Making Their Stories Matter: A Community-Engaged Research Evaluation of Service User and Service Provider Experiences of a Coordinated Response to Violence against Women and Children

By

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ABSTRACT

Making Their Stories Matter: A Community-Engaged Research Evaluation of Service User and Service Provider Experiences of a Coordinated Response to Violence against Women and Children

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Coordinated community responses (CCR) to violence against women have experienced many successes in bringing together service providers from different sectors under the shared goal of providing collaborative services to abused women and their children. This research contributes to CCR literature by assessing what service providers and service users in a small Ontario community identify as the functions of effective responses to abused women and children. Guided by feminist theory, this study prioritizes the importance of women's voices in the research and the results are grounded in an appreciation for their lived experiences. The use of social psychological and educational leadership theories, including Relational Coordination Theory and the Social Change Model also explore the importance of relationships among service providers and service users under a CCR model. This study features face-to-face qualitative interviews with forty-one participants, including seven violence-specific/direct service providers, ten broader service providers and twenty-four women who have experienced abuse and accessed services within the last three years. This research adds to a gap in the literature that suggests while members of DVCCs are conscious of their conduct with abused women, this does not always transfer to other service providers within their sectors, and therefore ongoing knowledge transfers can widen the net of service providers that learn about CCR values and protocols. The overall findings reinforce previous findings that commitments to CCR models are not static, and service providers should make a conscious effort to revisit the goals of their protocols; manage differences of opinion/conflicts; recognize and address one's inherent biases; and understand the complexities of violence against women including system and structural barriers.
ACKNOWLEDGMENTS

At times, conducting research can be a lonely process, but it was made much less so thanks to the colleagues, friends and family that surrounded me over the past three years.

Thank you to my advisor, Dr. Mavis Morton. You made the research process feel less lonely at the most pivotal points by advocating for me on more than one occasion. I am especially appreciative of your ability to guide and not manage, ultimately allowing me to conduct my thesis in a manner that remained authentic to my overall vision of the project.

Thank you to my committee member, Dr. Jeji Varghese for providing me with invaluable tools throughout the project, ranging from a laptop equipped with NVIVO software to a research agreement draft that situated the community partner as equals in the research process.

A special thank you to my friends and your families for graciously opening up your homes and hosting me during my many travels to conduct interviews. Chelsea, Sue, Bill, Justin, Amy, Jesse and Ethan – providing a place to stay and meals to eat is the most precious gift you can give to a graduate student on a budget. You did so without hesitation, and for that, I am truly grateful.

I would especially like to thank my mom, Palmina, for supporting me in endless capacities. I will not soon forget the number of times you took the bus on those cold winter days so I could take the car to Elgin County, happily knowing you were helping me in my research efforts.

Lastly, I would like to thank the service providers and service users from Elgin County, Ontario for welcoming me into your community and trusting me with your stories.
A NOTE FROM THE RESEARCHER

From September 2014 to April 2016, I travelled from Toronto to conduct 107 face-to-face qualitative interviews with community members of Elgin County, Ontario. The following excerpt derives from one of my many early morning commutes - one of which brought upon reflection through a critical sociological lens - a lens in which my advisor Dr. Mavis Morton once told me much of life’s experiences are most soundly seen through.

As I made my way into Elgin County from Toronto, the sun was rising and I was scanning the radio to fill the silence of the car. I settled on the CBC, a program that emits an aura of sophistication, making listeners feel pensive and ‘in the know’. I cannot remember what I tuned into the middle of, but by sheer coincidence - or perhaps fateful timing - I raised the volume in time to hear about a developing story. A man was charged with three counts of first-degree murder, accused of killing three women he knew in a small Ontario town.

Googling the case later that day for names and facts, it was reported that Basil Borutski of Wilno, Ontario had been released on probation after being convicted of choking Anastasia Kuzyk, one of the three deceased victims. I read that upon Borutski’s release from jail, while his probation order mandated he stay away from Anastasia, he refused the technicality of signing an agreement. When reflecting on this point, I pondered the notion that in exercising his legal right, not only did he show defiance of the law, but such defiance was symbolic of the little regard he held for his victim’s sense of safety and agency. Not long after his release, he was accused of murdering Anastasia Kuzyk, Carol Culleton and Nathalie Warmerdam. In scanning the news articles, I also remember reading that the same day Borutski choked Anastasia in December 2013, he burned an antique rocking horse she owned. There was something haunting about this particular detail, and upon reflection I reconciled that it was because it spotlighted the vitriol and intimidation abusers often inflict on their victims; a reality repeatedly highlighted in research on violence against women (VAW). Burning something someone loves sends the isolating message that nothing around them is safe; an overarching message that abused women receive in countless ways and a significant reason why leaving, seeking and securing safety is so trying, so complex and so dangerous.

