovaScotia.ca, a telephone and line referral system that links users to social, health and community services throughout the province. In Nova Scotia, the 211 information-and-referral system just went live on Feb. 11, 2013 with access to more than 3,000 government, community, and social programs available online. While it is likely that similar types of services related to intimate partner and domestic violence are available here and in the resource centre described above, cross checking information did identify some services unique to each data source. This supports the value in compiling information from a variety of resources, both published and online.

Additional data were collected for both provinces from province-specific information that was included in the Directory of Canada's Treatment Programs for Men Who Abuse Their

Partners (2008), the Directory of Services and Programs for Abused Men in Canada (2008), the Transition Houses and Shelters for Abused Women in Canada (2008), and the Victim Services Directory housed at the Policy Centre for Victim Issues, although the latter emphasizes mainly criminal justice resources.

Data collection and entry

Once key sources of data were identified, data were collected for several variables, including the name of the resource, the type of resource, whether it was specifically targeted to intimate partner or domestic violence (if possible to determine), and information on its location given that the ultimate goal of the current study is to understand how one might examine the distribution of resources across the jurisdictions. With respect to the latter, particular attention was paid to whether the data source contained information that would allow for geo-coding possibilities including the following location information: street number, street name, street direction (e.g. North, East), rural route (e.g. R.R. #1), other location designation (e.g. suite number, building number, floor level, etc.) post office box number, area/place name, and county.

This was a key objective given that location is required to determine whether particular areas are underserved with respect to these resources and mapping this information will allow the level of distribution to be linked at a later date to population and community characteristics. Information was also collected for contact information (e.g. contact person, telephone number, email and website address). The latter information was important data for the testing of Method #3 discussed below. Two separate databases were constructed for each province from the above data sources. Analyses provided in the results section are primarily descriptive with respect to

types of resources available and where they were located in each province. The section will conclude with a summary of the utility of this method in each jurisdiction.

(2) Constructing an original database through an online survey

Recognizing that currently published and online information on resource providers may not capture the full scope of resources, a survey questionnaire was developed and administered to all identified resource providers in the two jurisdictions whose primary client-base are those experiencing intimate partner violence. Information gathered above helped to identify those agencies as well as relevant contact information. Among the goals of the survey was to collect more detailed information on resource location which is typically self-explanatory (i.e. the address of an agency), however, this survey drew research by Hanchette et al. (2005) to examine three additional measures of resource location for the CDC HIV prevention services project: (1) *origin of person served* (i.e. addresses for those who have used the service); (2) *geographic distance* (i.e. the maximum distance from which someone travels to gain access to a particular resource); and (3) *geopolitical boundaries* (service areas such as county, city/town, postal code or other administrative unit).

While each of the three measures poses challenges such as resource- and time-intensiveness in collection of data, confidentiality/privacy issues, and/or questionable data quality, combining them can provide a more comprehensive picture about resource distribution. Including all measures in the current study also allows for the examination of what works best in the Canadian context to produce data that allows for an examination of a variety of spatial units identified as the optimal approach (Messner et al. 1999). Moving the present study beyond a 'taking an inventory' approach adopted in some prior research, a survey can also capture other

characteristics of resource provision including *accessibility* (i.e. service or coverage area, populations served), *diversity* (i.e. characteristics of those served), *utility* (i.e. numbers served, turn-away rates) and *quality* (i.e. range and type of services offered) (see Browne and Williams 1989).

Because no such survey currently exists, the development of an original survey that would capture the above components proceeded in the following stages. First, incorporating a community-engaged research approach,[3] six individuals in the two provinces were identified and agreed to help develop and test survey questions. The individuals in this working group represented the various resource provision sectors for intimate partner and domestic violence victims, abusers, and their families that were to be targeted by the survey. Beginning in August 2013, the working group, in collaboration with the author of this report, began to identify, construct and discuss a series of potential draft survey questions that would comprise the final survey to be administered more broadly to resource providers in the two provinces. As noted above, at this stage, intimate partner violence/violence against women resources were defined broadly to capture both legal- (e.g. police-based victim services, court programs) and community-based resources (e.g. shelters, women's resource centres, treatment programs, etc.) identified in the published and online resources described above. The working group finalized the survey instrument in December of 2013 *(see Appendix A)*. The survey had a total of 47 questions.

The survey was administered using the online survey software, *Fluidsurveys.com*, which is an Ottawa-based company offering secure survey hosting and anonymous operations. This is an important criterion to many respondents being surveyed. In general, the survey was to capture

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[3] Community engagement scholarship (CES) "includes attention to initiation, process and outcomes of relationship. CES is conceptualized on a continuum from informed stakeholders about new policy or research to stakeholders who make key decisions" (Online Resource, Institute for Community Engaged Scholarship, University of Guelph).

the types of services offered, the general profile of groups served, and other types of services in the resource provider area to which they may regularly refer their clients. This would allow for an examination of the potential breadth and scope of information that could be collected on the availability of resources and, further, to identify the feasibility of capturing elements of resource provision such as accessibility, diversity, and utility as discussed above. The survey was launched on January 13, 2014. Respondents were given until February 3, 2014 to complete the survey and two reminders were sent out during this period (January 20 and January 27, 2014).

RESULTS

CONSTRUCTING DATABASES FROM EXISTING PUBLISHED RESOURCES

The first method tested – building a database from existing published and online resources – produced fairly detailed databases for both provinces. In Ontario, 1,427 listings for resource providers were compiled and, in Nova Scotia, 155 listings. Different numbers for the two provinces were expected given that each has a different population base. In 2012, for example, Ontario had approximately 13 million people and Nova Scotia had a little over 900,000 people. In most cases, it was possible to determine broadly what resource type the listing represented.

Documenting the type of resource

Resource Type – Ontario

The distribution of resource types for Ontario is shown in Table 1.[4] While it is likely that resources can be classified in more than one category, effort was made to identify the primary type of resource. As demonstrated in Table 1 for Ontario (see column 'Valid Percent'), the most common resource type are women's shelters (13.4%), followed by community social services

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[4] In eight cases for Ontario it was not possible to determine with certainty the type of intimate partner violence resource. These are shown as missing in Table 1.

(12.3%) and police services (10.4). Other common resources included those that provided multiple resources for which it was not possible to identify a primary type (8.6%), child protection services (7.3%), sexual assault services (5.8%), education/community advocacy resources (4.5%), and children/youth services (4.4%). This distribution suggests that the common survey focus on primarily criminal justice resources does not capture the breadth of services available that respond to intimate partner violence (DeLeon-Granados and Wells 2003).

[Table 1 about here]

It is important to note that distributions in the current study may not reflect actual distributions of resource types given that the likelihood of an agency being captured stems from their presence in online directories or published resources. For example, when examining the most recent distributions captured in the 2009/2010 VSS, the largest proportion of services were police-based victim services at 38% (Munch 2012: 5) compared to only 1.8 per cent in Ontario. In contrast, only 5.8 of the services in the Ontario study were categorized as sexual assault services whereas, in the VSS, 15 percent of the services were described as sexual assault centres. While the first is a national survey whereas the current study is focused on one province only and draws from current public listings, closer numbers were expected in the representation of resource types. Varying responses rates across different sectors in the VSS is one explanation for the differences or, alternatively, an undercounting of resource types in published and online directories.

