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**ASSESSING THE INTEGRATED
MODEL OF SERVICES FOR
ABUSED WOMEN:
THE CONSUMERS' PERSPECTIVE**

Carolyn Grasely, MA
Judy Stickney, MA
Roma Harris, PhD
Gail Hutchinson, PhD, C.Psych.
Lorraine Greaves, PhD
Terry Boyd, PhD

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254 Pall Mall Street • Room 101 • The University of Western Ontario
London • Ontario • Canada • N6A 5P6
Telephone: (519) 661-4040 • Facsimile: (519) 850-2464





Assessing the Integrated Model of Services for Abused Women: The Consumers' Perspective¹

Carolyn Grasely, Judy Stickney, Roma Harris, Gail Hutchinson, Lorraine Greaves, and Terry Boyd²

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Foreward

The physical, emotional, and sexual abuse of women by intimate partners is an all-too-frequent occurrence. Past research and the results of the current study clearly show that abused women actively seek help to cope with the violence in their lives. The challenge facing every community is to consider how best meet to meet the needs of abused women and their children. It is our hope that this report, in describing help-seeking experiences from the perspective of abused women in our community, will make a contribution towards these efforts. We would like to thank the 105 women who participated in the study for their generosity and courage in coming forward to talk about the violence in their lives.

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2 Carolyn Grasley is a Ph.D. candidate in the Department of Psychology at The University of Western Ontario, Judy Stickney is a graduate of the Master's program in Library and Information Science at The University of Western Ontario, Roma Harris is a Professor in the Faculty of Information and Media Studies at The University of Western Ontario, Gail Hutchinson is the Director of the Student Development Centre at The University of Western Ontario, Lorraine Greaves is the Director of the B.C. Centre of Excellence for Women's Health, and Terry Boyd is the Chairperson, General Studies, Fanshawe College of Applied Arts and Technology. This is a collaborative project with the Centre for Research on Violence Against Women and Children, The University of Western Ontario, London, Canada.

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Executive Summary

For nearly twenty years the City of London, Ontario has been served by the London Coordinating Committee to End Woman Abuse. One of the LCCEWA's accomplishments has been to develop an Integrated Model of Services to ensure that abused women encounter consistent responses at each point of access in the community's formal help network. Through the deliberate fostering of relationships between service providers, the Integrated Model is designed to facilitate communication, information and resource sharing, accountability, and coordination among various components of the social, medical, and justice systems to the benefit of abused women.

This report describes the help-seeking experiences of abused women in the London area. Information about women's contacts with the service network provide a consumer test of the Integrated Model, for which London has earned an international reputation as a leader in its response to violence against women. The study is based on detailed personal interviews with 105 women who experienced abuse by their partners while living in the London area. In order to explore the unique issues faced by those who may be particularly disadvantaged, special efforts were made to involve women with disabilities, lesbians and bisexual women, and women from various ethnocultural communities and the First Nations.

The results of the study reveal that, in response to often very severe abuse by their partners, the women who took part in the study were strongly inclined to reach out for assistance to the formal help systems in this community. For the most part, the women did receive assistance, regardless of the particular facet of the service network they consulted, however the match between the help they sought and the help received was not always perfect.

As a test of the Integrated Model, the results indicate that consumer satisfaction is high with many aspects of the service offered through the member agencies of the London Coordinated Committee to End Woman Abuse. To a considerable extent, it appears that the Integrated Model of Service is viable and works as a coordinated network of service delivery to provide appropriate support to the people for whom it was designed. However, despite these positive indications for the Integrated Model, the results also reveal variations in the quality of service offered to abused women by different community agencies and service professionals, both inside and outside the LCCEWA member network.

Key findings

There are women living in the London community who experience severe abuse by their partners. More than half of the women who took part in the study experienced physical injuries as a result of their partner's violence, more than forty percent were sexually

abused by their partners, and one-third reported that their partners had threatened to kill them.

All of the participants had sought some form of assistance to cope with the violence in their lives, most from formal service providers. Previous research suggests that only one in four abused women seek help from the police, hospital emergency departments, or social services, including transition houses and crisis centres. In contrast, 71% of the women who took part in the present study reported some contact with police services, 61% had attempted to contact a local advocacy clinic which specifically serves abused women, 44% had been involved with a shelter or transition home, and 25% had visited a hospital emergency department as a result of abuse.

The relatively high levels of involvement with the formal help system on the part of the women in this study may be attributed to a number of factors. First, studies of this type, in which participants refer themselves, tend to attract a higher proportion of active help-seekers. Second, because most of the women who participated in the study had experienced physical injury and frequent, severe incidents of physical violence, they were more likely to have reached out to the formal help system. Finally, the high level of contact with the formal help network may reflect the success of the Integrated Model. Through the efforts of the LCCEWA and its member agencies, there may not only be a more comprehensive range of services available to abused women in this community than is true elsewhere, but the level of public awareness about these services may also be higher. The referral network that has been created through the effort to coordinate services may also have succeeded in facilitating the movement of abused women through the various components of the local help network.

One of the advances in the present study is that it not only provides information about where abused women look for help, but identifies the women's goals in contacting particular services. The findings reveal that, along with a consistent desire for emotional support, in descending order of frequency the types of help the women sought included: protection, safe shelter, removal of the abusive partner, advice about managing their situations, a criminal charge against the partner, and physical health care.

In their efforts to secure help, the women tended to turn first either to the police or a hospital emergency department. These services typically directed them toward community agencies with a specific mandate to assist abused women which, in turn, directed them toward a wide range of different services available in the community. Seventy percent of the women who were in contact with a formal service provider received at least one referral from that source, although services with a specific mandate to assist abused women gave more referrals (87%) than agencies with other service mandates (50%). Eighty-three percent of the women who received a referral attempted to contact the service or agency to which they had been referred. Of these, 94% reported that they had been helped by the services to which they were referred.

Counselling and emotional support were described as the most important types of help received by nearly half the women who took part in the study (46%). Indeed, when asked what additional help they would have liked, 19% said they would have appreciated

having even more access to counselling and emotional support. Regardless of the type of assistance sought, the women repeatedly mentioned the importance of the personal demeanor of service providers when describing the outcomes of their encounters with the formal help system. Twenty-five percent reported that their least helpful experiences occurred when service providers expressed a negative attitude toward them or denied and minimized the seriousness of their situations (19%). This is disturbing as it suggests that, when seeking help from formal service systems in the community, at least one in four women encountered service providers who were unsupportive or dismissive of their problems.

System Strengths and Weaknesses

Police Services. Although 75% of the women indicated that they had had at least one positive experience in their encounters with police services, more than 50% reported some dissatisfaction with police responses. However, most women who had contact with the Family Consultant Division of Police Services were very satisfied with the help they received. Also on a positive note, the level of referrals made by the police for the women in this study was higher than reported in other studies.

The Court System. A number of women reported that they were satisfied with the assistance they received from lawyers and crown attorneys. Nevertheless, in some instances, the legal system may have served to increase women's risk for additional abuse. For instance, several women commented on the insensitivity of police, lawyers, and judges to their fears of retaliation if they signed a witness statement. Although women in this jurisdiction are no longer burdened with the onus of pressing charges, women in this study reported that police officers appeared reluctant to offer assistance if they would not sign a witness statement. Many of them felt that signing this statement would further anger their abusers and increase the risk of more abuse.

Other gaps in the justice system that added to women's fear of further abuse included:

- absence of protection against harassment from the abuser after separation
- difficulty obtaining a peace bond or restraining order
- absence of monitoring once an abuser is released from jail
- child custody decisions that force contact between abusers and those whom they have abused
- long process delays in the system

One legal service that was particularly well received by the women is the Victim Witness Assistance Program. Most of those who had been in contact with this program were very satisfied with the service they received.

Counselling and Therapy. Most of the women who sought assistance from a counsellor or therapist felt they had been helped by the experience, with the exception of those who underwent marital or couple counselling. Eight of the nine women who attended marital therapy reported that they were not helped, in part because of their

partner's unwillingness to participate or participate honestly, and in part because they felt blamed and victimized by the therapeutic approach taken by the counsellor.

Health Care. Approximately half the women spoke to their family physician about the abuse. In fact, family doctors were the second most frequently mentioned source of counselling, and most of the women who looked to their doctors for help were very satisfied with the service they received. Although they are a popular source of support, it is important to note that family physicians offered the women only limited assistance in gaining access to help available in other sectors of the formal help network. Doctors made most referrals only to other sources of counselling or therapy, not to services such as women's shelters.

As with police services, the quality of the women's experiences with hospital emergency services was largely dependent on the responses of the particular nurse or doctor assigned to their care. It is noteworthy that one in five women who went to a hospital emergency department was not asked about the source of her injuries, a pattern similar to that reported in other studies.

Clergy. Eighteen percent of the women sought help from a member of the clergy, with mixed results. While 58% reported a positive experience in which clergy members provided emotional support, 32% reported a negative experience in which members of the clergy did not provide them with emotional support or seemed unwilling to become involved with the situation. In addition, clergy members provided few referrals. Of the 19 women who sought help from this source, only one received a referral to any other service in the community.

Services Specific to Abused Women. Sixty-one percent of the women contacted an advocacy service and 44% sought help from at least one of the shelters for abused women and their children located in Southwestern Ontario. Help received from these sources included safe shelter, counselling and emotional support from staff, referrals and information about community resources, the opportunity to talk openly about the abuse, and a connection with other abused women. Unlike the complaints some women had about general services agencies, there was little dissatisfaction reported about the women's interactions with shelter or advocacy centre staff. Rather, when dissatisfaction was expressed it arose because of access and structural problems due to insufficient funding to the agencies. Of particular concern were waiting lists, non-availability of space, over-crowded conditions, limited hours of operating, and shortage of staff to book initial appointments.

Conclusion

Foremost among the findings is that abused women in this community actively rely on a combination of the criminal justice, health care, and social service systems in their attempts to cope with violence by an intimate partner. This suggests that coordinating all sectors of the service community through the LCCEWA continues to be an important and worthwhile objective. Given the inconsistency of emergency departments' responses to

abused women, the dearth of referrals offered by counsellors and clergy, and the dissatisfaction expressed by the women about their experiences with marital and couple counselling, special attention to these sectors on the part of the LCCEWA may be warranted.

The results of the study suggest that the LCCEWA has achieved some success in its goal to promote coordination between the justice, health, and social service systems. The majority of the women in the study received at least one referral from the service provider they contacted in response to a specific incident of violence, and in only one instance did a woman consider the referral inappropriate. The findings indicate that many of those who work in the formal help system in the London are knowledgeable about the activities and services of different community organizations and are able to make appropriate, helpful referrals to abused women. On the other hand, thirty percent of the women indicated that when they contacted a formal help source they did not receive additional information about other community resources. Family physicians tended to refer only to counsellors or therapists, and counsellors and clergy infrequently made any referrals at all. The results suggest that abused women do not necessarily find a consistent referral response at different points of access in London's formal help network.

The findings also suggest modest support for the LCCEWA's goal to ensure a consistent approach to woman abuse among member organizations. Most of the women reported that they were helped when they reached out to the formal system for help in response to a specific incident, as well as by the agencies to which they were referred. Very few felt they had received no help at all as a result of their connection with the formal help network.

Although the women in this study did not always receive the kind of help they were looking for, they were most satisfied with services received when the people with whom they were in contact provided emotional support. They were most dissatisfied when they encountered service providers who appeared to blame them for the abuse or minimize the seriousness of the problem. Unfortunately, these encounters were not infrequent. One in four women encountered service providers who appeared to be negative or disrespectful. One in five women encountered service providers who appeared to deny or minimize their problems. The women were most likely to receive emotional support from services with a specific mandate to assist victims of violence and/or from services that have a counselling mandate, and least likely to receive emotional support from community services with broader, generic mandates.