Going back to the car ride, I recall listening to the news story and it continuing like so many other stories before it. A hindsight criticism of where the justice system failed provided by experts, including a timeline of the perpetrators actions, laden with overlooked warning signs of his hatred towards women.. Details about the murders were provided, followed by announcements of candlelight vigils, all of which planned to
pay homage to the victims and their families. In wrapping up the story, calls were made for legal reform to better protect victims of abuse.

The story concluded and I lowered the volume, reflecting on the eerie closeness of circumstances as I neared Elgin County. I had just listened to a story about a man who killed three women he knew, and I was on my way to speak to five women about their experiences with abuse, all of which also turned out to be at the hands of men they knew. Fifty-nine women had already shared their stories with me and I still had more to schedule. Though I had a final number in mind, it was for research practicalities only and was by no means due to a lack of potential participants. I had never heard of Wilno, Ontario until these murders. Similarly, when I spoke of my research many were unfamiliar with the townships and municipalities that made up Elgin County. I could not begin to fathom the fear Anastasia, Carol and Nathalie felt, and only during our conversations did I get a vicarious glimpse of the unrest those fifty-nine women from Elgin County lived with every day. Though fifty-nine women seemed like a lot, I knew this was a mere sample of the overwhelmingly high population of women who have experienced abuse.

While I had done the drive many times and had many more ahead of me, this ride brought significant reflection and refocus to the purpose of Elgin County’s evaluation research I was completing. VAW remains a severe societal problem and one could argue that at best, abused women suffer in silence while managing their abusers and at worst, they are murdered, become another news story and then another statistic. This is where service providers are most crucial. No matter if an abused woman first makes contact with a police officer, doctor, nurse, counsellor, social worker, educator or even food bank coordinator, each of these service providers can send her on a trajectory towards escaping the abuse by listening, referring, and providing empowering support. Though working among so many systems is challenging for both service providers and users, and while the complexities of addressing VAW persists on a daily basis, I have seen through my research that efforts to combat VAW stoically continues. In fact, I was prompted to write this piece because on the day I heard the news story, I conducted interviews at VAW Services, Elgin County and overheard some of the counsellors discussing the same story. I drew small comfort in hearing them make the same critical assessments I did, noting this was a microcosm of a much bigger problem in our society. I drew significant comfort in knowing we are all in positions that can impact change, whether by practical and/or theoretical means.

Above all else, it is my sincere hope that this research tells the stories so graciously shared by a resilient, inspiring group of women and does so in a way that may help them and so many other women whose voices we have yet to hear - and may never hear - but matter just as much.
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Chapter One: Introduction

The pervasiveness of male violence against women first entered the public realm in the 1970s during the women’s movement in Western countries (Balfour & Comack, 2006; Zweig & Burt, 2007). In 1981, the Canadian Advisory Council on the Status of Women released a report entitled *Wife Battering in Canada: The Vicious Circle*. The author Linda MacLeod (1980) indicated that women are overwhelmingly at risk of various types of abuse from their partners and estimated that every year, one in ten Canadian women is battered by a live-in partner. Gelles and Straus (1986) reported that women “are more likely to be physically assaulted, beaten, and killed in [their] own home at the hands of a loved one than anyplace else, or by anyone else in society” (Schaefer, Smith, & Grekul, 2009). In 1993, Statistics Canada conducted the Violence Against Women Survey, often referred to as the first national surveys of its kind anywhere in the world (Dobash & Dobash, 1995). With responses from 12,300 women, the results further reinforced the reality that women are at greatest risk of experiencing violence from men they know. Over time, scholars have built on these early findings, providing an increased awareness and understanding of woman abuse. With this, research has expanded from addressing the frequency and types of abuse that women experience, to examining the types of services and best practices in responding to the issues facing abused women and their children within their communities and society as a whole.