Resource Type – Nova Scotia

The distribution of resource types for Nova Scotia is shown in Table 2. The most common resource type is police services (41.3%) followed by other legal services (14.2%), those providing multiple services (13.5%) and women's shelters (11%). Therefore, the distribution in this province is more similar to that of the national VSS given that criminal justice resources are similar in representation (41.3% in the current study compared to 38% in the national survey). However, sexual assault services are well below the national figures (1.3% in Nova Scotia compared to 15% in the national survey).

[Table 2 about here]

Resource Type – Summary

Given the smaller jurisdiction and the concerted efforts in recent years to provide information on resources available for those individuals experiencing intimate partner violence, it is hypothesized that information is more accurately presented in Nova Scotia than Ontario. One reason for this is that Ontario does not have resource directory that parallels the *Nova Scotia Domestic Violence Resource Centre.* While Ontario's data was informed by the Office for Victims of Crime survey, it was conducted more than a decade ago. Further, while it was possible to determine that all of the resources documented for Nova Scotia were, to some degree, responding to intimate partner violence, this was not the case for Ontario which may also explain the different distributions for resource type. Specifically, of the 1,427 listings compiled for Ontario, in 16.8 percent (N=240) of the cases, it was not always possible to determine from sources accessed whether or not they provided services to those experiencing intimate partner violence and, in another 31 percent (N=370), it was determined that they did not.

Documenting the location of resources

Resource location – Ontario

For all two listings in Ontario, it was possible to identify the area, village or town in which the resource was located. As expected, the greatest number of listings were in the most heavily populated areas, with some exceptions. Jurisdictions which had over 50 listings included Hamilton, Ottawa, and Toronto. In order of frequency, representation of listings was as follows: Toronto (11.5%; N=164), Ottawa (5.4%; N= 77), Hamilton (3.9%; N=56), London (3.2%; N=45), Kingston (2.7%; N=38), Mississauga (2.2%; N=31), Thunder Bay (2%; n=28), Barrie (2%: N=28); Cornwall (1.7%; N=24), Brampton (1.6%; N=23), Guelph (1.6%; N=23), Peterborough (1.6%; N=23), St. Catharines (1.6%: N=23) and Kitchener (1.3%; N=18).

While it is no surprise that Toronto had the highest number of listings given the population density, Mississauga, Brampton and Kitchener appear to be under-represented in the listings from published and online directories given what would be expected based on their relative populations. The street number and name as well as the postal codes were available in over 86% of the listings. It is possible that information for the remaining listings would be available with further investigation or, alternatively, it may be that the provider did not want the location information listed (e.g. shelter address for safety reasons). However, it remains possible that the information could be geo-coded for examining the distributions using Geographic Information Systems if resources were available to do so.

Resource location – Nova Scotia

In Nova Scotia, in all but three cases, the area, village or town in which the resource was located was available and coded. Concentration of services appears to be less of an issue with the

exception of Halifax as would be expected given the population density. The more even distribution of services may be due to the fact that this province is more rural and, thus, services are scattered more throughout the province, compared to Ontario where populations are more concentrated.

Summary

There are numerous advantages of this method for documenting resources, including the easy and free access to published or online directories, but the challenges are many. First, and perhaps most important with respect to sustainability of such an initiative, while access to the data is free and not resource intensive money-wise, it remains so with respect to time, particularly when one considers the amount of information gathered for time invested. That is, while the information is fairly complete, albeit difficult to verify to what degree, with respect to the availability and location of resources, little information is gleaned beyond that. Beyond type of resource, which is possible to identify in most cases, it is not possible to determine the scope of services offered without investigating further by visiting websites, if available, or contacting the agency itself to request this information. In addition, it is not possible to determine the numbers of clients served, their common characteristics, types of services that they required and so on.

Second, and related to the above, if resources listed are more general in focus, offering multiple types of services, it is not always possible to determine if they do serve victims or perpetrators experiencing intimate partner violence. Third, some listings are questionable in terms of whether their actual mandate is as a violence prevention resource. For example, some federal agencies were listed and it was not clear how these were conceptualized as domestic

violence resources and, if one accepts that fact, it is still not clear how one would map this broad resource. Fourth, the reliability of the published resource is not always clear. For example, there were numerous listings for resources which one would expect to be available for both female and male victims of intimate partner violence, but they were not listed in both directories for men who abuse (i.e. female victims) or abused men (i.e. male victims). For example, it is expected that the Canadian Resource Centre for Victims of Crime, the Canadian Centre for Victims of Torture, or the Community Justice Initiatives of Waterloo Region would be available for both female and male victims, but they were only listed in the directory of services for men who have been abused.

CONSTRUCTING AN ORIGINAL DATABASE THROUGH AN ONLINE SURVEY

Using the survey link, a total of 804 surveys were sent out in Ontario and 59 surveys in Nova Scotia. The number of surveys send out was lower than the number of resources/services contained in the database compiled from the previous method because email addresses could not be found for all agencies and organizations. Therefore, the number dropped from 1,427 to 804 for Ontario and about 155 to 59 for Nova Scotia. This represents a 44 percent drop for Ontario and a 62 percent drop for Nova Scotia. Thirty-three emails bounced back for Ontario, indicating that there was an error in the contact information or the email address was no longer in service. The same occurred for three emails in Nova Scotia. Therefore, the final total of surveys to go out was 771 for Ontario and 56 for Nova Scotia. In an effort to address the incompleteness of the list of resource providers, the survey email introduction indicated the following: "Please feel free to forward this email and survey link to other potential participants as you feel appropriate." In addition, one of the survey questions asked respondents: "If you regularly refer clients to other

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needed services, please indicate those services which comprise your most frequent referrals?" This question was included to see if it would provide a mechanism for achieving a more comprehensive list in subsequent surveys if this method was to be incorporated on an ongoing basis.

A total of 122 surveys were completed and another 17 surveys were partially completed. Of the total of 139 surveys which are the focus of the discussion below, 90 per cent of the respondents were from Ontario (N=123) and 10 percent from Nova Scotia (N=16). This represents a maximum 16 percent response rate for Ontario and a maximum 23 percent response rate for Nova Scotia. Such low response rates suggest that this may be a key challenge if choosing this method to document resources unless more time and resources are invested in compiling a more comprehensive listing. Together, the 139 surveys are examined below with descriptive results provided for each section of questions. Frequency distributions for responses to each question are provided in Appendix B for the total sample. It should be noted that the results described are driven primarily by results from Ontario because of the larger number of respondents. Due to the small number of respondents from Nova Scotia, results for each jurisdiction are not examined separately, but some differences are noted where applicable.