Introduction

Growing public awareness about violence against women, and the ongoing efforts of women's groups to lobby for and provide services to abused women and their children, have resulted in greater opportunities for women to obtain help through the formal service network as they cope with the impact of their partners' violence. Shelters for abused women and their children can be found in many communities, as well as programs for men who batter and for children who have witnessed assaults against their mother. At the same time, traditional service providers in the social, legal, and medical systems are becoming more knowledgeable about the issue of woman abuse (Crowell and Burgess, 1996; Grisby and Hartman, 1997; Schechter, 1996).¹

Nearly twenty years ago, in the City of London Ontario, an Integrated Model of Service Delivery was developed by a group of organizations working together through a coordinating group, the London Coordinating Committee to End Woman Abuse. The intent of the Integrated Model is to ensure that abused women encounter consistent responses at each point of access in the formal help network. Through the deliberate fostering of relationships between service providers, the Integrated Model is designed to facilitate communication, information and resource sharing, accountability, and coordination among the various components of the social, medical, and justice systems to the benefit of abused women (Luton, 1996).

The purpose of this report is to describe the help-seeking experiences of abused women in London as a consumer test of the Integrated Model. The women's observations about their contacts with the service network provide important insights about the everyday impact of the Integrated Model, for which London has earned an international reputation as a leader in its response to violence against women.²

1. "Woman abuse" refers to any form of physical, sexual or verbal/ emotional/ psychological harm inflicted upon a woman by a current or former intimate partner. Although women may also experience harassment and abuse by non-intimates, this report focuses on abuse by male or female partners in dating, common-law, and married relationships.

2. "Formal help network" refers to any officially designated body with a mandate to provide assistance to the general public or specific groups within the community. Members of the formal help network include agencies and non-agency professionals, such as clergy members, private psychotherapeutic counsellors, physicians, and lawyers. An agency within the formal help network may be staffed by paid professionals or lay volunteers (e.g., a telephone distress line). "Formal service provider" is used interchangeably with the term "formal help network." "Informal help network" refers to individuals who may offer support or assistance, outside any formal

Looking for Help

Until the 1970's, social scientists concerned with the helping process focused more on help-giving than help-seeking (Gross and McCullen, 1983). Nevertheless, some attempts were made to develop frameworks for understanding what takes place when people reach out for assistance. DePaulo (1982) described a five-step help-seeking process in which (1) the help-seeker recognizes the need for help; (2) decides whether actually to seek help and, if so; (3) selects an appropriate source of help; (4) initiates and executes the help request; and (5) reacts to the helper's response. While useful, this model is overly linear and does not represent the true complexity and iterative nature of help-seeking, particularly in situations as multi-faceted as those encountered by abused women (Harris and Dewdney, 1994). It also fails to take into account individual help-seekers' unique situations, preferences and emotional needs (Dervin and Nilan, 1986).

Harris and Dewdney (1994) propose a more complex analysis of help-seeking which recognizes that:

- the need for help and information arises from people's unique personal situations
- the decision to seek help or not to seek help is affected by many factors
- people tend to seek help and information that is most readily accessible
- people tend to turn first for help or information from interpersonal resources, especially from people like themselves
- help-seekers expect emotional support when they reach out to others
- people follow habitual patterns when they seek help and information.

Until quite recently, the abuse of women has been a largely hidden crime because of the privacy afforded to perpetrators of violence in the home and an unwillingness of public institutions to get involved in "family matters" (Rodgers, 1994). Because of this cloak of silence, it is widely believed that battered women are not willing to disclose that they are abused or reach out for help. Contrary to this belief, however, even a single incident of physical violence is often sufficient

structure, mandate or official capacity, e.g., friends, family, co-workers and employers.

to motivate a woman to seek assistance. For example, Grayson and Smith (1981) reported that, after the first incident of abuse, nearly 60% of the women in their study sought help, most often from family members and friends. Wauchope (1988), using the National Family Violence Re-survey (Straus and Gelles, 1986), reported that 68% of women who had experienced severe violence had sought help at least once. Of course, while many women do reach out for help, it is also true that some do not seek outside assistance to deal with their partner's violence. According to a 1993 Statistics Canada survey of 12,300 randomly selected adult women, 22% of women in violent marriages never contacted anyone about the abuse they had suffered prior to disclosing it to the Statistics Canada interviewer (Rodgers, 1994).

Some of the reasons women give for not seeking assistance include a reluctance to involve others, shame, and concern about not being believed, and fear of retaliation by the partner (see, for example, Bowker and Maurer, 1987; Colquhoun, 1994). The results of the Statistics Canada survey also suggest that reluctance to acknowledge the seriousness of the situation is a significant factor in abused women's silence. For instance, half of the respondents felt that the abuse they experienced was too minor to involve the police. Other reasons for not wanting to involve the police include a desire to keep the incident private, not wanting help, not wanting to get involved with the legal system, fear of retaliation by the offender, and lack of confidence that the police are able to do anything.

Hutchison and Hirschel (1998) suggest that the literature on help-seeking by abused women "defies conclusive synthesis" (p. 445). However, the reason for the inconsistencies in the findings to which they refer may be because attempts to predict help-seeking strategies have relied too heavily on the demographic characteristics of the women who are studied. As Harris and Dewdney (1994) suggest, help-seeking is affected by factors unique to each person's situation and the decision to seek or not seek help is affected by a number of variables. Because of help-seeking's situational nature, it may be of limited use to rely on demographic variables, such as age, race or education, to predict the help-seeking strategies abused women are likely to employ. This is borne out, for example, in the results of the Statistics Canada survey which reveal that women's particular situations are better predictors of their actions. For example, women are more likely to report violence to the police if they have been physically injured as a result of abuse, if their children witnessed the violence, if the offender used a weapon, or if they have already experienced a number of violent incidents. Similar factors influence women's decisions to contact social service agencies. The survey also revealed that the more severe the violence they are experiencing,

the greater the likelihood that abused women will seek help from medical services.

Battered women are like other help seekers in that they generally turn first to informal sources for assistance and later to formal helping agencies (Gondolf and Fisher, 1988; Harris, 1988). As noted earlier, help-seekers prefer to seek assistance that is easily accessible and from people like themselves. Women who have experienced abuse tend to look first within themselves by tapping their inner or personal resources in an attempt to solve the problem on their own. If this strategy fails, i.e., if the abuse continues, their search for help progresses outward as they begin to consult first with members of their informal social networks, such as friends and family. If this also fails, women may extend their search to the formal help network. Bowker (1983) reported that, after a violent incident, abused women seek help, in descending order of frequency, from friends, family members, lawyers, social services, women's groups, police, shelters, and clergy.

Over time, abused women may face increasing danger as their partners' violent behaviour escalates (see, for example, Wilson and Daly, 1992). As a result, the sources of help they consult and the types of help they want are likely to change as they expand their efforts to find assistance. Dobash and Dobash (1982) suggest that when abused women seek help they look first for help in dealing with their own emotional needs. Their emphasis then shifts toward seeking help to control their partner's violence. Eventually, women may seek specific means to escape their situations. Unfortunately, their attempts to involve more sources of help and to locate different forms of assistance often fail to produce the results they seek.

How Much Help do Abused Women Receive?

The responses provided by formal help networks often seem to be at odds with the needs of abused women. A British study, based on the reports of women who had sought help from shelters or transition homes, revealed that the women made an average of five different attempts to obtain assistance. Burkowski, Murch and Walker (1983) noted that the women's repeated failure to get the type of help needed left them feeling demoralized and concluded that "if appropriate help is not found early, the (abused) woman tends to give up the search until there is an emergency" (p. 186). Evidence gathered from hospital emergency departments suggests that women often disclose the abuse but encounter service providers who are unwilling or unable to acknowledge or follow up on what they have been told (Randall, 1990).

According to the 1993 Statistics Canada survey, approximately one-half of abused wives who were involved with police services were dissatisfied with the way the police handled their cases. In only one of five cases did the police put women in touch with a community service. When asked what else the police should have done to help them, one in four women indicated that the police should have been more supportive, one in five felt the police should have laid charges (charges were laid in only 28% of the cases to which the police responded), and one in ten indicated that the police should have responded more quickly and referred them to another service. Similar findings were reported in an earlier Canadian study in which women who had stayed in a shelter for abused women reported that they often encountered difficulty as they tried to negotiate their way through the social service delivery system (Harris, 1988). For instance, more than half of the women who contacted the police reported that officers failed to provide them with relevant information, did not recognize or take seriously the danger of their situations, or directed derogatory or blaming remarks toward them.

Despite these problems with key service points in community help systems, other parts of these systems appear to be effective in providing assistance to abused women. Drawing once again on the 1993 Statistics Canada survey, the results suggest that the majority of women who had contact with a social service found the service to be helpful. Counsellors and transition houses were considered most helpful, followed by crisis centres, women's centres, and community or family centres. The reader should bear in mind, however, that fewer than 25% of the abused women surveyed ever made use of these services. In fact, when asked what was most helpful in dealing with abuse, 40% of the women in violent marriages reported that their family and friends provided them with the greatest support.

Service Barriers

For any citizen facing a problem situation, finding the right kind of help somewhere in the confusing matrix of judicial, medical, and social service providers can be very difficult. Because the situations faced by battered women are often complex and multifaceted, locating all the different types of help needed may involve a woman in interactions with several parts of the formal help system, including the courts, medical services, welfare agencies, housing authorities and even schools. As the number of potential sources of help increases, the potential for communication problems is compounded.

Listed below are five common factors that discourage successful help-seeking:

1. Help-seekers cannot find the service they need because it doesn't exist in the geographic area in which they live.
 - According to the 1993 Statistics Canada survey, 14% of women in violent marriages reported that there are no social service agencies available in their area. This number is probably higher in smaller and remote communities.
2. Help-seekers don't know which agency to contact.
 - According to Statistics Canada, 16% of women in violent marriages said they were unaware of any appropriate social service agencies to call for help.
3. Help-seekers don't reach an appropriate service agency because of language difficulties or other forms of social isolation resulting from cultural differences, literacy problems, and physical or developmental disabilities.
 - Despite extensive attempts of social-service agencies and information centres to reach out to disadvantaged populations, the users of such services still tend to be predominantly white, middle-class and educated (see, for example, Carlson, Martinez, Curtis, Coles, and Valenzuela, 1990). To some extent, financial status dictates where abused women seek help. For instance, a study of 1,482 battered women in shelters and 650 battered women who used non-residential shelter-based programs revealed that women who sought non-residential services had higher socio-economic status than women who sought residential shelter services (Gondolf and Fisher, 1988). Women who have access to greater economic resources find it easier to pay for temporary shelter, such as hotel rooms, and to obtain other services through private means, such as individual counselling (Crowell and Burgess, 1996).
 - Additional barriers may exist for women with physical or developmental disabilities, seniors, and lesbians and bisexual women. Services may present physical barriers to women with physical disabilities and some agencies may refuse services to women who have mental disabilities or have problems with substance abuse (Womendez and Schneiderman, 1991). Lesbians may be officially or unofficially unwelcome by staff and/or other clients. Because coming out may pose a threat of loss of job, housing, family support, and child custody, lesbians may choose not to identify their abusers and, as a result, forgo protection from the judicial system (Grigsby and Hartman, 1997).

- Women from marginalized cultural groups, especially immigrant women, may face a number of unique challenges, including language barriers, lack of knowledge about personal legal rights, and lack of information about available resources (Huisman, 1996; Sorenson, 1996). For example, police departments may not have language interpreters to respond to emergency calls from people who are hearing-impaired or non-English speaking (Grisby and Hartman, 1997).

4. Help-seekers who succeed in reaching appropriate service agencies encounter obstacles that are either deliberately or inadvertently constructed by the agencies.

- Potential barriers include the application process, inconvenient hours of operation, restricted admissions, and long waiting lists (Levinson, 1988).
- An agency may have set priorities or objectives that favour clients whose problems fit the expertise of the staff or who have high potential for the successful resolution of their problems (see, for example, Ferraro, 1981).
- Cost may be an obstacle to receiving help from an agency, including fees for service, as well as indirect costs such as transportation, child care, and lost wages due to time missed from work.