Coordinated Community Responses (CCR) to Abused Women and their Children
When seeking safety from abuse, women and their children can access professional, formalized help through various avenues. They may disclose their abuse to a family doctor; call the police in a time of crisis; have a file opened with child protective services; call a mental health hotline; seek out violence-specific counselling; or walk into a women’s shelter. Regardless of the agency they first make contact with, abused women will often require services from multiple sectors in their attempts to manage the abuse (Clark et al., 1996; Sullivan & Allen, 2001; Adler, 2002; Allen, 2006; Hague & Bridge, 2008). Each of these organizations often functions under different policies, practices, and philosophies, and yet must still work together in responding to abused women and their children. This is known as a coordinated community response (CCR), an approach to service delivery that has been increasingly adopted in communities around the world. A CCR is the overarching term for multi-sector, multi-agency efforts to holistically addressing woman abuse through enhancements in policies and practices, both as a means of promoting community change and ending violence against women (Gray, 1989; Himmelman, 1996; Hague & Malos, 1998; Roussos & Fawcett, 2000; Sullivan & Allen, 2001; Adler, 2002; Allen, 2005; Salazar et al., 2007). This study aims to contribute to the growing body of literature on CCRs by conducting a research evaluation of one Ontario community’s response to abused women and their children.

**Focus of Study**

This study assesses the elements of a CCR response from the perspective of service providers and service users. The focus of the research is two-fold, assessing both the functions of CCRs (and service providers’ experiences working together under
a CCR model) and the experiences of abused women receiving services. Under the umbrella of these two areas, many themes emerge that contribute to existing literature on CCRs. Helpful and unhelpful responses to abused women are explored, revealing both the barriers to collaborative and coordinated efforts among service providers and the strategies employed to overcome these barriers. With this, assessing the relationships between service providers as well as encounters between service providers and service users aims to contribute to the literature on relationship dynamics under a CCR model. This study also employs a community-engaged research approach to partnering with a community in order to assess the benefits and barriers of their model. Throughout my research, I employ a community-engaged and feminist based methodological framework, drawing on applicable literature to ensure best practice.

**Background and Aim of Study**

My advisor has a professional relationship with a member of the Elgin Alliance to End Violence (EAEV) Committee and this made it possible for me to engage in community-engaged research (CEnR) which had the potential to result in mutual benefit. The community partner identified the need to conduct evaluation research and I wanted an opportunity to gain experience in community engaged scholarship, which would satisfy part of the requirements of a Master’s thesis. The EAEV Committee is a group of service providers in Elgin County in southwest Ontario that work with abused women¹ and their children. The committee functions under the mandate of the Elgin

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¹ The term ‘abused women’ was used by the community partner in previous studies; therefore, its use is replicated in this study to remain consistent with the preferred language. As noted in the community partner’s previous reports, this term is not meant to dilute the dynamic lives of the women they encounter nor is it meant to define them, but rather, it is helpful in managing the economy of words throughout the chapters. With this while ‘violence against women’ is the preferred term in referencing the focus of study for this research, the term
Coordinated Community Response Protocol (ECCRP) for abused women and their children, that have developed standards for accountability, committee activities and service provider conduct. Under the protocol, the EAEV Committee members work together in a collaborative way to regularly provide training (which they often do jointly); review the current system’s response to women and their children through research; and create action plans and set priorities based on results of periodic reviews (ECCRP n.d.). Furthermore, the protocol outlines a framework for accountability and for the committee to address issues between agencies (ECCRP n.d.). The ECCRP was also established with the understanding that it must comply with each organization’s internal standards of practice and service provider accountability to their own agencies. Their mandate to review the current system’s response, involving community research with women who access the services is what initiated my role in the evaluation research. Upon completing this CEnR, Elgin County will be the first region in Ontario to conduct three evaluation studies over a sixteen year period of their community’s response to violence against women and their children. By partnering with the EAEV Committee in conducting a third evaluation study, my M.A. research intends to contribute to the growing body of CEnR conducted through community-university (CU) partnerships.