Section I: Type of Intervention

The first set of questions capture the types of resources and interventions provided by those surveyed. In describing the area to which their agency best belongs, the majority of respondents identified violence against women advocacy (31%) or social support services/interventions (27%). Criminal justice services/interventions (17%) and community agency/advocacy (16%) were almost equally represented with health services/interventions (6%) and public education services/interventions (3%) the least represented among respondents. A significant majority

indicated that the primary type of violence their agency targeted was women experiencing violence in intimate relationships (43%) with the next largest group of respondents indicating 'other.' Upon reviewing the specific responses in the 'other' category, however, the violence targeted largely fell into a combination of the possible response options such as families experiencing violence, women experiencing violence in intimate relationships as well as sexual violence. The remaining respondents indicated that they primarily targeted *both* women and men who were experiencing violence (13%), sexual violence (8%) and child abuse and/or neglect (8%).

Respondents were asked to select the types of interventions that their agency provided. The majority indicated that they provided individual-level interventions (90%). Other common types of interventions included providing education/public information (78%), community advocacy (70%), group-level interventions (63%), and case management (53%). With respect to length of support, the majority indicated that they provided both short- and long-term support (56%); however, one fifth (20%) indicated that the duration of their services varied by the type of service offered. Another 16 percent indicated they provided short-term intervention resources only such as crisis intervention, peer-to-peer support, medical care and follow-up, emergency counselling and so on. Only two per cent indicated that they provided long-term support only including family court support, second stage housing, and long-term counselling.

To gather more specific information on intervention resources, respondents were asked what categories of support they provided. The majority indicated initial response (69%), advocacy (61%), high-risk case management (53%), outreach (50%), website and on-line resources (50%), child and youth support (49%) and high risk case management (45%). Fewer respondents offered resources related to financial support (22%), addictions (18%), helpline (12%), and second-stage

housing (12%). Of those that indicated they provided crisis interventions, risk assessment (62%), advocacy (58%), and needs assessment (49%) were the most common. Safe housing, forensic examination, immediate on-scene support, immediate financial assistance, and immediate healthcare treatment were also among the crisis intervention resources provided.

With respect to ongoing support, the majority of respondents (82%) indicated that they provided community referrals as well as follow-up consultations (61%), counselling (61%), and advocacy (59%) for issues such as housing, immigration and welfare rights. Also common among ongoing supports were accompaniment to criminal court (51%), accompaniment for family court (47%) and advice on issues such as housing, immigration and welfare rights (45%). Finally, the majority of agencies indicated that they primarily provided support to the general public through education and awareness (74%), children or family members of victims and/or perpetrators (72%), and victims themselves (62%). Youth and schools as well as community groups were also supported by the agencies who responded to the survey (both at 49%) and one-third indicated that they provided resources to perpetrators.

Section II: Target Population(s)

With respect to the primary target populations served, more than half of the agencies indicated that adult women comprised their largest group (58%) followed by young women (51%). One quarter of the agencies indicated that adult men and young men were also part of their primary clients. Of those agencies that indicated that they aimed to serve specific populations, 38 percent indicated that their focus was children and youth, 33% was pregnant women and another 33% indicated individuals with mental health issues were a population that

they aimed to serve.[5] One-third of the agencies indicated that they specifically aimed to serve the elderly (30%), Aboriginals (30%), visible minorities (29%), the LGBTQ community (29%), individuals with substance abuse problems (28%), and the deaf or people with a disability (27%). With respect to the primary racial/ethnic group of the clients served, one-half of the agencies indicated that their primary client base was white (50%) followed by 35% who indicated that they served more than one primary race/ethnic group and five percent indicated that Aboriginals were their primary target group. When asked what other race/ethnic groups were typically served, 68 percent of the agencies indicated that they also typically served Aboriginals, 55 percent served African Canadian, 48 percent served Asian clients, four percent served Hispanic/Latino, and 45 percent served white clients. This varied somewhat in Nova Scotia compared to Ontario with the client base in Nova Scotia being significantly more homogenous with those being classified as white representing 85 percent of those served. This is not unexpected given that Nova Scotia is a less urban population than Ontario. Looking at other groups typically served in Nova Scotia, African Canada (92%) and Aboriginals (85%) were common.

Section III: Geographic Service Area(s)

The majority of agencies indicated that their service area was a city/town (65%; or multiple cities/towns) while 36 percent indicated that they served counties and another 23 percent indicated they served the entire province. Eleven percent indicated that they served a reserve. In terms of the maximum distance travelled by their clients to access resources, the significant majority (64%) indicated that the most clients traveled 25 kilometres or more. The

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[5] Discuss this as a positive trend in terms of some of the cases reviewed by the Domestic Violence Death Review Committee re vulnerable groups.

next largest response category was that clients travelled between 10-25 kilometres (18%). The most common average distance travelled was 10-15 kilometres reported by 28 percent of the agencies. Finally, close to three-quarters of the respondents (73%) indicated that they were able to provide services to those in need that fell outside their boundaries.

Because Nova Scotia is a more rural population than Ontario, it was expected that some of the information with respect to geographic services area(s) would differ, particularly with respect to the maximum and average distance travelled by those accessing resources in that province. This turned out to be the case with 85 percent of the agencies indicating their clients traveled more than 25 kilometres compared to 64 percent in Ontario. In fact, none of the Nova Scotia agencies indicated that their clients travelled less than 15 kilometres for services compared to close to 10 percent of the Ontario respondents. With respect to average distance travelled, respondents indicated that the most common were 20-25 kilometres (23% of agencies) and 10-15 kilometres (23%) whereas the latter was the most common for Ontario (28%).

Section IV: Agency-Specific Information

The majority of respondents (42%) indicated that they operated 24 hours a day whereas the remaining operated daytime hours only (29%) or their hours of operation varied (29%). For example, some agencies are open during daytime hours but provided an answering service after hours, others had varying daytime and evening hours available, and others had business hours, but a 24/7 crisis line was available. With respect to wait lists, just over half indicated that they did not have a wait list (51%) where as the remaining respondents (27%) did so. Twenty-two percent indicated this question was not applicable to them. Of those with a wait time for resources, 39% of the agencies reported the wait time was more than four weeks and a similar

number indicated that the wait was two to four weeks (39%). Twenty-two percent indicated the same proportion indicated the wait time was less than two weeks. The majority of respondents at three-quarters of the sample (76%) indicated that wait times typically depended on the type of service such as, for example, pre-natal services, Partner Assault Response programs (PARS), and individual and family counselling. Those resources with the longest wait times are those we describe as personal supports and include such services as individual and group counselling, parental education, treatment and community programs. Wait times were also noted for practical supports (e.g. housing), legal services and children's services. A minimal number of agencies (12%) indicated that more than 20 percent of their clients were not served as a result of wait times whereas the majority (32%) indicated that less than five percent of their clients were not served for this reason.