5. Help-seekers fail to receive assistance because the services they contact are not adequately funded or staffed.

- In New York City in March, 1995, approximately 300 women and children per week were denied emergency shelter due to lack of space (O'Sullivan, Wise and Douglass, 1995).

The Integrated Model of Service Delivery in London, Ontario

There is no universal system of services available to victims of woman abuse. Interventions vary from community to community, and relevant services may be located within the criminal justice system, the health care system, the social service system, the mental health system, or in some combination that crosses systems. There is, however, a growing recognition that abused women may need various services to manage the violence in their lives and are best served if they encounter compatible responses from the services providers that comprise the

formal help system.

As a result, many communities have tried to develop a coordinated response to woman abuse. However, these efforts have limitations. For instance, in many communities, coordination may be focused primarily on criminal justice systems interventions and woman abuse services. While laudable, this approach means that key systems involved in the response to woman abuse, such as health care, child welfare, schools, and religious communities are not included (Schechter, 1996). Because little systematic research exists to evaluate the successes and failures associated with coordinated community responses, there is little information available to improve and guide future efforts.

The city of London, Ontario, Canada has been a forerunner in the development of a coordinated community response to woman abuse. London is unusual, not only in its relatively early recognition of the need for an integrated community response to woman abuse, but also in its efforts to involve as many key sectors of the community as are willing to participate.

The London Coordinating Committee to End Woman Abuse (LCCEWA) was established in 1980 as an advisory committee to oversee a research project to determine the effectiveness of the criminal justice system's response to wife assault in London.³ Early participants included community professionals representing the London Police, Adult Probation and Parole, the Criminal Court Division (including a Crown Attorney and a defence lawyer), and the Women's Community House (the local shelter for abused women). As a result of their discussions and initial evaluation of community needs, committee members realized that an interaction between services was badly needed. Although each community group offering services to abused women believed it understood the activities and services provided by others, an exchange of information and comprehensive understanding was required. Significant problems and gaps within services were identified, and committee members recognized that community groups needed to work together to effect necessary changes in legislation.

As a result of this project, the LCCEWA made a number of recommendations,

³ The information presented in this section is adopted from "An Integrated Community Response to Prevent Violence Against Women in Intimate Relationships," a pamphlet produced by the London Coordinating Committee to End Woman Abuse in 1992 and the 1994 LCCEWA Strategic Plan produced by F.J. Galloway Associates Inc.

including the suggestion that the community coordinate its response to victims of woman abuse. A concerted effort resulted to integrate the local criminal justice system, social services, and health services by working together to provide abused women with appropriate help at all points of entry to the formal help system.

Over the years, the LCCEWA has continued to develop (see Appendix A for a list of current members). Its mission is to be a network of organizations, groups and individuals dedicated to ending woman abuse, through leadership and actions that achieve social justice for women and an integrated response to abused women and their children. The LCCEWA's goals include:

- promoting coordination between the criminal and family justice, mental health, medical and social service system
- evaluating the effectiveness of community responses in reducing woman abuse
- ensuring a consistent response to woman abuse among member organizations
- promoting community education on the issue of woman abuse
- increasing awareness among professionals about the effects of violence

Evaluating the Integrated Model

Evaluative research about community coordination is sparse and focuses primarily on the criminal justice system. However, there is some indication that coordinated community efforts do decrease repeated violence against women. For example, a retrospective study of intervention projects in three communities suggests that the projects resulted in an increase in the levels of arrests for battering, convictions, and court mandates for treatment (Gamache, Edleson, and Schock, 1988). Another study suggests that arrests prior to the development of a coordinated community response increased repeated violence, whereas police action after a coordination project deterred further violence (Steinman, 1990).

Despite these promising findings, no systematic evaluations of community coordination efforts have been undertaken to assess service activities beyond particular systems or services. More focused evaluations have concentrated on issues such as the response of hospital emergency departments to abused women or the impact of charging policies on arrests and battering recidivism. Other research has focused on the effect of violence-specific programming, such as treatment programs for batterers. However, few evaluative studies cross service systems.

London's Integrated Model of Service Delivery has never been comprehensively evaluated with respect to its responsiveness to consumers. Such an evaluation seems overdue in view of London's international reputation for success in responding to violence against women and children and the promotion of the Integrated Model of Service Delivery to other communities seeking to structure services to abused women and their families. The study described in this report is an assessment by abused women, albeit indirect, of the degree to which the London Coordinating Committee to End Woman Abuse achieves its goals through the Integrated Model. The project was undertaken in order to learn about women's preferred points of access to the system, patterns of information and referrals received within the system, women's satisfaction with the system, and the perceived impact of interactions with service providers.

The Study

The study involved detailed personal interviews with women who experienced abuse by their partners while living in the City of London or the surrounding County of Middlesex. The target area reflects the geographical region served by member agencies of LCCEWA. In order to explore the unique issues faced by women who may be particularly disadvantaged, special efforts were made to involve women with disabilities, lesbians and bisexual women, and women from various ethnocultural communities and the First Nations.

Procedure

To locate participants, information notices were posted widely throughout the community. The notices explained that the Centre for Research on Violence Against Women and Children was seeking women, aged 18 or older, who had experienced abuse by their partner within the last 3 years, and who were willing to participate in a confidential 1- to 3-hour interview about how they coped with the abuse. The notices specified that interviewees would be reimbursed with \$30 for their time and inconvenience.

Women who responded to the notices were screened briefly on the telephone to be sure they met the criteria for inclusion in the study. Those who did were invited for an interview to be held in their homes, at the research office, or in a public location of their choosing. Most chose to be interviewed at home.

At the beginning of the interview, the women were asked to review a letter of information about the project and to sign a form indicating their consent to participate. The interviews were conducted using a semi-structured format and lasted from one to three hours. The women's responses were recorded, in writing, by the interviewer. At the close of the interview, an information package was provided to each participant. The package contained pamphlets, booklets and information sheets describing services for abused women in the London area, as well as information about family law, legal aid and financial benefits.

Safety. In a number of studies, in-home interviews have been conducted with women who have experienced violence. Diana Russell conducted in-home interviews for an average of 1.33 hours with 930 women living in San Francisco., of whom a significant percentage had experienced or were presently experiencing violence in their intimate relationships (Russell, 1982). In six southwestern Ontario communities, Harris and Dewdney (1994) conducted random household

interviews with 543 women about looking for help in a situation involving wife assault. Haskell and Randall (1992) conducted a study on women's safety in the homes of 420 women respondents in Toronto. In none of these studies were there any reports of dangerous situations involving either the interviewer or interviewee.

Although studies involving in-home interviews do not appear to present a high degree of risk, several procedures were implemented in the present study to ensure the safety of the interviewers and the respondents. First, the respondents were able to choose the interview location and, when necessary, child-care arrangements were made. If a woman wished to be interviewed at home, the interviewer queried her about the whereabouts of the abusive partner, and the likelihood that the partner would appear during that interview. Interviews were not held in the home if there was any risk that the interviewer would be in the home at the same time as the abusive partner. In addition, the purpose of the interview was described as pertaining to general issues about women's safety and the interviewer had with her a number of materials related to this topic. This strategy was used in the Haskell and Randall study because it was unlikely to raise suspicion or be perceived as personally threatening to partners who learned of the interview.

On any occasion in which the interviewer was visiting a woman's home, staff in the Research Centre were aware of the location and telephone number of the home. The interviewer called the Centre after each hour of the interview. If the interviewer did not call within ten minutes of the appointed time, the Centre called the home. If there was no answer or if there was any difficulty, the police were asked to respond. In addition, as part of her training, the interviewer received several hours of instruction about how to handle an emergency situation. The London Police Force, one of the members of LCCEWA, was informed about the interviews and gave input about strategies for ensuring the safety of the researchers and potential respondents.

Participants. The participants in the study were 105 women over the age of 18 who were abused by an intimate partner within 3 years prior to the interview, while living in the area of London, Ontario.

Several techniques were employed to reach out to as diverse a group of potential participants as possible, including:

Advertising. Invitations to participate in the study were placed as

advertisements in publications that reach the majority of London and area households. Information notices about the survey were posted in local community newspapers, weekly advertising flyers, on cable television, in church bulletins, at the local university and community college, women's shelters, hospital emergency departments, and public libraries. Ads were also placed in targeted publications, such as newsletters for seniors, First Nations people, people with disabilities, lesbians, and various ethnocultural groups. Ads were translated into several languages in order to encourage participation from women whose first language is other than English.

Snowball sampling. Invitations to participate were also made through key community members and outreach workers involved in service organizations, social clubs, branch libraries, churches, etc., who have contact with diverse groups within the community.

Agency referrals. The assistance of the member agencies of LCCEWA was sought in order to invite the participation of women who have been in contact with the formal helping network in the community.

Using these methods, 105 women who met the criteria for inclusion participated in the study. Their ages ranged from 20 to 70 years (average age = 35.6 years, standard deviation = 9.40). The women had lived in the London area from 1 to 45 years (average years in London = 15.3 years, standard deviation. =12.41).

The women were asked to explain how and where they learned about the study and their principal reason for taking part. As shown in Table 1, the majority of participants (82%) learned about the study through one of the advertisements. Only 11% responded because of their involvement with a social service, and 4% responded because of a referral from another interview participant.

Diversity. Population estimates in the London area indicate that 19% of its citizens are members of the multicultural community and 3.7% are aboriginal. Despite intensive efforts to encourage women from these communities to participate, 88% of the women who took part in the study described themselves as having a Western European background, and 90% identified English as their first language. Of the other women who took part, 9% described their cultural heritage as African, East Indian, Eastern European, Mediterranean, Caribbean, or Middle Eastern, and 4% described themselves as members of the First Nations. Eight percent of the respondents reported that they had a disability.

Of all the women interviewed, most (98%) described abusive relationships with men. Only two women described abusive relationships with other women.

Referral Source	%	number
Penny Saver	44.8	47
Western News/Class Announcement	12.4	13
Fanshawe News	8.6	9
Old South Advocate	5.7	6
Women's Community House	4.8	5
Hospital Emergency Department	4.8	5
Church Bulletin	3.8	4
Other Interviewee	3.8	4
Cable TV Advertisement	2.9	3
Village News	1.9	2
London Public Library	1.9	2
Rotholme	1.0	1
Unknown	3.8	4

The majority of women (62%) said they took part in the study because they wanted to educate and help others. Nineteen percent took part because they wanted to talk with someone about the abuse. Thirteen percent were motivated by the small stipend paid to participants.

Education and Occupational Background. The participants had varied educational backgrounds and employment status. Two percent had only an elementary school education, 63% had completed some high school, 16% had attended community college, and 19% attended university. Ten percent of the participants had worked in professional occupations (as social workers, teachers and nurses). At the time of the study, 44% of the women were unemployed or on government assistance, and 25% were employed full-time. The remaining participants were full-time students (22%), part-time students (4%), or employed part-time (6%).

Interview Process

The interview process was designed to gather information about the women's experiences with formal and informal help systems as they attempted to manage their partner's violence (see Appendix B for the semi-structured interview form used during the interview). The same person conducted all the interviews in the study. Each woman was asked to describe a situation that had taken place during the previous three years in which her partner had been abusive toward her. She was asked to describe the nature of the abuse, where it took place, how she responded to the particular episode, whether she contacted anyone for help and, if so, what kind of help she sought and what help, if any, she received.

All the women who reported any contact with formal help providers were asked about any referrals they may have received and whether they made use of the referral (i.e., actually consulted the agencies or services to which they had been directed), and, if so, with what results.

Each woman was asked to reflect on the situation she described at the beginning of the interview in order to identify the most helpful and the least helpful aspects of her experience. She was asked to comment on whether anything else might have helped her, had it been available. After answering a few questions about her personal background (age, number of children, education, first language and employment status), she was shown a list of 38 London-area agencies and asked to identify those with which she ever been in contact and to describe any help she may have received.