Research Questions

This study explores three main questions that were developed based on research interests expressed by both the community partner (based in part on what the research questions were in the previous two evaluations) and me guided by a review of the

‘domestic violence’ is used at points throughout the chapters to remain consistent with the context and language used in the grey and academic literature.
research, my discipline and theoretical orientation. These questions will be reiterated throughout the chapters to refocus on the overarching aim of the study. The research questions under consideration are:

(1) What are abused women’s experiences with accessing/receiving services in Elgin County?
(2) What pre-existing and/or new systemic and structural issues impact service provision and women’s experiences of Elgin County’s community response?
(3) What are the main challenges/concerns that service providers experience working under a collaborative model of service provision for women and their children that have experienced abuse?

These questions will be explored in depth throughout the following chapters.

Overview of Chapters

In Chapter two I provide a scan of the current academic and grey literature including theories associated with coordinated community responses to abused women and their children. I synthesize the literature on service users, service providers, and their collaborative efforts and identify common themes, gaps in the literature and areas for future study. In chapter three, I provide a methodological framework of the study, outlining the demographic information of the community of study, the research design, and the methods I used in conducting the research. This chapter also features an overview of the literature on CEnR, which includes discussion of the roles and issues experienced by the researcher and community partners. In chapter four, I review the findings of the study, outlining themes that emerged from service user and service provider responses. In this section, I also address the study’s research questions specifically and draw connections between all study participants’ experiences. In chapter five, I bring together the research findings, literature and theories to explore how this study aligns with and presents tensions with previous research. In this section,
I also discuss recommendations garnered from the research, limitations in CCR research and provide suggestions for future research on the individual and structural elements of community responses to violence against women.
Chapter Two: Literature Review

Considering the complexity of needs abused women face, they require services in different parts of the formal help system and seek ongoing help well after states of crisis (Clark, et. al, 1996; Grasely, et al., 1999; Parmar & Sampson, 2007; Purdon et al., 2008; MacPherson & Purdon, 2011; Morton et al., 2014). Researchers have long explored the assumption that collaboration among service providers is the most effective way to address the needs of abused women and their children (Roussos & Fawcett, 2000; Sullivan & Allen 2001; Allen 2005). Still, a collaborative approach is often riddled with obstacles and complexities that accompany such dynamic efforts (Quinn & Cumblad, 1994; Allen, 2005; Bouffard & Muftie, 2007). In both theory and practice, this approach is commonly referred to as coordinated community responses (CCR) to violence against women.

In practice, coordinating councils or domestic violence coordinating councils (DVCCs) have been characterized as ‘vehicles’ for promoting the use of CCRs to address domestic violence by bringing stakeholders together from various sectors under the common goal of creating a collaborative response to abused women and children in their communities (Sullivan & Allen, 2001; Allen, 2006; Salazar et al., 2007). Since the 1970s when the first CCR model was developed, known as the Duluth Domestic Abuse Intervention Project, many CCRs in the form of DVCCs have been added to official policies on community efforts aimed at domestic violence prevention and intervention (Grasely et al., 1999; Pence & Shepard, 1999; Allen 2001; Garner & Maxwell, 2008). Combining the efforts of criminal justice systems and women’s services, the model aimed to ensure best practice among agencies in responding to domestic violence
cases (Grasely et al., 1999; Hague & Bridge, 2008). As the development of CCRs and DVCCs have steadily expanded in local and national capacities, so too has research on assessing their functions and effectiveness.

A thorough review of the literature on CCRs reveals that limited systematic research has been conducted on collaborative efforts of multi-sector service providers, and of the evaluations completed; these evaluations do not often offer definitive answers or solutions to practitioners (Clark et al., 1996; Grasely et al., 1999). Nevertheless, a growing body of academic literature from the U.S, the UK and Canada has assessed the features of effective DVCCs, goals of CCRs, and the many barriers to achieving said goals (e.g., Hart, 1995; Clark et al., 1996; Griffith, 1997; Uekert, 2003; Allen 2005; Allen, 2006; Hague & Bridge, 2008). Grey literature, including reports produced by organizations that do not go through academic channels for peer review and publication, was also surveyed to provide a comprehensive overview of CCRs to VAW. This literature, also deriving from the three aforementioned countries, has been predominantly produced through collaborative efforts of researchers, service providers and service users (e.g., Brown, 2000; Burkell 2006; Armstrong et al., 2008; Purdon et al., 2008; Campbell, 2010; MacPherson & Purdon, 2011; Morton et al., 2014). These community reports are a form of evaluation research, which have been conducted to assess the degree to which CCRs have created meaningful change in the lives of abused women and children (Allen 2001; Sullivan & Allen, 2001).