Three quarters (74%) of the agencies indicated that their clients can access services in language other than English either through a cultural interpreter (72%), with brochures/website enhancements (35%) and/or other means (55%), including multi-lingual staff and volunteers. Only two percent of the respondents indicated that they did not have services that were accessible to clients with disabilities. Of those agencies that did have such resources, almost three quarters (74%) provide such services to those who are deaf or hard of hearing whereas 80 percent or more do so for those visually challenged (80%), leaning or developmentally challenged (85%), those with mental health issues (88%) and individuals with physical challenges (94%).

As one mechanism for capturing other types of services that we may not have considered, we asked respondents to identify who they frequently referred their clients to for others types of services. Personal support resources were again the most frequently mentioned followed by

practical supports, legal services and children's services. Personal support resources were more diverse in responses to this question including such services as trauma support, immigration support, parenthood resources, addiction services, mental health services and so on. Practical supports related to housing, Ontario Works, disability issues, financial assistance (e.g. welfare), community assistance and food.

Section V: Gaps and barriers in providing or accessing service/interventions

Survey respondents were asked what the primary gaps, if any, in the provision of resources and services were in their area. Primary personal support gaps including mental health services, services related to those living in poverty, cultural specific services, and addiction services. Also noted were resources to support long-term counselling, child care, services for the elderly, immigrant services, supports for parents of abused children and suicide prevention. With respect to practical supports, the most common resource gaps identified were affordable housing, public transportation, and emergency shelters. Other gaps noted mentioned included quality health care, transition services, sexual assault services and employment services. A slow-moving course system, weak domestic violence laws, few domestic violence courts and legal services were primary gaps noted for legal services. Services for youth aged 16-18, child therapy and recreational facilities for youth were also noted as gaps in resources in some areas. Finally, institutional issues were most commonly noted as lack of funding for services, large/regional or rural service areas, lack of staff, wait times, and lack of communication among agencies and justice partners.

When asked what the most significant barriers were, survey respondents indicated that the most common personal barriers experienced by victims were identified and included poverty,

language accessibility issues, and financial insecurity. Other personal barriers included access to technology, mental health issues, addition issues, victim blaming/societal attitudes, historical trauma, lack of trust in institutions, and fear of losing their children. Practical barriers were also noted, many of which could also be classified as personal barriers, including transportation issues, lack of affordable housing, living in rural areas, waiting times, lack of information/education and lack of affordable daycare. Finally, institutional issues were also noted, including resources/funding, lack of collaboration among providers, FIPPA, lack of services for men, institutional racism, sexism and ageism, space shortages, and lack of staff.

Section VI: Other area resources/interventions

Focusing on other services/interventions available in the respondents' jurisdictions, the majority indicated that there was no specialized domestic violence courts in their area (53%)[6] although 71 percent indicated that the police in their jurisdiction had a specialized unit to deal with domestic violence, 89 per cent said there was a coordinating committee against violence or similar coordinating committee in operation, and 64 percent indicated that they had a high-risk team operating in their area.

Section VII: Funding

Finally, questions sought to capture how respondents were funded for the resources/services provided and how much fundraising dominated the time they were to be

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[6] It is not clear how they define their area since, in Ontario at least, there are specialized domestic violence court programs operating in all jurisdictions as reported by the Ministry of the Attorney General. This may be due to the distance the court is located from the survey respondent, even if in their region, or due to different definitions being used for domestic violence court programs. Nova Scotia has just begun its first pilot domestic violence court in Sydney so it would be expected that most respondents would indicate there was no specialized domestic violence court in their area.

providing resources. The majority (37%) indicated that they received funding directly from the province as well as other sources, followed by those who were funded directly by the province (25%), other sources (23%), directly by the province and the municipality in which they were located (10%) and indirectly by the province and other sources (5%). The majority (60%) indicated that they were required to fundraise to financially support the resources they were providing with one-third (33%) indicating this took up more than 20 percent of their time, followed by one-quarter (25%) indicating it took up between 10 and 20 percent of their time. The remaining respondents indicated that it took up less than 10 percent of their resource provision time.

Section VIII: Time Required for Survey

As noted one of the goals of the survey was to determine how much of a burden it poses for respondents and the final set of questions address this issue. Almost two-thirds of the respondents were able to complete the survey in 15 to 30 minutes. Another 30 percent were able to do so within 15 minutes and six percent took more than 30 minutes but less than one hour. The majority indicated that they did not find any of the questions time-consuming to answer; however, some felt the 'gaps in resources' (Q32) required too much time as did 'barriers to resources' question (Q34). Respondents indicated that the primary reason some questions were more burdensome to answer than others as they required too much information (20%), the information was not easily accessible (16%) or the information was difficult to remember (9%). The significant majority (54%), however, gave other reasons for some questions being more difficult to answer than others including that some were not easily applied to their situation, the

lack of knowledge about some information, that answers were more complicated than the options available, and so on.

It is interesting to note, though, that when respondents were asked, with respect to the goals of the survey, which questions did they feel were most important and worth their effort, 'gaps in service' and 'barriers to service' topped the list. Numerous questions that they felt could have contributed to the depth of the survey were also noted.

CONCLUSION

This project sought to determine what data are available and, if not available, what data could be collected in a consistent manner over a sustained period of time to document the availability of resources related to intimate partner violence/violence against women. In particular, with respect to the distribution of resources, a key goal was to gather information about the distribution, location, and types of services/interventions available in their jurisdictions to respond to violence against women and children, intimate partner violence and domestic violence. Further, a secondary goal was to determine the types of information that can be gathered without placing an undue burden on survey respondents who are primarily resource providers with limited free time.

There are numerous advantages of documenting resources from published or online resources as discussed above, but many more challenges, including (1) the difficulty with sustainability given the time needed for gathering and maintaining data; (2) it is not always possible to determine if resources serve victims or perpetrators experiencing intimate partner violence or both; (3) it was not clear if some listings had violence prevention as their mandate or even part of their mandate; and (4) the reliability of published resource was not always clear. More detailed information was possible through the online survey although this also poses

challenges, primarily (1) the need for a comprehensive list of resource providers for administration of the survey which would necessarily rely upon and require the time investment for the previous option; and (2) the low response rate for survey respondents. However, it is clear that an online survey is able to capture more information than gleaned from on-line databases or published sources in more depth and detail.

As such, to achieve a comprehensive database on the distribution of resources in any jurisdiction, the combination of the two options tested here is the optimal approach. Indeed, without the first option – compiling information from online sources – it may not be possible to achieve the second option. However, it must be recognized that achieving a complete listing of resources will require a significant investment of time as well as financial resources in order to collect and then maintain such a database. Given that this is the only way that governments can determine with any certainty how communities are resourced, it is a worthwhile and necessary investment if the equitable distribution of resources is a concern.