Results

The women were involved in abusive relationships that ranged in duration from 1 to 40 years. The average length of time spent in the most recent relationship with an abusive partner was 7.1 years (standard deviation = 7.33 years, mode = 3 years). Most of the women (91%) described incidents involving physical abuse by their partners, nearly all (97%) reported verbal/emotional/psychological abuse,⁴ and 42% described incidents involving sexual abuse.⁵

Here are three examples of abusive incidents:

“He was controlling, very jealous, and possessive. He often referred to me as a stupid, fat, ugly bitch. I was hit, kicked, burned with cigarettes and punched many times. He would often threaten to hurt my child if I did not do as he said. He is addicted to alcohol and was often drunk. One incident that happened shortly before the end of the relationship was after he had been away for several days. He arrived home drunk and very angry. He threw me and the children out of the house. When I tried to get away in the car, he grabbed me and threw me down on the ground and hit me in the head. He locked the house and walked away, leaving us out in the yard.”

“I experienced physical, sexual and emotional abuse in this relationship. I also experienced financial abuse. I worked steadily for a good income and supported him. I was hit many times over the period that we were together. I had two broken noses and many bruises. There was constant verbal abuse; many accusations that I was having affairs with other men, and threats that he would kill me. He would hold a knife to my throat and threaten to kill me if I did not engage in oral sex with him. There were many rapes. After embarrassing me at a party... I told him I wanted to end our relationship and that I did not want him to return to my home. He kicked the door in when I refused to let him in. He was very drunk and very angry with me. I tried to call 911 but was unable to give the operator my name and address because he began chasing me with a butcher knife. I had to drop the phone. I ran outside. He chased me and pushed me down

4 Verbal/emotional/psychological abuse is defined here as any abuse involving verbal harassment and denigration, threats of harm to the participant or others, attempts to isolate or control activities, accusations of romantic involvement with others, threats to take children, harm children, and attempts to manipulate children.

5 Sexual abuse is defined here as any abuse involving unwanted sexual contact, ranging from kissing to rape.

onto the ground. A neighbour responded to my screams and intervened. I was able to run back to the house and call 911."

"My ex-husband was physically and psychologically abusive. He was controlling and very critical of me. He played mind games with me and damaged my self-esteem. He often accused me of being a bad mother. I had cracked ribs several times and also black eyes. He would push me, kick and punch me, and often butted me with his head. Once, not long after we met, he became angry with me at a restaurant when we were out with friends. He knocked me down with his car in the parking lot. I had to take the children out most mornings for several hours so that we would be gone when he woke up so he would have quiet in the morning. I often did not feel like going out especially if the weather was not good or if we were tired, but I had no choice as he would become very angry if he woke to find us at home. He would not let me have the car so I had to walk wherever I went. The children were very young at the time. He would become angry and several times pulled the phone out of the wall if I tried to call for help. As time went on, he got more and more violent and the incidents of violence became more frequent. He threatened to kill me and the children, threatened me with a knife, and on several occasions broke the telephone so I could not call for help. Once, he began choking me. I already had a black eye. He was very angry and I was very afraid that he would not stop hitting me. He pulled out a large patch of my hair. I got to the bedroom window and screamed to my neighbour to call the police. They did call 911 and the police came."

Physical Abuse. Of the women who described an incident of physical abuse, 58% described physical injuries, including burns, bruises, internal damage, sprains, dislocated shoulders, cuts, black and swollen eyes, ruptured ear drums, fractures, broken bones, bloodied noses, and knocked-out teeth. Because they were not specifically asked if the abuse had caused any physical injury, the number of women who reported being injured is probably an underestimate of the occurrence of physical abuse of sufficient severity to cause physical damage.

Of the 96 women who described an incident of physical abuse, 12% indicated that their partners had used an object as a weapon. These weapons included guns, knives, cigarettes, and pillows (used to suffocate). Again, this number is probably an underestimate of the use of objects as tools of violence because the women were not specifically asked if their partner had used a weapon. Moreover, the number does not reflect instances in which women were thrown against walls or

down stairs.

There was extensive overlap between the occurrence of physical abuse and verbal, emotional or psychological abuse. Ninety-eight percent of the women who were physically abused also reported that they had been verbally, emotionally or psychologically abused. As described in the examples below, both physical and psychological abuse were often involved in the same incident.

“I was often pushed and grabbed by the neck and choked. If I fell asleep at night before he did, he would throw the blankets off and kick me until I was awakened. I was not to fall asleep before he did. I suffered many bruises.” “He became very angry and grabbed me by the shoulders. He pushed me over to the wall and ... began to hit my head against ... the wall. ... He then jumped on me and began choking me. He told me he was going to kill me. My face was very bruised and several of my front teeth were broken.”

“He would often take the car keys, my money and the bank cards so that I could not go anywhere. He insisted that we move out into the country where we were isolated from others. The violence became worse. He was obsessed with the belief that I was interested in other men. There were many accusations about me having affairs with men. On one occasion when he was at home and drinking heavily, he became very angry with me. He threw me down the stairs and threatened to shoot me and then to shoot himself. He hit me repeatedly. My body was covered with bruises.”

The women also described incidents in which physical and sexual abuse occur together, and many described incidents that involved all three kinds of abuse.

“Over the last 4 years, there have been many instances when he was physically abusive to me... He would beat several times, and then expect that we would have sex.”

“Almost immediately after we moved in together the abuse became physical. He would often push, pinch, hit, shove, and rape me. I was forced to engage in sexual acts that I found distasteful.”

Several women described instances in which they were awakened to find their partners sexually assaulting them. For example,

“My partner was very demanding sexually. I was often raped as I slept. He demanded sexual activity that I found distasteful but I was given no choice. Several times, I woke up with a pillow over my face and unable to breathe.”

The women’s experiences are similar to those described in Bergen’s (1996) study of wife rape.

Verbal/Emotional/Psychological Abuse. The 102 women who indicated that their partners were verbally, emotionally and/or psychologically abusive described a wide variety of incidents. Although the most common form of abuse involved the partners’ attempts to control or limit their activities, half of these women indicated that their partners had threatened them with physical harm, and one-third reported that their partners had threatened to kill them. The prevalence of all forms of this type of abuse is summarized in Table 2.

	%	number
General attempts to control and limit activities	67.0	69
Threats of physical harm	50.0	51
Isolation	39.8	41
Death threats	33.3	34
Financial abuse and control	29.1	30
Accusations of flirtation/romance with other	28.2	29
Stalking	14.6	15
Threat to harm another (excluding children)	5.8	6
Dangerous driving	4.9	5

The following examples demonstrate the severity of abusers’ attempts to control or limit their partners’ activities:

“It seemed that he was systematically planning to cause injuries that would affect my ability to do things that I enjoy doing. He damaged my

hands so that I am no longer able to play tennis and I have difficulty writing (to friends and family). He caused severe damage to my feet so that I could not walk to town.” “My partner became very upset if I had conversations or relationships with anyone but him. I had to quit my job because he threatened my boss... He did not like it if I used the telephone and often unhooked the receiver part of the phone and carried it with him when he left the apartment. If he did not take it with him, he would press redial when he returned home to discover who I may have phoned while he was away.”

“He controlled what I wore and how I looked. I was not allowed to wear dresses unless they were very long. He did not want me to wear makeup or do my hair.”

Abuse Involving Children. Seventy-four percent of the women had children. When describing incidents of abuse, of the 67 women who had at least one child under the age of 18, 10% reported that their partners threatened to harm the children, 9% reported that their partners threatened to take the children, and 9% indicated that their partner tried to manipulate the children by insulting and denigrating them). As the following examples illustrate, abusers threaten children in order to control their partners:

“There were threats about our son that would keep me in the relationship. He would insinuate that if I left the relationship, our son would disappear.”

“He often threatened to kill me and the children if I attempted to leave.”

“If I did not do as he wished, my partner would beat my son.”

The following examples illustrate ways in which abuse may cause psychological damage to a child, harm a child’s relationship with his or her mother, or encourage abusive behaviour on the part of the child:

“I could hear my husband speaking angrily to my son about me, and threatening to “blow me away”. He asked my son to get ... a gun that he had recently purchased.”

“(My husband) was charged but he was not convicted because he

threatened the children that if they testified against him, he would lose his job and they would become destitute. They testified against me instead. He threatened the children so that they would stay with him.”

“(My husband) manipulates the children and speaks poorly of me ... He is especially diligent about influencing our (teenage) son’s behaviour and attitude about women. He encourages the boy to be unhelpful at home and unsupportive of me.”

None of the participants was specifically asked to describe if or how their partners involved children in their abusive tactics. The information reported here reflects only that which was volunteered by the interviewees, and as such, probably under-represents the actual incidence of abuse involving children.

As Table 3 illustrates, the experiences of the women who took part in the study parallel those of the women who participated in the 1993 Canada-wide survey of violence against women conducted by Statistics Canada (Rogers, 1994).

Perceived Causes of Abuse. Although the women were not specifically asked for their opinions about the causes of the abuse, several commented on factors they believed contributed to their abuse, or made their situations worse. Thirty percent referred to substance abuse as a factor that precipitated or exacerbated violence. This is probably not surprising given that almost half of the women interviewed (46%) indicated that their partner had been drinking or using drugs during the abusive incident they described. Very few women identified historical or organic factors as the cause of abusive behaviour (one woman referred to her partner’s childhood background of violence and another cited her partner’s mental health difficulties as a factor contributing to his violent behaviour). The women’s views about the causes of abuse are consistent with those held by members of the general public. In the Harris and Dewdney (1994) household survey, respondents cited alcohol abuse by the battering partner as the number one cause of wife assault, a view that is also shared by police officers (Hatty, 1989).

Nine percent of the women attributed the abuse to their lack of compliance with their partners’ wishes. For example,

“The abuse happened frequently and was precipitated whenever I made any attempt to assert myself in any way.”

“Throughout the relationship, I was unable to express myself. If I did, he would become angry, resort to pushing or shoving or stop speaking to me.”

“Toward the end of the relationship, I began to resist his dominance, which resulted in more beatings.”

Suicide and self-defence. Eleven percent of the women reported that their partners had threatened or attempted suicide as a means of controlling them and in three instances the women’s partners did actually kill themselves. Eleven percent also reported that they had thought about killing themselves as a means of escaping the abuse and another 7% had considered killing their partner in order to stop the violence. One woman reported that she was prepared to defend herself and her child with a gun if her ex-partner tried to hurt them, because, as long as he is alive, she fears that her life is in danger. Another woman said:

“I had gone upstairs after he was asleep with a kitchen knife ready to stab him. I felt that killing him was the only way to escape the abuse and that jail would be preferable to living like this.”

Table 3: London Sample vs. Canada-wide Sample

Type of Abuse	Percentage of Women Reporting
Canada-wide sample: partner insists on knowing woman's whereabouts	63%
London sample: partner attempts to control and limit woman's activities	67%
Canada-wide sample: partner limits woman's contact with others	47%
London sample: partner attempts to isolate woman	40%
Canada-wide sample: partner prevents woman from having access to income	30%
London sample: partner tries to limit woman's access to money	29%
Canada-wide sample: woman fears for her life	33%
London sample: partner threatens to kill woman	32%
Canada-wide sample: partner usually drinking during abuse	50%
London sample: partner was drinking or using drugs during abuse	46%
Canada-wide sample: Abuse resulted in physical injury	45%
London sample: Abuse resulted in physical injury	59%

Effect of Abusive Incident on Relationship Status. The women were asked about the effect of the incident they described on their relationship with their partner.

Forty-one percent indicated that the incidents they described had not altered their relationship status. Others said that the incident precipitated the end of their relationship with the abusive partner (35%), caused them to leave home temporarily (11%), or caused the abusive partner to leave temporarily (8%). The remaining five percent said the incidents occurred after their relationship with the abuser had already ended.

When asked about the current status of their relationship with the abusive partner, 57% of the women reported that they had left the relationship (although 44% of them still had some contact with the partner), 22% reported that the partner had left the relationship (of these women, only 22% still had contact with the partner), 15% reported that the relationship was still ongoing, 3% reported that the partner was in jail, and 3% reported that the partner was no longer living (all had committed suicide).