As a notable caveat to this chapter, women’s experiences with service provision are dependent on the specific approaches, funding parameters, mandates and individual philosophies of the various service sectors in their communities (Purdon et.
al., 2008). Such is why community reports of VAW responses are so valuable, as they speak directly with women utilizing their services thereby positioning research as a catalyst to developing and enacting service delivery improvements. The grey literature primarily featured Ontario communities with similar multi-agency approaches to addressing VAW. However, since the scan of the academic literature featured some U.S and U.K literature, evaluation studies from these communities were also included in the scan. In addition to province wide overviews, reports were used from Ontario communities including Elgin County, Grey and Bruce Counties, Guelph-Wellington London and Niagara.

The following chapter will explore these bodies of literature in an effort to assess the current state of DVCCs via CCRs as a response to VAW. This chapter is organized into two main sections, beginning with a thorough review of the literature on elements of effective CCRs from the perspective of service providers and service users. The next section will make connections between CCR research and feminist theory (drawing on Balfour & Comack, 2006; Burgess-Proctor 2006; Chesney-Lind, 2006) as well as provide an overview of social psychological theories applicable to VAW collaborative responses including Relational Coordination Theory (drawing on Takahashi & Smutny, 2001; Hoffer Gittell, 2002; Gajda, 2004; Sabol, Coulton, & Korbin, 2004; Nowell, 2009; Holti, 2011; Allen et al., 2012; Hoffer Gittell et al., 2012; Hoffer Gittell, 2015; Kola et al., 2015) and the Social Change Model (drawing on Gajda, 2004; Dugan, 2006; Komives & Wagner, 2009; Brown & Hannis, 2012; Minkler, 2012; Iachini, Cross, & Freedman, 2015). This chapter aims to provide a thorough review of the collaborative efforts and
ongoing challenges/barriers faced by DVCCs undertaking a CCR to violence against women.

**Service Provider and Service User Perspectives of Coordinated Community Responses to Violence against Women in their Communities**

This section will review the main functions of CCRs; the elements to successful collaboration between sectors represented on DVCCs; the factors important to providing empowering and supportive services to abused women; and the internal and external barriers service users may face in working together under a collaborative model of service delivery.

**Functions and Goals of CCRs**

Calls for CCRs to VAW have been aimed at uniting agencies from various sectors to create and implement a coordinated approach to assisting abused women and their children (Hart, 1995; Allen 2001; Allen 2005; Robinson & Tregidga, 2007). In assessing agencies that comprise DVCCs, a study of six American VAW CCRs described the goals of establishing a coordinated system-wide response to abused women as “trying to raise the consciousness of a number of different agencies and stakeholders at the same time [as] …trying to change agency behaviour toward a response that addresses the service needs of all battered women” (Clark et al., 1996, p. 5). In the early stages of CCR research, Hague and Malos (1997) conducted a national study of UK CCRs and found reoccurring themes among inter-agency efforts. They outlined five main types of work these groups often commit to, including:
1. Coordinating local Domestic Violence (DV) agency responses and services;
2. Developing policies and guides for best practices, including creating and delivering training materials;
3. Developing services and projects to assist abused women and children;
4. Engaging in public education and DV awareness activities;
5. Engaging in DV prevention and education work (p.375).

Though DVCC activities vary across communities and committee dynamics, much of the literature reflects this type of work since CCRs to domestic violence have common foundational goals. For instance, while missions may vary across local and national committees, DVCCs often aim to increase communication across service sectors; increase public awareness about domestic violence; improve institutional responses to domestic violence by updating policies and practices; establish differentiation of services to increase system efficiency; and identify weaknesses in current community responses (Abbott, Jordan, & Murtaza, 1995; Hague, 1997; Giacomazzi & Smithey, 2001; Allen, 2001; Adler, 2002; Uekert, 2003; Victim Services and Crime Prevention Division, 2010; Allen et al., 2012). Generally, DVCCs commit to building and maintaining effective service provider responses for abused women in their communities.