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Table 1: Type of Intimate Partner Violence Resource, Ontario, 2013

		Frequency	Percent	Valid Percent	Cumulative Percent
	Multiple Resources	122	8.5	8.6	8.6
	Women's Shelter	190	13.3	13.4	22.0
	Victim/Witness Assistance Program (VWAP)	55	3.9	3.9	25.9
	Education/community advocacy	64	4.5	4.5	30.4
	Victim Crisis Assistance (VCARS)	33	2.3	2.3	32.7
	Sexual Assault Services	82	5.7	5.8	38.5
	Police Victim Services	25	1.8	1.8	40.2
	Police Services	147	10.3	10.4	50.6
	Other legal services (e.g. legal aid)	38	2.7	2.7	53.3
	Children/Youth Services	63	4.4	4.4	57.7
	Community Social Services	175	12.3	12.3	70.0
	Crisis/Trauma Intervention	19	1.3	1.3	71.4
	Mental Health	24	1.7	1.7	73.1
	Treatment programs for male abusers	16	1.1	1.1	74.2
	Health/HIV	52	3.6	3.7	77.9
	Individual/couple counselling	71	5.0	5.0	82.9
	Senior Citizens/elderly	43	3.0	3.0	85.9
	Addictions/substance abuse services	15	1.1	1.1	87.0
	Transitional support	11	.8	.8	87.7
	Child Protection Services	104	7.3	7.3	95.1
	Crown attorneys	42	2.9	3.0	98.0
	Victim Services	19	1.3	1.3	99.4
	Offender Resource	5	.4	.4	99.7
	Male Victim Resource	4	.3	.3	100.0
	Total	1419	99.4	100.0	
Missing	System	8	.6		
Total		1427	100.0		

Table 2: Type of Intimate Partner Violence Resource, Nova Scotia, 2013

	Frequency	Percent	Valid Percent	Cumulative Percent
Multiple resources	21	13.5	13.5	13.5
Women's Shelter	17	11.0	11.0	24.5
Sexual Assault Services	2	1.3	1.3	25.8
Police Services	64	41.3	41.3	67.1
Other legal services	22	14.2	14.2	81.3
Children/Youth Services	5	3.2	3.2	84.5
Community Social Services	5	3.2	3.2	87.7
Treatment programs for male abusers	8	5.2	5.2	92.9
Health/HIV	2	1.3	1.3	94.2
Individual/Couple Counseling	1	.6	.6	94.8
Transitional support	2	1.3	1.3	96.1
Crown Attorneys	1	.6	.6	96.8
Victim Services	5	3.2	3.2	100.0
Total	155	100.0	100.0	

APPENDIX A

Thank you for considering participation in this survey!

You are being asked to participate in a research study conducted by Dr. Myrna Dawson from the Centre for the Study of Social and Legal Responses to Violence (www.violenceresearch.ca) at the University of Guelph. This research is being funded by the Public Health Agency of Canada and the Social Sciences and Humanities Research Council of Canada

If you have any questions or concerns about the research, please feel free to contact Dr. Dawson at mdawson@uoguelph.ca or 519-824-4120, x56028. You may also contact Director, Research Ethics, University of Guelph, 437 University Centre, Guelph ON N1G 2W1; Telephone: (519) 824-4120, ext. 56606; E-mail: sauld@uoguelph.ca; Fax: (519) 821-5236

The research project will develop and test a survey questionnaire for collecting data on the distribution of resources for violence against women and children/intimate partner violence. We are looking for agencies and organizations who work with victims, abusers, and their families to participate in this study by completing an electronic survey.

A note regarding terminology: As you proceed through the survey, you will notice varying terminology used including 'violence against women', 'intimate partner violence', and 'domestic violence'. This reflects the complexity of the phenomenon as well as the varying terms and definitions used by the broad range of sectors that respond to/advocate for victims experiencing various forms of violence, including federal, provincial/territorial, and municipal governments as well as community-based organizations.

The goals of this survey are two-fold:

(1) To gather information from agencies providing services to survivors/victims about the distribution, location, and types of services/interventions available in their jurisdictions to respond to violence against women and children, intimate partner violence and domestic violence.

(2) To determine the types of information that can be gathered without placing an undue burden on survey respondents.

Please note that the last section of the survey will ask you questions about the time it took for you to complete the survey and respond to particular questions. As you complete the survey, please make note of the numbers of any questions that are particularly time consuming.

How is the survey being conducted?
The survey is being conducted using Fluid Surveys, a Canadian-based survey tool.

How much time will this take?
The survey has 47 questions and should take less than 30 minutes to complete, depending on the length of your answers. How long it takes you to complete this survey and the burden it places on you is part of what we want to examine.

Can I withdraw from the survey after beginning or completing it?
By entering the survey, you are consenting to participate in the survey. You may opt to not answer some of the questions and still remain in the study. You may also decide to discontinue at any point during the survey. If you discontinue, the questions you have answered will be included in the aggregate results of the survey. Please be assured that you are under no obligation to participate in this study and your participation or lack thereof will not be documented or noted in any way.

Upon completion of the survey, you will have the option to indicate if you would like to participate in a follow-up interview and how you may do so by contacting Dr. Myrna Dawson using the contact information above.

Can I access the final report?
A research summary will be written on the results of the development and pilot testing of this survey. This research summary will be made available to all participants. You may contact Dr. Dawson to obtain a summary of the survey findings when the study is complete without disclosing if you were a survey respondent. A copy of the final report summary will also be made available through the Centre for the Study of Social and Legal Responses to Violence website (http://www.violenceresearch.ca/).

Is the survey confidential?
Information from participants in the online survey will be presented in aggregate format only in the final report and there will be no way to link survey responses to individuals, agencies and/or organizations. If responses in some way identify individuals, agencies or organizations, this information will be deleted.

Potential risks
Information gathered using this survey may also be used in aggregate format in report summaries to federal, provincial/territorial, and municipal governments and in grant applications to obtain future funding to proceed with additional research that will document violence resources in Canada. Again, no individual, agency or organization who participates in this survey will be identified in any reports or applications. Therefore, the risk of participating in the survey is minimal given that the research is testing a tool to document resource availability.

Potential benefits
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 and little attention has been paid to systematically documenting what resources are currently available, where and for whom when responding to violence against women and children/intimate partner violence. Such information is critical, however, to understanding the ability of such resources 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 prevention. This survey seeks to identify how this might be done while ensuring not to place undue burden on resource providers who are the key survey respondents in addressing this gap. In doing so, survey respondents will help identify the most effective means of gathering these data and contribute to our improved understanding of gaps in services and its delivery in various jurisdictions.

Consent
By entering the survey, you are indicating that you have read the above information. You are also indicating that your questions have been answered to your satisfaction, and that you have agreed to participate in this study.

Thank you for your interest in participating in this survey.

[ENTERING SURVEY]

Introductory filter question:
What province or territory are you located in?