Help Sought

The women who took part in the study were active help-seekers. When asked if they had contacted anyone for help, during or after the particular incident of abuse described, *all of the women interviewees indicated that they sought some form of help*, most from formal service providers. Seventy-five percent looked only to a single help source. The remaining 25% sought help from two sources (see Table 4).⁶ The most common source consulted for help was a general crisis service, i.e., the police or a hospital emergency department. Half the women turned to one of these services during or after the abusive incident they described. As expected, given the findings in other studies of help-seeking, a significant number (29%) also turned to family or friends for assistance.

Previous research suggests that only one in four abused women seek help from the police, hospital emergency departments, or social services, including transition houses and crisis centres (see, for example, Frieze, Knoble, Washburn, and

⁶ Help sources are categorized as crisis services for abused women (e.g., woman abuse telephone crisis lines and sexual assault crisis lines), general crisis services (services available on a 24-hour basis that are designed to provide immediate assistance, e.g., police and hospital emergency departments), non-crisis services for abused women (e.g., second stage housing, programs for abusive men, advocacy services, family consultants division of police services), general counselling services (e.g., clergy, therapists, counselling agencies, family physicians, public health units), child-focused services (e.g., child protective services, child care centres, child-oriented counselling services), non-counselling support services (e.g., Salvation Army), and informal sources (e.g., family, friends, and employers).

Zomnir, 1980; Rogers, 1994). In contrast, 71% of the women who took part in the present study reported some contact with police services, 61% had attempted to contact a local advocacy clinic which specifically serves abused women, and 44% had been involved with a shelter or transition home. However, similar to the results reported in other studies of abused women's help-seeking, 25% of the women in the present study had visited a hospital emergency department as a result of abuse.

Goals in Seeking Help and Type of Help Received

When they reached out for help, the women received more assistance than they expected. In total, they described 125 specific goals in seeking help and, in response to their efforts, they received 183 specific instances of help, although the type of help they received did not always match the type of help they sought. Only 9% of the women were not helped at all when they reached out for assistance.

Sources of Help	%	number
General Crisis Services	50	52
Informal help sources (e.g., friends)	29	30
Woman Abuse Shelters	17	18
General Counselling Services	14	15
Non-Crisis Services for Abused Women	9	9
Crisis Services (specific to abused women)	5	5
Child-Focused Services	1	1
Non-Counselling Aid Services	1	1
totals exceed 100% because more than one help source may have been identified		

The women's help-seeking goals are grouped into eleven categories shown in Table 5. Although "counselling" and "advice" are often seen as interchangeable, help-seeking goals were grouped in the advice category if a woman specifically stated she was looking for advice or for someone to advise her about what actions she should take. Goals were grouped in the "unspecified protection" category if a

woman used the word “protection” when she described her goal or did not state specific expectations about the method by which she wished to be protected. Goals were grouped in the “threat to partner” category if a woman specifically stated that she wanted an outside authority to warn her partner of specific consequences should the abuse continue.

Many women sought protection from their partners and other types of assistance normally available only from the police, including unspecified protection, removal of the partner, having the partner charged, and threatening the partner about the legal consequences of violence. Although only ten women initially involved the police in the hope that they would bring charges against the partner, the police actually laid charges in 29 separate instances. The women were less successful when their goal was to have the abuser removed from the premises. Of the 19 women who sought this remedy, only 11 reported that the police actually removed their partners.

Table 5: Help Sought and Help Received

Goal	No. of Women With Goal	No. of Women who received goal-relevant help	No. of Women who received this type of help (whether sought or not)
Counselling/emotional Support	40	35	49
Unspecified protection	30	--	--
Safe shelter	26	24	26
Removal of partner	19	11	15
General advice	16	11	30
Charge to partner	10	8	29
Physical health care	9	8	12
Threat to partner	3	1	9
Legal advice	1	0	5
Safety strategies	1	0	6
Financial aid	0	0	2

Counselling and emotional support stand out as the most common types of

assistance sought when women reached out for help. All the women who were looking for this type of help sought ways to better manage or cope with the violence. As the following examples illustrate, they hoped that counselling and emotional support would lead them to a better understanding of themselves, their situations, and, ultimately, better coping strategies.

“I felt that I needed to speak to other women to tell my story and to learn more about partner abuse, how to recognize it, how to protect myself from it.”

“I felt that I needed to speak with people who have an understanding of the problem of woman abuse. I needed help to understand that I could survive this experience.”

“I had become quite depressed and I was still convinced that my partner was right about my personality being the cause of the violence. I felt that I needed counselling to sort this out.”

Referrals

Most of the women who contacted formal service agencies for help were encouraged to make contact with another service in the community network (70% of the 93 women who sought help from a formal help source received at least one referral). However, as is shown in Table 6, some help providers are more likely than others to refer.

The women received proportionately more referrals from crisis services that are specific to abused women. Of the 23 who sought assistance from a woman abuse shelter or from a crisis telephone service for abused women, 87% were given information about other help agencies to contact. However, of the 67 who turned either to a general crisis service (i.e. the police or a hospital emergency department) or general counselling services, only 50% were given information about other services to contact. Similarly, only half the women who first turned to non-crisis services for abused women (e.g., second stage housing, the advocacy centre, programs for abusive men, counselling/legal services for abused women, family consultants division of police services) received referrals.

Referral Pathways

An analysis of referral pathways revealed that, overall, services not specific to abused women tend to refer to services that are specific to abused women. Of the 46 different referrals made by these agencies, 74% were to services specific to abused women. On the other hand, services specific to abused women tended to make an equal number of referrals to services specific and not specific to abused women. Of the 38 referrals made by these agencies, 50% were made to other services specific to abused women and 50% to services not specific to abused women. Table 7 shows the number of referrals made to the different types of formal help agencies for each category of formal help agency.

Table 6. Referrals

First agency contacted	No. of Women who sought help	Percent who received referrals
General Crisis Services	52	27
Woman Abuse Shelters	18	16
General Counselling Services	15	7
Non-Crisis Services for Abused Women	9	5
Crisis Services (specific to abused women)	5	4
Child-Focused Services	1	1
Non-Counselling Aid Services	1	0

Referral Follow-up

Of the 65 women who received referrals, 83% contacted at least one of the agencies to which they had been referred. Of the 11 women who did not, 8 explained that they either felt unable to talk further about the abuse or felt unable to make a change in their lives at the time of the referral. Two women did not follow up on the referral because they were unable to make contact with the agencies to which they were referred. One woman did not follow up because she thought the referral was inappropriate.

The number of women who were referred to the different types of services

agencies and the number of women who made contact with these agencies is summarized in Table 8. Most of the women who made contact with agencies to which they were referred found the referrals useful. In only three instances was a referral considered to be entirely unhelpful.

Helpful and Unhelpful Responses and Other Help Needed

The women discussed the most helpful and least helpful things that happened to them during the incident they described, and identified other things that might have helped them. More women (46%) found counselling and/or emotional support to be of the greatest value than any other help received. This was followed by the support of friends and family (25%). With respect to what else would have been helpful, the help most often mentioned was (more) counselling and emotional support (19%).

Table 7. Referral Patterns

Referred to:	No. of Referrals	Referred by:
General Crisis Service	14	Woman Abuse Shelters
	11	Non-crisis Services for Abused Women
	5	General Crisis Services
	3	General Counselling Services
	2	Crisis Services Specific to Abused Women
Woman Abuse Shelters	11	Non-Crisis Services for Abused Women
	4	General Counselling Services
	3	General Crisis Services
	3	Child-Focused Services
	2	Non-Counselling Aid Agencies
	1	Other Woman Abuse Shelters
General Counselling Services	4	Non-Crisis Services for Abused Women
	3	Other General Counselling Services
	1	Woman Abuse Shelters
Non-Crisis Services for Abused Women	2	General Crisis Services
	1	Woman Abuse Shelters
	1	Crisis Services Specific to Abused Women
	1	Non-Crisis Services for Abused Women
	1	General Counselling Services
	1	Child-Focused Services
Crisis Services Specific to Abused Women	4	Non-Crisis Services for Abused Women
	2	General Counselling Services
	1	Child-Focused Services
Child-Focused Services	1	Woman Abuse Shelters
	1	Non-Crisis Services for Abused Women
	1	General Counselling Service

It is important to note that the women appreciated emotional support from all service providers, not simply from those working in services that have an explicit

counselling mandate. The following examples illustrate the ways in which the women believed counselling and/or emotional support enhanced their sense of self-worth and ability to cope with the violence.

“Staying at (the shelter) was the most helpful thing that happened. While I was staying there, I reached a turning point. The emotional support that I received helped me to realize that I could get myself and my children out of this situation.”

Table 8: Following up Referrals

Agency to which Referral was made	No. of women referred	Percent who contacted agency to which they were referred
Non-Crisis Services for Abused Women	29	76
Woman Abuse Shelters	16	69
General Counselling Services	13	69
General Crisis Services	9	89
Child-Focused Services	4	100
Crisis Services (specific to abused women)	2	50
Non-Counselling Aid Services	2	100

“The counselling that I received has been instrumental in my being able to begin and continue the process of regaining my self-esteem, which was so badly damaged by this relationship. I realized that the abuse was not my fault and that I was not responsible for it.”

“The work of the police, the Crown Attorney, and the Family Consultant Service was excellent ... The care that I received from them was instrumental ... Their care helped to elevate my self-esteem a great deal. I was made to feel that I was valued as a person and that the resolution of my situation was important to them.”

The support of friends and family boosted the women’s self-esteem and helped them to better manage their situations:

“I think that the most helpful thing that has happened has been that friends and co-workers have given me affirmation that I deserve better than to be treated this way in a relationship. This has helped to boost my self-esteem.”

“When I was finally able to be open about the abuse, my family and friends were very supportive of me... They have encouraged me to seek counselling. Their support has helped boost my morale and improve my self-esteem.”

“My friends have been the most helpful to me. On several occasions they have helped me to resist the temptation to return to this relationship.”

The least helpful aspects of the women’s experiences were encounters with service providers who were seen to have a negative attitude (mentioned by 25%) or who denied or minimized the severity of their situations (mentioned by 19%). As the following examples suggest, such responses may have a chilling effect on a woman’s help-seeking efforts, exacerbating her sense of isolation or potentially exposing her to more risk of abuse:

“Near the beginning of the relationship when the assaults began, I telephoned a (general service) distress line. The person that I spoke to asked me if I was doing things to make (my partner) angry. This person offered 2 options: get rid of him, or stop making him angry and change myself. It was a long time before I ever went for help again after this experience.”

“The way the police officer interacted with my husband was the least helpful. He was very casual with him and almost ‘chummy’. I felt like he was giving my husband permission to treat me in any way he liked. From that point on, my husband felt that he had a free hand to do whatever he felt like to me. He could even threaten to kill me and he felt certain that nothing would be done about it.”

Although there were common patterns in the women’s observations about the assistance they received, it is important to note the considerable variation in the types of things they reported to be helpful, unhelpful, and missing in the responses of service providers (see Tables 9, 10 and 11 in Appendix C). This variability underscores the fact that, while all the women were coping with violence, each

one faced a unique situation and, consequently, had unique needs for help.

Contact with Service Providers

When asked to review a list of service providers in London area and to identify any other formal sources of help they had consulted, the women identified 54 different agencies or professionals. On average, each woman had contact with 4 member agencies within the LCCEWA network (range = 0 to 11) and with 2 non-LCCEWA member agencies (range = 0 to 7). (Each agency with which at least five women reported contact has been provided with a confidential report of the women's specific experiences with its service.)

Police Services. More than 70% of the women reported some contact with the police (not only London police services, but the RCMP, provincial police and police services in other area municipalities). The quality of help they received through these contacts was mixed (a finding consistent with results reported in other studies, such as the 1993 Statistics Canada Survey in which one-half of abused wives expressed dissatisfaction with the way in which the police had handled their cases). One-third (38%) described their experiences as uniformly positive, one-third (36%) reported interactions that had both positive and negative elements, and one-fifth (20%) described their contact with the police as exclusively negative. Those with mixed experiences described inconsistencies in the responses of different officers, suggesting that the quality of help received was largely dependent on the communication style of the particular officer who responded to a call.