Section I: Type of Intervention

(20)   What best describes the area to which your agency belongs?
   a) Violence against women advocacy
   b) Community agency/advocacy
   c) Social support services/interventions
   d) Health services/interventions
   e) Criminal justice services/interventions
   f) Public education services/interventions

(21)   Which of the following best describes the primary type of violence which is targeted by your intervention efforts?
   a) Women experiencing violence in intimate relationships
   b) Women and men experiencing violence
   c) Sexual violence
   d) Child abuse and neglect
   e) All of the above

(22)   What specific type(s) of intervention does your agency provide? [Please check all that apply]
   a) Individual-level
   b) Group-level
   c) Community advocacy
   d) Street and community outreach
   e) Case management
   f) Political and systemic advocacy
   g) Education/public information
   h) Counselling, testing, referral and partner notification
   i) Financial
   j) Other: [Please specify]

(23)   Does your agency provide primarily:
   a) Both short-term and long-term support
   b) Short-term support only [Specify]
   c) Long-term support only [Specify]
   d) Other: _____ [Please specify]
   e) Duration of support varies by services offered

(24)   What are the specific categories of support provided by your agency? [Please check all that apply]

a) Initial response
b) High risk case assessment
c) High risk case management
d) Helpline
e) 24-hour crisis line
f) Website or on-line resources
g) Advocacy (e.g. systemic such as legal, welfare rights, immigration)
h) Child and youth support
i) Outreach
j) Housing/residential
k) Emergency first-stage housing
l) Second-stage housing
m) Financial
n) Addictions
o) Mental health
p) All of the above
q) Other:____ [Please specify]

(25)   What types of crisis intervention do you provide? [Please check all that apply]
a) None provided
b) Advocacy
c) Risk assessment
d) Needs assessment
e) Safety planning/support plan
f) Safe housing
g) Forensic examination
h) Immediate on-scene
i) Immediate financial assistance
j) Immediate health/care treatment
k) Other:____ [Please specify]

(26)   What types of ongoing support does your agency provide? [Please check all that apply]
a) Accompaniment for criminal court
b) Accompaniment for family court
c) Advocacy (e.g. legal, housing, welfare rights, immigration)
d) Advice (e.g. legal, housing, welfare rights, immigration)
e) Follow up
f) Housing/resettlement
g) Self-help/peer support
h) Personal development – training
i) Counselling
j) Financial support
k) High-risk supports
l) Practical and social support
m) Emotional support
n) Community referrals

o) Self defence
p) 24-hour crisis intervention

(27)   What types of long-term support does your agency offer? [Please check all that apply]
a) None provided
b) Personal development – training and education
c) Case management
d) Individual counselling
e) Group counselling
f) Practical support
g) Financial support
h) High-risk programs
i) Shelter/residential/housing

(28)   What individuals or groups do you support through prevention/intervention?
a) Perpetrators only
b) Victims only
c) Perpetrators and victims
d) Children or family members of victims/perpetrators
e) Youth and schools
f) Community groups
g) Public service providers
h) General public (e.g. education and awareness)

Section II: Target Population(s)

(29)   What is the primary target population that is served by your agency? [Please check all that apply]
a) General public
b) Children (under 16)
c) Young women
d) Young men
e) Adult women
f) Adult men
g) Seniors

(30)   What are specific populations that you aim to serve? [Please check all that apply]
a) Children/youth
b) The elderly
c) Pregnant women
d) Visible minorities
e) Aboriginal
f) Deaf and people with a disability
g) LGBTQ
h) Individuals with mental health issues

i)   Individuals with substance abuse/addiction problems

(31)   What is the primary race/ethnic group served by your agency?
   a) White
   b) Aboriginal
   c) African Canadian
   d) Asian
   e) Hispanic/Latino
   f) More than one race
   g) Other:_____[Please specify]

(32)   What other race/ethnic groups are typically served by your agency? [Please check all that apply]
   a) White
   b) Aboriginal
   c) African Canadian
   d) Asian
   e) Hispanic/Latino
   f) More than one race
   g) Other:_____[Please specify]

Section III: Geographic Service Area(s)

(33)   Please indicate the geographic unit that best reflects your service area. 'Service area' is defined as the location of the majority of persons actually served (roughly 80%): [If more than one, select all that apply]
   a) Entire province/territory [Indicate]
   b) Entire county or counties [Indicate]
   c) Entire city/town or multiple cities/towns [Indicate]
   d) A postal code or multiple postal codes [Indicate]
   e) Reserve or multiple reserves [Indicate]

(34)   Please estimate the **maximum** distance travelled by persons served by your agency?
   a) Less than 5 kilometres (specify)
   b) 5-10 kilometres
   c) 10-15 kilometres
   d) 15-20 kilometres
   e) 20-25 kilometres
   f) More than 25 kilometres (specify)

(35)   Please estimate the **average** distance travelled by persons served by your agency?
   a) Less than 5 kilometres (specify)
   b) 5-10 kilometres
   c) 10-15 kilometres
   d) 15-20 kilometres
   e) 20-25 kilometres

f) More than 25 kilometres (specify)

(36) Are you able to provide intervention services to those in need that fall outside your service area if required?
a) Yes
b) No

Section IV: Agency-Specific Information

(37) How many full-time staff does your agency employ? [List number]

(38) How many volunteers does you agency rely upon? [List approximate number]

(39) Does your agency operate:
a) 24-hours a day
b) Daytime hours only
c) Other: [Please specify]

(40) Does you agency have a wait list?
a) Yes
b) No
c) Not applicable

(41) If your agency has a wait list, what is the average wait time?
a) Less than 2 weeks
b) More than 2 weeks, but less than 4 weeks
c) Longer than 4 weeks
d) Not applicable

(42) Does the wait time depend on the type of service?
a) Yes
b) No

(43) If so, what type of service has the longest wait time? [List]

(44) What other types of services are people typically waiting for? [Open-ended]

(45) If you answered yes to the above, what percentage of clients is not served by your agency as a result?
a) None
b) Less than 5%
c) Greater than 5% but less than 10%
d) Greater than 10% but less than 20%
e) More than 20%

(46) Can clients access your service in a language other than English?

a) Yes
b) No

(47) If you answered yes to the above, how can they access your service? [Please check all that apply]
a) Cultural interpreter
b) Brochures/website enhancements
c) Other: [Please specify]

(48) Is your service accessible for clients with disabilities?
a) Yes
b) No

(49) If so, please check all clients with disabilities served?
a) Deaf or hard of hearing
b) Physically challenged
c) Visually challenged
d) Mental health issues
e) Other: [Please specify]

(50) If you regularly refer clients to other needed services, please indicate those services which comprise your most frequent referrals? [Open-ended]

Section V: Gaps and barriers in providing or accessing service/interventions

(51) What are the primary gaps (if any) for service delivery in your area? [Open-ended]

(52) Which of the following do you feel are barriers in providing/accessing services/interventions? [Check all that apply]
a) Provincial barriers (e.g. FIPPA)
b) Professional barriers (e.g. lack of cooperation with/from other providers)
c) Personal barriers (e.g. poverty, other vulnerabilities)
d) Technological barriers (e.g. lack of access to technology such as phones/computers)

(53) Which of the above do you see as the most significant barrier and why? [Open-ended]

Section VI: Other area services/interventions

(54) Is there a specialized domestic violence court in your area?
a) Yes
b) No

(55) Do police in your area have a specialized unit to deal with domestic violence?
a) Yes
b) No