When interactions with the police were perceived positively, nearly half the women (47%) reported that they had been well treated by responding officers. They used terms such as supportive, understanding, kind and respectful to describe the officers' manner during their interactions. One-third (34%) found the information and referrals provided by the police to be helpful. The police made 37 referrals in total, most to shelters for abused women (38%) and the Family Consultants Division of Police Services (35%).

Thirty percent of the women who had contact with the police said they were helped when the police charged or removed the partner from the home. As the following examples illustrate, some police officers went to considerable lengths to be helpful:

"The police officer who was involved in the case was very kind,

understanding and supportive. He accompanied me to the court hearing ... and also followed up later to ensure that my ex-partner was abiding by the court order to stay away from me. Throughout the whole experience, I felt that he was very helpful. On the day of the trial, he was in court to testify, he remained in the courtroom for sentencing, and then came down to the wind-down room to advise me about the resulting verdict."

"The way the police officers dealt with the situation was very helpful. They were very supportive and I felt that they were taking my situation seriously... The investigating officer could not have handled the situation any better. She was patient, respectful, and treated me with dignity. She called me later to ask how I was managing."

Not all contacts with the police were as rewarding. Sixteen percent of the women who had contact with the police were upset by the responding officers, using terms such as "insensitive," "unsympathetic," "uncaring," "rude" and "aggressive" to describe the officer's manner toward them. Nine percent felt the police did not take their concerns seriously, 8% felt the police blamed them for abuse, and 11% felt that the police sided with the abuser. Other problems included long delays after calling 911 (reported by 11% of the women who contacted the police) and failure to offer assistance because there was no evidence of physical abuse (8%).

As a result of these negative experiences, 14% of the women said they had lost confidence in the ability of the police to offer any kind of effective assistance. Similar results have been reported in other studies. For example, Bergen (1996) found that women "did not think the police treated their complaints of wife rape seriously. Therefore, many stopped calling the police for help" (p. 57).

The following comment is from a woman whose abusive partner kicked down her apartment door and threatened her with a butcher knife when she called 911. Her story describes the possible repercussions of poor police service:

"I called 911. I actually called twice as it was taking time for them to respond and my partner was ... screaming and yelling and threatening me. The police were not helpful that night. Despite my statement about what happened and my insistence that they charge him with assault, they refused to do so. They said they would not charge him because he was drunk and not responsible for his actions. They agreed to take him down

to the station to sober him up, but brought him back an hour later. I realised at that point the police could not be depended upon to protect me ... It has been my overall experience that the police cannot be relied on to help abused women in this city."

On a positive note, the level of referrals made by the police for the women in this study are higher than might be expected. According to the Statistics Canada 1993 Survey, police put abused women in touch with other community services in only one of every five cases. In the present study, the police made community referrals to 40% of the women who contacted them.

The findings suggest an ongoing need for police training in the appropriate provision of service when responding to women who are abused. The relatively high levels of referrals by the police do suggest, however, that the community relationships built through the LCCEWA may have a positive influence on police responses to abused women.

Family Consultants Service. The Family Consultant Service is a unit of the London Police in which staff members are specifically trained to work with abused women. In contrast with the mixed experiences described by some of the women who had contact with the general division of police services, the women reported very positive interactions with the Family Consultants. Of the 30 women who had contact with this service, 83% described their experience as entirely positive.

Help provided by the Consultants included emotional support (37%), spending time with the woman and taking the time to listen (23%), and referrals and information about services in London (43%). An equal number of referrals were made to lawyers or legal services, general counselling services and services specific to abused women. Several women also received useful advice from a Consultant including how to protect themselves and their children (30%) and how to deal with the police and/or legal system (13%). Three women observed that because of the help they received from the Family Consultants, they were able to make the decision to leave their abusive relationships.

The importance of combining emotional support with practical information is evident in the following comments:

"I spoke with (a Family Consultant) who was very supportive and a good listener. She gave me advice about how to obtain a restraining order if

my partner continued to demand my attention. I feel that the service offered by this agency is excellent. It is a place to receive practical information but they also combine this with emotional support and understanding which is much needed during a time of crisis. I consider the people that work here to be very special."

Court System. Slightly fewer than half of the women had some contact with members of the local legal system, including lawyers, legal aid services, the Crown Attorney's office, and the courts. A number of women reported positive experiences with lawyers and the Crown Attorney's office, however, others were frustrated by aspects of the system that, in their opinion, heightened their risk of undergoing further abuse. Several women noted, for example, that the system seemed to offer little, if any, protection against harassment from the abuser after separation. Some had difficulty obtaining a peace bond or restraining order, and others were disappointed to find that their abusers were not monitored when released from jail. Others were upset because they found the sentences received by their abusing partners to be too lenient. Additional concerns included child custody decisions that forced contact between the abuser and the victim, as well as long delays within the system that increased the woman's exposure to possible further abuse.

Several women commented on the insensitivity of police, lawyers, and judges about their fears of retaliation if they signed a witness statement. Although women in this jurisdiction are no longer burdened with the onus of pressing charges, the women in this study reported that police officers appeared reluctant to offer assistance if they would not sign a witness statement. Many of them felt that signing this statement would further anger their abusers and increase the risk of more abuse.

The following two examples illustrate the contrast in women's experiences with the justice system depending on the perceived quality of their legal representation:

"The lawyer I had was not assertive enough in court when my partner was eventually charged with assault. I felt that we lost the case in part because she did not represent my interests aggressively enough. I felt that I did not get a chance to say all that I wanted to say in court and that I was not heard. My partner's lawyer twisted the facts, the photos of my injuries were of poor quality... The fact that there were witnesses to the abuse was not taken into consideration. I feel that the legal system

protects the abuser.”

“The legal system worked to my advantage. I felt that I had been protected by the system, and that the courts made the best choice that could have been made. The work of the Crown Attorney was excellent... I was made to feel valued as a person, that the resolution of my situation was important to them. ... I have had excellent advice from the lawyer who helped me to deal with the divorce and custody issues. My experience and relationship with the assistant Crown Attorney has had a profound impact on my ability to deal with this situation in a positive light. Throughout the whole process, she respected my need to know what was going on and kept me informed.”

Victim Witness Assistance Program. One facet of the court system that appears to be particularly effective is the Victim Witness Assistance Program. The great majority of the women who made use of this program were very satisfied with the service they received. Twenty-two percent of the women had contact with the program. Of these, 87% described entirely positive experiences. The types of assistance the women most appreciated included: staff support through a trial (57%), learning about what to expect and how court proceedings operate prior to a trial (43%), staff accompaniment during court proceedings (39%), and facilitation of meetings with the Crown Attorney’s Office (26%). Only one woman who had contact with the Victim Witness Assistance Program reported that she had received a referral through this program to any other community service.

Counselling and Therapy. The importance and role of counselling and therapy for abused women is controversial. Some have argued that when abused women receive counselling, there is a danger that they could be pathologized by service providers (for example, described as co-dependent or self-destructive and therefore blamed for contributing to or inviting abuse). Because most traditionally trained therapists have been taught to view clients’ problems from an individual rather than a social perspective, they may fail to give sufficient weight to factors outside the client’s own control or psyche that may impair their emotional and psychological well-being (Grigsby and Hartman, 1997). However, because abused women may experience depression, self-blame, low self-esteem, and a sense of social isolation (all predictable and reasonable responses to their situations), they may benefit from caring interactions with counsellors who are knowledgeable about violence against women. It is perhaps not surprising, then, that the women in this study attested strongly to the need for counselling and

emotional support.

More than half the women (54%) reported contact with some type of counsellor or therapist, including social workers, psychologists, or psychiatrists who worked in private practice, hospitals, medical clinics, community service groups, or community centres. Most (67%) described their experiences positively, especially those who had been looking for individual or group counselling. However, all but one of the women who attended counselling with their partners (16%) described marital therapy as a negative experience. Most of the women who sought assistance from a counsellor or therapist felt that they had been helped by the experience. The exceptions were women who underwent marital or couple counselling. Eight of the nine women who attended marital therapy reported that they were not helped by the experience. This is consistent with results reported in other studies in which traditional couple counselling appears to be ineffective (perhaps even dangerous) (Bograd, 1984; Grigsby and Hartman, 1997).

As the following examples suggest, couple counselling or marital therapy was seen to be unhelpful either because of the husband's attitude or because of counsellor's methods:

"Over the years, my family had counselling on and off. My partner 'played the game' with the counsellor but his behaviour never changed."

"We were referred to [a private counselling agency]. My husband was not interested in changing his behaviour. He would lie to the counsellors."

"My husband and I had marriage counselling. I often felt attacked and unsupported by the counsellors. I felt that they did not believe anything that I was saying. I felt they were on his side. I eventually stopped going to these sessions. This experience was definitely not helpful to me."

"I went with my husband to see (a psychiatrist). The psychiatrist obviously believed my husband's story. My husband and I also saw a marriage counsellor for a time. We gained nothing from this experience. I believe that the results of marriage counselling is that the wife gets blamed for the situation."

"The marriage counselling was a complete failure. The counsellor put responsibility for my husband's happiness on me. He asked me what I

thought I could do to make him happy. I felt completely unsupported by the counsellor.”

Counsellors and therapists provided the women with relatively few referrals. Only 9 of the 57 women who met with a counsellor received referrals to other support services in the community.

Clergy. Eighteen percent of the women reported that they had sought help from a member of the clergy about the abuse they were experiencing. The outcome of these help-seeking efforts were mixed, with 58% reporting a positive experience and 32% reporting that they had not been helped by this contact. Positive encounters were those in which clergy members provided the women with emotional support. The women’s experiences were negative when clergy members did not offer this support or seemed unwilling to become involved in the situation:

“The clergyman at the church was least helpful to me in this situation. He was aware of the situation but refused to help me.”

“When I told (the pastor) about what had happened, he told me I should ‘stick it out’ at all costs. He said that the problems in the relationship were at least half my fault and that I needed to work harder at the relationship. I was taken aback by his advice and his insensitivity and lack of knowledge about abuse in relationships.”

“The church pastor treated the situation like a skinned knee - put a bandaid on it and it will go away. He did not offer any practical advice. His solutions were abstract. He suggested that I pray for my situation to get better. This was not helpful. In fact, it was a turn-off. I felt that I was speaking to a person who did not understand the seriousness of woman abuse.”

Pastors provided few referrals. Of the 19 women who sought help from members of the clergy, only one received a referral to any other service in the community.

The women’s experiences with members of the clergy are comparable to those reported in other studies. For instance, Bergen (1996) found that most of the women in her study who consulted with religious advisers were dissatisfied with the response they received.

Health Care

Family Physicians and Medical Clinics. Fifty percent of the women talked to family doctors or other health care professional about the abuse they were experiencing. Of these, 83% described their experiences as uniformly positive and 75% described their doctors as an excellent source of emotional support. Although 44% reported that their doctors provided referrals to other community services, physicians provided only limited assistance in helping women gain access to other sectors of formal network. Most referrals made by physicians were only to other sources of counselling or therapy (70%), not to services such as women's shelters (19%).

Hospital Emergency Departments. Twenty-five percent of the women had contact with a hospital emergency department because of the abuse. Of these, 37% described their experience as entirely helpful, and 27% reported that it was entirely unhelpful. Those for whom the contact was helpful reported that they received good care for their physical injuries as well as emotional support, were encouraged to seek help, had the police were called on their behalf, and were provided with general information about abuse, as well as referrals to other services.

Those who reported negative experiences said they were treated with a lack of compassion, felt they were blamed for their injuries, were offered no emotional support, felt that they were not believed by the staff, and were given no referrals. As with police services, the quality of the women's experiences with hospital emergency services was largely dependent on the responses of the particular nurse or doctor assigned to their care. It is noteworthy that one in five women who went to a hospital emergency department was not asked about the source of her injuries, a pattern similar to that reported in other studies. For instance, Randall (1990) reported that a majority of abused women were discharged from a hospital emergency department without having any arrangements made for their safety. Similarly, Kurz and Stark (1988) found that abused women were typically sent home from emergency departments without additional medical or social service attention or follow-up and that eighty percent of women who told physicians they had been assaulted by their partners were not referred to the hospital's violence counselling program.

Services Specific to Abused Women

Sixty-one percent of the women sought help from an advocacy service and 44% had sought help from at least one of the shelters for abused women and their children located in Southwestern Ontario. Help received from these sources included safe shelter, counselling, and emotional support from staff, as well as referrals and information about community resources, the opportunity to talk openly about the abuse, and a connection with other abused women. Unlike the complaints some women had about general services agencies, there was little dissatisfaction reported about the women's interactions with shelter or advocacy centre staff. Rather, when dissatisfaction was expressed it arose because of access and structural problems due to insufficient funding to the agencies. Of particular concern were waiting lists, non-availability of space, over-crowded conditions, limited hours of operating, and shortage of staff to book initial appointments.

Shelters. Sixty percent of the women who had contact with a shelter described their experiences in exclusively positive terms, 30% reported a mixed experience, and 7% said they had not been helped at all. Of the latter, two women were not helped because the shelter was full when they called, and one found the overcrowded conditions of the shelter too stressful.

Of the women who reported positive experiences, 71% noted the importance of having a safe, secure place to stay and all said they had been helped by the information and referrals they received to other services in the London area. Ninety-three percent were helped by their contacts with the shelter staff members, who were described as welcoming, caring, sympathetic, understanding, non-judgemental, and supportive of the women's decision-making autonomy. Sixty-one percent commented on the importance of being supported by other women facing similar situations, 35% found group discussions with other women very helpful, and 61% appreciated the practical information and advice they received at the shelter.

The following examples illustrate how women received multiple forms of assistance through shelter services that permitted them to leave their violent relationships:

"(My stay at the shelter) was helpful in that it provided a safe refuge against the threats and the violence. I knew that I was safe behind locked doors and there is police protection for the shelter should problems arise. It was also helpful to be with other women who understood my situation

because they had experienced it themselves, and also to talk to the workers. Speaking with the staff, other women, and attending the group sessions helped me to see that there are other choices one can make towards having a life without violence. The practical advice and the emotional support made a large contribution to the decision never to return to the relationship.”

“Not only did (the shelter) provide a safe and free place to stay but a great deal of moral support both from the staff and the other women who were living there at the time. I was able to save some money to make a new start in a different apartment from the one I had been living in with my partner. I found the staff there to be non-judgemental and non-interfering, but helpful if I asked for help. Going to (the shelter) was the most helpful thing that happened. It was a crucial first step to my leaving the relationship permanently.”

When women reported any negative experiences involving the shelter, the most common problem they described was the stress associated with community living (reported by 14 women). In particular, they described the challenge of living with a large number of women and children in the shelter, the lack of personal space, the need to share rooms, and the absence of peace and quiet. In spite of these problems, very few women described negative experiences associated with staff and/or any counselling they may have received, although six women found the transition of leaving the shelter and the absence of follow-up services difficult.

Shelters provided the greatest source of referrals to other community services. The 46 women who had stayed in shelters named 61 different agencies or services to which they been referred by shelter staff or about which they received information.

Women with Special Circumstances

As noted earlier, attempts were made in this study to reach out to women from diverse populations within the community, including women with disabilities, lesbians and bisexual women, First Nations women, and women from London’s multicultural communities. Of the 105 women who took part, 9% were from the multicultural communities, 4% were from the First Nations, 8% described themselves as having a disability, and 2% reported relationships in which they were abused by another woman. Although it is difficult to generalize from groups of this size, these women’s help-seeking experiences offer some useful insights into the responsiveness of the helping network.

Several of the women in the study explained that their abusive partners had deliberately attempted to isolate them. Women from the multicultural communities gave specific examples of ways in which their cultural background added an additional layer of social isolation to their situations:

“I have not known what to do about my situation. It has been difficult for me to admit there are problems in my marriage. I find it especially hard to share this with my family... They believe us to be very lucky to live in Canada. It would be difficult for them to believe that I could not be happy here, even if my marriage was unhappy.”

“I could read and write in English, but my speaking skills were limited.. I was attending adult education skills to improve my English skills. My husband was very angry about this. He tried to sabotage this by not being at home when he promised to care for the children.”

There was no evidence that women from any of the special groups were any more or less likely than other women in the study to make use of the formal network of help services in the community. On average, the women from these groups contacted the same number of service agencies within and outside the LCCEWA network as all the women in the study. However, with the exception of the First Nations women who were just as likely to involve the police as the women from the entire group, only 5 of the 9 women (56%) from the remaining cultural minorities had ever involved the police (in comparison with 70% of the whole group).

Taken together, women from the special groups (including the First Nations) were more likely to have had an entirely negative experience with the police than was true of the total group. Whereas 20% of the entire group reported that they received no help at all from the police, in this subgroup, 5 of the 9 women who contacted the police (56%) described their experience as entirely negative. As illustrated by the following examples, race was perceived to be an important element in encounters with the police:

“On several occasions I had called (the police) for help. They always refused to charge him. Their attitude was that I should feel lucky that a white man would be interested in me. One officer said that I must be used to this in my culture and asked what is done in my culture to deal with this problem... Their attitude empowered my partner. The beatings were

always worse in the days following a call by me to the police.”

“I felt that I was being stereotyped by the police. I felt that I was not treated with respect because I am native and my partner is white... Not only was my call to the police not helpful, but in fact it made things worse. When I did return home, my partner felt that he could get away with more abuse and that the police would do nothing. He laughed about the incident and said to me ‘Who is going to believe you? It is your word against mine and you are Indian.’”

Of the eight women in the study who indicated that they had disabilities, three had mental health problems and five had physical disabilities. Their comments illustrate how they perceive their disabilities to affect their relationships with their partners and with service providers:

“I have (a mental disorder) that is controlled, for the most part, by medication. My partner would often accuse me of being ill if I would not do as he wanted me to do... He would say things like ‘No one else would ever want you’.

“I became dependent on my husband as I became more ill... When I lost my job because of my illness I became even more dependent on him.”

“The attitude of (the social worker) has been the least helpful... I don’t think she can see beyond my disability... (At the shelter) I felt that they were very closely monitoring how I was dealing with my kids. It felt uncomfortable. I felt that they were treating me differently because I am disabled.”

Only two women in the study reported that they had been abused by a female partner. Although both described positive experiences with formal service providers, they also gave examples of ways in which their sexual orientation hindered their attempts to seek assistance:

“My experience was mixed. Some of the people were gay positive and so I found talking to them helpful. There are some people who I sensed were not sympathetic to my sexual orientation. If that was the case, I was not helped by speaking to them.”

“I made an appointment with my family physician because I have been very emotionally upset by this situation. I told him that I had just ended an abusive relationship, that I had been forced to move, and that I was unable to find employment. He told me that all men aren’t like that and that I should just carry on with my life. He had not even twigged to the fact that I’m a lesbian. I felt that he did not have any interest in trying to help me.”

Implications of the Study

The women's experiences reveal that, in response to the often very severe abuse they experienced from their partners, they are strongly inclined to reach out for assistance to the formal helping network in this community. While, for the most part, they did receive assistance, regardless of the particular facet of the service network consulted, the match between the help sought and the help received was not always perfect.

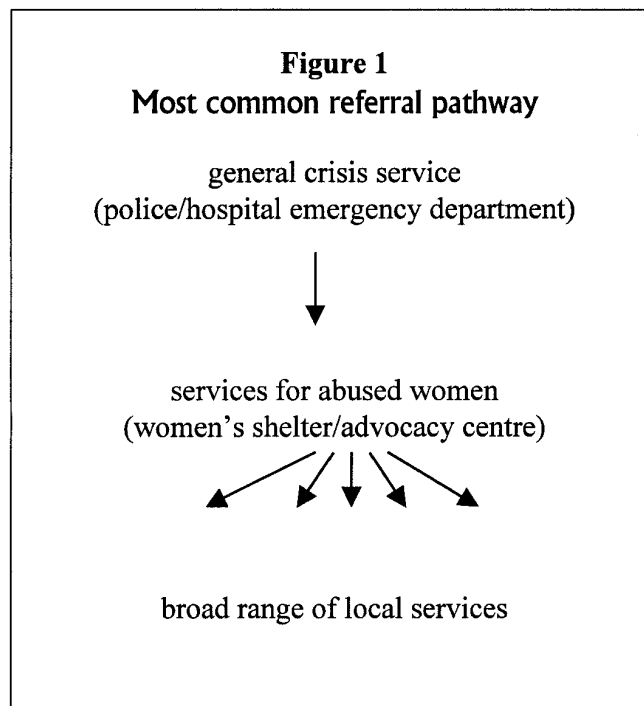
As a test of the Integrated Model, the results indicate that consumer satisfaction is high with many aspects of the service offered through the member agencies of the London Coordinated Committee to End Woman Abuse. To a considerable extent, it appears that the Integrated Model is viable and works as a coordinated network of service delivery to provide appropriate support to the people for whom it was designed. Despite these positive indications, however, the results also reveal variations across the help system in the quality of service provided to abused women, particularly with respect to the attitude of service providers and the referrals provided to other community services.

The relatively high levels of involvement with the formal help system on the part of the women in this study may be attributed to a number of factors. First, studies of this type, in which participants refer themselves, tend to attract a higher proportion of active help-seekers (see, for example, Bowker and Maurer, 1987). Second, because most of the women had experienced physical injury and frequent, severe incidents of physical violence, they were more likely to have reached out to the formal help system. As noted earlier, other studies have shown that women are more likely to seek formal assistance if they have incurred physical injury and experienced several violent incidents (Rogers, 1994). Finally, the high level of contact with the formal help network may reflect the success of the Integrated Model. Through the efforts of the London Coordinating Committee to End Woman Abuse and its member agencies, there may be a more comprehensive range of services available to abused women in this community than is true elsewhere and the level of public awareness about these services may also be higher. The referral network that has been created through the effort to coordinate services may also have succeeded in facilitating the movement of abused women through the various components of the local help network.

One of the advances in this study is that, in addition to providing information about where abused women look for help, it identifies the women's goals in

contacting particular services. The results reveal that, along with a consistent desire for emotional support, in descending order of frequency, the women's goals included: protection, safe shelter, removal of the abusive partner, advice about managing their situations, a criminal charge against the partner, and physical health care. Although they were generally successful in receiving some assistance, the help they received was often different than what they sought. For example, more than 40% of the women who wanted the police to remove their partners were not assisted in achieving this goal. On the other hand, 29 women reported that the police laid charges against their partners, although only 10 originally contacted the police with this goal in mind.

In their journey through the systems that comprise the help network, the women tended to turn first either to the police or a hospital emergency department (see Figure 1). These services typically directed them to community agencies with a specific mandate to assist abused women which, in turn, directed them to a wide range of different services available in the community.



Although none of the women specifically stated that they sought help from a formal service provider in order to get referrals or information about community

resources, many were in search of advice when they reached out for assistance. Seventy percent of those who were in contact with a formal service provider received at least one referral from that source, although services with a specific mandate to assist abused women gave more referrals (87%) than agencies with other service mandates (50%).

The nature and type of referrals offered depended on the type of agency to which the women first turned for help. Services not specific to abused women tended to refer women to services specific to abused women, and services specific to abused women tended to make a broader array of community referrals.

Referrals are clearly an important part of the service offered to abused women in this community and the women made use of the information they were given. Eighty-three percent of those who received a referral attempted to contact the service or agency to which they had been referred. Of these, 94% reported that they were helped by the services to which they had been referred.

The results suggest that, for most of the women who participated in this study, the goal of London's Integrated Model of Service Delivery to promote coordination and consistency of response by the member organizations of the LCCEWA was achieved.