(56) Is there a coordinating committee against violence in your area and/or a similar coordinating group in operation?
a) Yes
b) No

(57) Is there a high-risk team operating in your jurisdiction?
a) Yes
b) No

Section VII: Funding

(58) How is your program funded?
a) Directly by the province only
b) Directly by the province and municipality
c) Directly by the province and other sources
d) Indirectly by the province and other sources
e) Other: _____ (Please specify)

(59) In addition to providing services/interventions, are you required to fundraise in order to financially support your service appropriately?
a) Yes
b) No

(60) If you answered yes to the above, what portion of your annual budget depends on fundraising support?
a) Less than 5%
b) Greater than 5% but less than 10%
c) Greater than 10% but less than 20%
d) More than 20%

Section VIII: Your Feedback on Time Required for Survey

(61) How long did it take you to complete the above survey?
a) Less than 15 minutes
b) More than 15 minutes but less than 30 minutes
c) More than 30 minutes but less than 1 hour
d) More than 1 hour

(62) Which questions did you find it time-consuming to answer? [Please list all question numbers]

(63) What was the primary reason why some questions were more burdensome to answer than other questions?
a) The information was not easily accessible
b) The information was difficult to remember

c) It required too much information
d) Other: [Please specify]

(64)   With respect to the goals of the survey, what questions do you feel were the most important and worth your effort when responding? [Please list all question numbers]

(65)   What questions were absent from the survey that you feel are important to include? [Open-ended question]

(66)   Please provide any other comments in this space that you feel are important.

Invitation to participate in a follow-up interview [CLICK]

If you would like to participate in a follow-up interview, please include your name and email in the space provided below or, if you wish your responses to remain anonymous, please send an email to Myrna Dawson at <u>mdawson@uoguelph.ca</u>.

Thank you for your time and your participation in this survey!

RESULTS OF SURVEY FOR TOTAL SAMPLE, ONTARIO AND NOVA SCOTIA

Section I: Type of Intervention

[Q1] What best describes the area to which your agency belongs?

Response	Chart	Percentage	Count
Violence against women advocacy		31%	42
Community agency/advocacy		16%	21
Social support services/interventions		27%	37
Health services/interventions		6%	8
Criminal justice services/interventions		17%	23
Public education services/interventions		3%	4
	Total Responses		**135**

[Q2] Which of the following best describes the primary type of violence which is targeted by your intervention efforts?

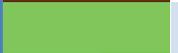| Response	Chart	Percentage	Count
Women experiencing violence in intimate relationships		43%	59
Women and men experiencing violence		13%	18
Sexual violence		8%	11
Child abuse and neglect		8%	11
Other [Please specify]		28%	38
	Total Responses		**137**

[Q3] What specific type(s) of intervention does your agency provide? [Please check all that apply]

Response	Chart	Percentage	Count
Individual-level		90%	125
Group-level		63%	87
Community advocacy		70%	97
Street and community outreach		27%	38
Case management		53%	74
Political and systemic advocacy		39%	54
Education/public information		78%	109
Counselling, testing, referral and partner notification		42%	59
Financial		12%	17
Other [Please specify]		21%	29
Total Responses			**139**

[Q4] Does your agency provide primarily:

Response	Chart	Percentage	Count
Both short-term and long-term support		56%	77
Short-term support only [Specify]		16%	22
Long-term support only [Specify]		2%	3
Other [Please specify]		5%	7
Duration of support varies by services offered		20%	28
Total Responses			**137**

[Q5] What are the specific categories of support provided by your agency? [Please check all that apply]

Response	Chart	Percentage	Count
Initial response		69%	94
High risk case assessment		53%	73
High risk case management		45%	61
Helpline		12%	16
24-hour crisis line		36%	49
Website or on-line resources		50%	69
Advocacy (e.g. systemic such as legal, welfare rights, immigration)		61%	83
Child and youth support		49%	67
Outreach		50%	68
Housing/residential		29%	40
Emergency first-stage housing		26%	35
Second-stage housing		12%	17
Financial		22%	30
Addictions		18%	25
Mental health		36%	49
All of the above		5%	7
Other [Please specify]		22%	30
Total Responses			**137**

[Q6] What types of crisis intervention do you provide? [Please check all that apply]

Response	Chart	Percentage	Count
None provided		12%	16
Advocacy		58%	79
Risk assessment		62%	84
Needs assessment		49%	66
Safe housing		35%	47
Forensic examination		10%	14
Immediate on-scene		24%	33
Immediate financial assistance		12%	17
Immediate health/care treatment		8%	11
Other [Please specify]		16%	22
Total Responses			**136**

[Q7] What types of ongoing support does your agency provide? [Please check all that apply]

Response	Chart	Percentage	Count
Accompaniment for criminal court		51%	70
Accompaniment for family court		47%	65
Advocacy (e.g. legal, housing, welfare rights, immigration)		59%	81
Advice (e.g. legal, housing, welfare rights, immigration)		45%	62
Follow up		61%	84
Housing/resettlement		25%	34
Self-help/peer support		35%	48
Personal development – training		24%	33
Counselling		61%	84
Financial support		9%	13
High-risk supports		36%	49
Community referrals		82%	113
Self defence		7%	10
24-hour crisis intervention		35%	48
Other [Please specify]		12%	17
Total Responses			**137**

[Q8] What types of long-term support does your agency offer? [Please check all that apply]

Response	Chart	Percentage	Count
None provided		15%	21
Personal development – training and education		21%	28
Case management		37%	50
Individual counselling		54%	73
Group counselling		40%	55
Financial support		4%	6
High-risk programs		11%	15
Shelter/residential/housing		18%	24
Other [Please specify]		17%	23
Total Responses			**136**

[Q9] What individuals or groups do you support through prevention and intervention? [Please check all that apply]

Response	Chart	Percentage	Count
Perpetrators only		2%	3
Victims only		62%	84
Perpetrators and victims		27%	37
Children or family members of victims/perpetrators		72%	98
Youth and schools		49%	67
Community groups		49%	67
Public service providers		32%	43
General public (e.g. education and awareness)		74%	101
Other [Please specify]		9%	12
Total Responses			**136**

Section II: Target Population(s)

[Q10] What is the primary target population that is served by your agency? [Please check all that apply]

Response	Chart	Percentage	Count
General public		43%	57
Children (under 16)		38%	51
Young women		51%	69
Young men		25%	34
Adult women		58%	78
Adult men		25%	34
Seniors		37%	49
Other [Please specify]		17%	23
Total Responses			**134**

[Q11] What are specific populations that you aim to serve? [Please check all that apply]

Response	Chart	Percentage	Count
Children/youth		38%	50
The elderly		30%	40
Pregnant women		33%	43
Visible minorities		29%	38
Aboriginal		30%	40
Deaf and people with a disability		27%	35
LGBTQ		29%	38
Individuals with mental health issues		33%	43
Individuals with substance abuse/addiction problems		28%	37
No specific populations		40%	53
Other [Please specify]		27%	35
Total Responses			**132**

[Q12] What is the primary race/ethnic group served by your agency?

Response	Chart	Percentage	Count
White		50%	66
Aboriginal		5%	7
African Canadian		1%	1
Asian		1%	1
Hispanic/Latino		0%	0
More than one ethnic group		35%	46
Other [Please specify]		8%	11
Total Responses			**132**

[Q13] What other race/ethnic groups are typically served by your agency? [Please check all that apply]

Response	Chart	Percentage	Count
White		45%	54
Aboriginal		68%	82
African Canadian		55%	66
Asian		48%	58
Hispanic/Latino		45%	54
Other [Please specify]		27%	33
Total Responses			**121**

Section III: Geographic Service Area(s)

[Q14] Please indicate the geographic unit that best reflects your service area. 'Service area' is defined as the location of the majority of persons actually served (roughly 80%): [If more than one, select all that apply]

Response	Chart	Percentage	Count
Entire province/territory [Indicate]		23%	30
Entire county or counties [Indicate]		36%	47
Entire city/town or multiple cities/towns [Indicate]		65%	86
A postal code or multiple postal codes [Indicate]		7%	9
Reserve or multiple reserves [Indicate]		11%	14
Total Responses			**132**

[Q15] Please estimate the maximum distance travelled by persons served by your agency?

Response	Chart	Percentage	Count
Less than 5 kilometres (specify)		2%	2
5-10 kilometres		4%	5
10-15 kilometres		3%	4
15-20 kilometres		10%	13
20-25 kilometres		18%	23
More than 25 kilometres (specify)		64%	83
Total Responses			**130**

[Q16] Please estimate the average distance travelled by persons served by your agency?

Response	Chart	Percentage	Count
Less than 5 kilometres (specify)		8%	10
5-10 kilometres		22%	27
10-15 kilometres		28%	35
15-20 kilometres		14%	17
20-25 kilometres		11%	14
More than 25 kilometres (specify)		17%	21
	Total Responses		**124**

[Q17] Are you able to provide intervention services to those in need that fall outside your service area if required?

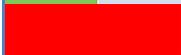| Response	Chart	Percentage	Count
Yes		73%	94
No		27%	34
	Total Responses		**128**

Section IV: Agency-Specific Information

*Questions 18 and 19 omitted for confidentiality reasons.

[Q20] Does your agency operate:

Response	Chart	Percentage	Count
24 hours a day		42%	56
Daytime hours only		29%	38
Other [Please specify]		29%	38
	Total Responses		**132**

[Q21] Does your agency have a wait list?

Response	Chart	Percentage	Count
Yes		27%	35
No		51%	66
Not applicable		22%	28
	Total Responses		**129**

[Q22] What is the average wait time at your agency?

Response	Chart	Percentage	Count
Less than 2 weeks		22%	8
More than 2 weeks, but less than 4 weeks		39%	14
Longer than 4 weeks		39%	14
	Total Responses		**36**

[Q23] (23) Does the wait time depend on the type of service?

Response	Chart	Percentage	Count
Yes		76%	28
No		24%	9
	Total Responses		**37**

[Q26] What percentage of clients is not served by your agency as a result of wait times?

Response	Chart	Percentage	Count
None		15%	5
Less than 5%		32%	11
Greater than 5% but less than 10%		24%	8
Greater than 10% but less than 20%		18%	6
More than 20%		12%	4
	Total Responses		**34**

[Q27] Can clients access your service in a language other than English?

Response	Chart	Percentage	Count
Yes		74%	97
No		26%	34
	Total Responses		**131**

[Q28] If you answered yes to the above, how can they access your service? [Please check all that apply]

Response	Chart	Percentage	Count
Cultural interpreter		72%	69
Brochures/website enhancements		35%	34
Other [Please specify]		55%	53
Total Responses			**96**

[Q29] Is your service accessible for clients with disabilities?

Response	Chart	Percentage	Count
Yes		98%	126
No		2%	3
Total Responses			**129**

[Q30] (30) If so, please check all clients with disabilities served?

Response	Chart	Percentage	Count
Deaf or hard of hearing		74%	92
Physically challenged		94%	117
Visually challenged		80%	99
Mental health issues		88%	109
Learning and/or developmental disabilities		85%	106
Other [Please specify]		10%	13
Total Responses			**124**

Section V: Gaps and barriers in providing/accessing resources

[Q33] Which of the following do you feel are barriers in providing/accessing services/interventions? [Check all that apply]

Response	Chart	Percentage	Count
Provincial barriers (e.g. FIPPA)		31%	38
Professional barriers (e.g. lack of cooperation with/from other providers)		37%	46
Personal barriers (e.g. poverty, other vulnerabilities)		83%	102
Technological barriers (e.g. lack of access to technology such as phones/computers)		28%	34
Other [Please specify]		38%	47
Total Responses			**123**

Section VI: Other area resources/interventions

[Q35] Is there a specialized domestic violence court in your area?

Response	Chart	Percentage	Count
Yes		47%	57
No		53%	64
	Total Responses		**121**

[Q36] Do police in your area have a specialized unit to deal with domestic violence?

Response	Chart	Percentage	Count
Yes		71%	87
No		29%	36
	Total Responses		**123**

[Q37] Is there a coordinating committee against violence in your area and/or a similar coordinating group in operation?

Response	Chart	Percentage	Count
Yes		89%	110
No		11%	13
	Total Responses		**123**

[Q38] Is there a high-risk team operating in your jurisdiction?

Response	Chart	Percentage	Count
Yes		64%	76
No		36%	42
	Total Responses		**118**

Section VII: Funding

[Q39] How is your program funded?

Response	Chart	Percentage	Count
Directly by the province only		25%	31
Directly by the province and municipality		10%	12
Directly by the province and other sources		37%	46
Indirectly by the province and other sources		5%	6
Other [Please specify]		23%	28
	Total Responses		**123**

[Q40] In addition to providing services/interventions, are you required to fundraise in order to financially support your service appropriately?

Response	Chart	Percentage	Count
Yes		60%	76
No		40%	51
	Total Responses		**127**

[Q41] What portion of your annual budget depends on fundraising support?

Response	Chart	Percentage	Count
Less than 5%		21%	14
Greater than 5% but less than 10%		21%	14
Greater than 10% but less than 20%		25%	17
More than 20%		33%	22
	Total Responses		**67**

Section VIII: Time Required for Survey

[Q42] How long did it take you to complete the above survey?

Response	Chart	Percentage	Count
Less than 15 minutes		30%	37
More than 15 minutes but less than 30 minutes		65%	81
More than 30 minutes but less than 1 hour		6%	7
More than 1 hour		0%	0
Total Responses			**125**

[Q44] What was the primary reason why some questions were more burdensome to answer than other questions?

Response	Chart	Percentage	Count
The information was not easily accessible		16%	12
The information was difficult to remember		9%	7
It required too much information		20%	15
Other [Please specify]		54%	40
Total Responses			**74**