Regardless of the type of assistance sought, the women repeatedly mentioned the importance of the personal demeanor of service providers when assessing the outcomes of their encounters with the formal help system. Counselling and emotional support were described as the greatest help received by nearly half the women (46%) and, when asked to describe what other responses would have been helpful to them, 19% said they would have appreciated even more counselling and emotional support. The women's least helpful experiences were when service providers expressed a negative attitude toward them (25%) or denied and minimized the seriousness of their problem (19%). The latter finding is disturbing as it suggests that, when seeking help from formal service systems in the community, at least one in four women encountered service providers who were unsupportive or dismissive of their problems.

Key Findings and Implications

Other efforts to evaluate abused women's experiences with service providers have been limited primarily to groups of women who have lived in shelters or focused on women's experience with particular sectors of the service network, particularly hospitals and police services. This study reached a broad group of women who described their experiences across the spectrum of the helping network.

Summarized below are the main findings of the study:

- abused women in the London area are active help-seekers
- in response to a specific incident of violence, the women were most likely to turn for help to a general crisis service, such as the police or, less often, a hospital emergency department
- if given a referral by a service provider, most women followed up and contacted the agency/provider to which they were referred
- in response to a specific incident of violence, the majority of women sought help from only one type of support system, although, over time, they had contact with a wide range of help sources
- on average, each woman had been in contact with 3-4 services within the LCCEWA network, i.e., services comprising the Integrated Model, and 2-3 services outside the LCCEWA network
- in descending order of frequency, the women sought help from
 - police services (including the Family Consultant Services)
 - an advocacy centre for abused women
 - counsellors or therapists (including counselling agencies)
 - family physicians or medical clinics
 - shelters for abused women
 - lawyers
 - hospital emergency departments
 - programs for abusive men
 - The Ministry of Community and Social Services
 - the Children's Aid Society (child protective services)
 - clergy
 - public health nurses
- the quality of women's experiences with the formal help network varied:

- the highest level of satisfaction was with services with a specific mandate to end violence against women (such as advocacy services or shelters) or in which staff members are specifically trained to provide assistance to abused women (for example, the Family Consultant Service of the Police Services or the Victim Witness Assistance Program), or services offering counselling and emotional support (such as a trained counsellor, or a family physician)
 - the greatest dissatisfaction was with services in which not all staff share the same level of training and expertise in working with abused women (such as the general division of police services or hospital emergency departments)
 - regardless of the type of service sought, women were most satisfied when service providers offered emotional support and were most dissatisfied when service providers were negative, or denied or minimized their problem
- in response to specific incidents of violence, the women's primary goals in seeking help were protection and safety, safe shelter and/or removal of the violent partner
 - the consequences of different points of contact with the formal help system vary:
 - women who were involved with a general crisis service (such as the police) were most likely to be referred to services specific to abused women (such as a shelter or advocacy centre)
 - women who were in contact with services specific to abused women received a broad array of referrals to a number of different service providers throughout the community
 - counsellors, therapists and clergy made few referrals and family doctors tended to refer only to counsellors and therapists.

Implications for London's Integrated Model of Service Delivery

Evaluating the success of London's Integrated Model of Service Delivery is a difficult task. Because the London Coordinating Committee to End Woman Abuse has been in existence for nearly twenty years and public awareness of woman abuse has heightened considerably during the last two decades, it is not possible to make specific and meaningful before- and after- comparisons of the impact of the community's help system on abused women. Also, because the majority of local service providers who work with abused women are members of the LCCEWA, it is difficult to compare the success of these agencies to those outside the LCCEWA, a problem exacerbated by the fact that each agency tends

to provide a different type of service. In spite of these difficulties, however, the results of this study do provide valuable feedback for the LCCEWA and its member organizations.

With respect to the Integrated Model itself, foremost among the findings is that abused women in this community rely on a combination of the criminal justice, health care, and social service systems in their attempts to cope with violence by an intimate partner. The broad use of services, i.e., multiple efforts to seek help from a variety of sources is consistent with findings reported in other studies (e.g., Hutchison and Hirschel, 1998) and suggests that coordinating all sectors of the service community through the LCCEWA continues to be an important and worthwhile objective.

The results suggest that the LCCEWA has achieved modest success in promoting coordination between the justice, health, and social service systems. The majority of the women in the study received at least one useful referral from the service provider they contacted in response to a specific incident of violence. The findings indicate that many of those who work in the formal help system in the London area are knowledgeable about the activities and services of different community organizations and able to make appropriate, helpful referrals to abused women.

On the other hand, thirty percent of the women in the study indicated that when they contacted a formal help source they did not receive additional information about other community resources. Family physicians tended to refer only to counsellors or therapists, and counsellors and clergy infrequently made any referrals at all. The results suggest that abused women do not necessarily find a consistent referral response at different points of access in London's formal help network. Service providers who make no referrals or offer only a limited range of referrals and information may not be providing maximum benefit to help-seekers.

The study's results also suggest modest support for the LCCEWA's goal to ensure a consistent response to woman abuse on the part of its member organizations. Most of the women reported that they were helped when they reached out to the formal system. Very few felt they had received no help at all as a result of their connection with the formal help network. However, given the inconsistency of emergency departments' responses to abused women, the dearth of referrals offered by counsellors and clergy, and the dissatisfaction expressed by the women about their experiences with marital and couple counselling and with some of their encounters with the police, it may be worthwhile for the LCCEWA to focus on these sectors in future educational outreach efforts.

System improvements: What's Missing from the Consumers' Point of View

In this final section of the report a summary is presented of the women's opinions about what is needed or missing in different parts of the help network.

Improvements Needed in the Justice System

police services

- more consistently respectful and supportive treatment by responding police officers
- faster response times
- assistance even in the absence of physical evidence of abuse

court system

- better protection against harassment and abuse after separation
- clearer directions about how and when to obtain a peace bond or restraining order
- swifter court action
- stricter sentences for abusers
- monitoring of abusers who are released from jail
- child custody decisions that do not force contact between abuser and victim

Improvements Needed in the Health Care System

family physicians

- more time taken by physicians to discuss the abuse
- more referrals
- a clear message about the lack of acceptability of abusive behaviour

emergency departments

- more consistent, compassionate treatment
- more emotional support
- more information and referrals

-
- eliminate blame and disbelief when responding to abused women

Improvements Needed in the Social Services Sector

shelters/advocacy service/ sexual assault service

- eliminate or extend time limits on counselling and residential stays
- more convenient hours for appointments
- more counselling time
- evening counselling hours
- shorter waiting lists
- more shelter beds
- child-care during counselling
- reduce crowded living conditions in the shelter
- more personal or private space in the shelter
- more quiet space in the shelter
- more referrals to community services
- less feminist emphasis in counselling
- more practical information and/or advice

programs for abusive men

- shorter waiting lists
- address partners' lack of willingness to attend counselling
- address partners' lack of willingness to change behaviour
- focus more on emotionally abusive behaviour (not just physical abuse)

children's services

- more emotional support to mother
- more concern for children's safety
- shorter waiting lists
- in-home counselling

Ministry of Community and Social Services

- more respectful attitude on the part of support workers
- reduced delays for issuing funds

-
- funding for security and safety requirements
 - more programs in money management and job-seeking
 - address partner's reporting of false information to the Ministry

counsellors/therapists

- address abuser's lack of willingness to change or acknowledge responsibility
- use marital or couple counselling methods that do not blame or attribute equal responsibility for the abuse to the victim
- eliminate responses that dismiss or deny the abuse, or blame the victim
- focus on abuse in counselling sessions

clergy

- acknowledge abuse and get more involved in the situation
- stop addressing abuse exclusively as a crisis of faith or a challenge to the sanctity of marriage
- demonstrate better understanding of the power dynamics of woman abuse

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Appendix A

Membership, London Coordinating Committee to End Woman Abuse

Health:

- ◆ Middlesex-London Health Unit
- ◆ Inter Community Health Centre
- ◆ Regional Assault Treatment Centre

Housing:

- ◆ Mission Services of London, Rothholme Women's and Family Shelter

Justice:

- ◆ Police
- ◆ Family Consultants Service, London Police
- ◆ Crown Attorney
- ◆ Family Lawyer
- ◆ Ministry of the Attorney General, Victim Witness Assistance Program
- ◆ Probation and Parole
- ◆ Judge

Anti-Violence Services:

- ◆ Women's Community House
- ◆ London Battered Women's Advocacy Centre
- ◆ Sexual Assault Crisis Line
- ◆ Atenlos
- ◆ London Second Stage Housing
- ◆ Family Service London
- ◆ Changing Ways
- ◆ Adult Survivors of Child Sexual Abuse Committee

Funders:

- ◆ Ministry of Community and Social Services
- ◆ The United Way of London and Middlesex
- ◆ City of London

Children/Youth:

- ◆ Madame Vanier Children's Services
- ◆ The Children's Aid Society of London and Middlesex
- ◆ London Family Court Clinic
- ◆ Big Sisters of London
- ◆ Merrymount Children's Centre

Education:

- ◆ Thames Valley District School Board
- ◆ London and Middlesex County Roman Catholic School Board

Multicultural:

- ◆ Women Immigrants of London
- ◆ London Multicultural Youth Association
- ◆ Across Languages
- ◆ Multicultural Committee

Spiritual:

- ◆ Limberlost Chaplaincy Service

Disabled:

- ◆ Networking Advisory Committee

Special Interest:

- ◆ WAAAVE
- ◆ London Status of Women Action Group
- ◆ Centre for Research on Violence Against Women and Children

Appendix B

Interview Questions

1. Please describe a situation that has taken place in the last three years in which your partner was abusive to you.
2. Where did this happen?
3. After this happened, what did you do?
4. Did you contact anyone?

For each contact mentioned, the follow-up questions are:

How did you hope this would help?

How did it help/not help?

If the contact was with a formal help providers, e.g., an agency or professional, follow-up on referrals that were made and the outcomes of these referrals, e.g.,

Did x suggest that you contact anyone else for help?

[list referrals made]

Did you ever make contact?

If yes, what happened?

If no, why not?

5. When you look back on this situation, what is the most helpful thing that happened? The least helpful thing that happened? and what else do you think might have helped you out in this situation?
6. How long have you lived in the London area?
7. What is your occupation?
8. Where did you go to school?
9. What year were you born?
10. What is the language you first learned in childhood and still understand?
11. Would you describe yourself as being a member of a particular cultural group? If so, which group?
12. Do you have children? If so, how many and what are their ages?
13. The following is a list of agencies in London and Middlesex County that offer services to women who experience violence in their relationships. It would be helpful if we could review the list to discover which of these agencies you have contacted in the past.

Appendix C

What helped, what didn't help, and what might have helped

Table 9: Most Helpful Responses

Most Helpful Response*	Percent
Counselling/emotional support	46
Support of friends/family	25
Access to safe shelter	16
Contact with other abused women	12
Charge to partner	7
Removal of partner	5
Learning safety strategies	3
Taking educational courses	3
Legal assistance	2
Anti-violence work involvement	2
Attitude of persons contacted for help	2
Info. regarding signs of abuse	1
Care for physical injuries	1
Religious faith	1
Employment opportunities	1
Strong female role-models	1
Support of children's schools	1
Unsure/don't know	4

Table 10: Least Helpful Responses

Least Helpful Response	Percent
poor attitude of service provider	25
service provider denied/minimized problem	19
service provider offered discomfoting advice	14
law/legal system response inadequate	12
friends/family denied/minimized problem	11
woman's own internal barriers	10
waiting lists too long	8
rules associated with shelter	3
large number of women staying at shelter	2
court delays	1
limited length of stay at shelter	1
neighbours not responding to sounds of abuse	1
lack of follow-up after shelter stay	1
limited number of counselling sessions	1
don't know/unsure	12

Table 11: What else would have been helpful

	percent
more counselling/emotional support	19
better government/legal policies	8
more serious penalties for violence	7
more financial help	7
better advertising of community resources	7
better understanding by agencies/professionals	5
more information re: signs of abuse	5
more support from family/friends	4
having a female police officer assigned to case	3
better preparation to understanding legal/court process	2
contact with women in similar situations	2
more counselling for abuser	2
willingness of neighbours to call police	1
don't know/unsure	29