Agencies represented on DVCCs are considered central to woman abuse prevention and intervention efforts. They are generally comprised of representatives from various sectors including violence against women services (e.g. women’s shelters and second stage housing); the criminal justice system (e.g. police services; the prosecutor’s office; probation and parole); the health care system (e.g. hospitals, public health); child welfare services, batterer intervention agencies; and other social services deemed suitable for membership (e.g. victim services, education, welfare, etc.)
(Giacomazzi & Smithey, 2001; Sullivan & Allen, 2001; MacPherson & Purdon, 2011; Allen et al., 2012). Some communities have made efforts to broaden the involvement of agencies outside of the violence-specific sector, including businesses and employment assistance programs, clergies and religious communities, and alcohol and drug treatment programs (Clark et al., 1996; Grasely, et al., 1999; Slaght & Hamilton, 2005).

CCRs have focused on bringing about systemic reform while also improving responses to abused women on a case-by-case basis. For instance, Griffith (1997) explains that local DVCCs often take a “systems-oriented view of the problem, in which the individual efforts of various community actors are coordinated to produce a cohesive strategy” (p. 932). It is important to note that much of the literature references both individual and systemic efforts of CCRs since a combined commitment to individual-level and organizational-level factors has been found effective in implementing policies. On an individual level, service providers under multi-agency initiatives collectively stress the importance of focusing on increasing women’s safety and holding batterers accountable for their actions (Allen, 2006; Salazar et al., 2007). On a systemic level, one of the most commonly cited goals of establishing a CCR to domestic violence through DVCCs is to create community change with the ultimate goal of ending woman abuse (Berkowitz, 2001; Uekert, 2003; Allen, 2006). These multi-level efforts often come full circle, acting as ongoing functions of CCRs. For instance, developments in prevention and education materials to be distributed in the community (i.e. individual level) are done so with the overarching goal of changing societal attitudes towards VAW (i.e. system level). As a another example, updates in policies (i.e. systemic level) reinforce the notion that consistent responses on cases (i.e. individual level) are vital to
assisting abused women and consistent improvement to service delivery efforts (i.e. individual level) is needed to eradicate VAW (i.e. systemic level). Throughout the literature review, many sections will explore the manner in which these levels are intertwined, and how they result in both successful collaboration as well as instances of contention among service providers.

**Elements of Effective CCRs**

**Shared mission and vision**

Scholars highlight the importance of having shared missions among stakeholders as they aid in refocusing the various goals of DVCCs as well as pursuing institutionalized changes in policies, procedures and protocols (Butterfoss, Goodman, & Wandersman, 1993; Pence & Shepard, 1999; Roussos & Fawcett, 2000; Foster-Fishman et al., 2001). In reviewing evaluation research on CCRs, there are variations in committee mandates based on their structure, scope of activities, and who was involved in setting the initial mandates. For instance, DVCCs from different communities in Ontario, while sharing many core values, all vary in their publicized mandates. Elgin County’s mandate under the Elgin Coordinated Community Response Protocol (ECCRP) has formalized roles and agreed upon practices for working with abused women and children. They focus on building and ensuring “an accountable, effective and sustainable local community response for women who have been abuse and their children” (Brown, 2000, p. 3). The London Coordinating Committee to End Woman Abuse in London, Ontario uses an Integrated Model of Service Delivery, putting an emphasis on ensuring abused women receive consistent responses with every agency
in the formal help system (Campbell, 2010). The Guelph-Wellington Action Committee on Sexual Assault and Domestic Violence provide services and supports to women and children who have experienced abuse and their First Response Protocol is aimed at providing a “consistent, caring and effective first response” (Morton et al., 2014, p. 10). While mandates may vary based on communities, the grey literature is consistent in showing that foundational goals tend to be the same among DVCCs, as these groups of service providers all aim to achieve the overarching goals of a CCR to ending VAW.

Establishing clear missions and visions ensures all DVCC members are aware of their roles and responsibilities and clear guidelines are set for achieving short-term and long-term goals (Foster-Fishman et al., 2001). Scholars further suggest that service providers make an effort to develop a shared understanding of the problem to better manage conflicts when they arise so they remain conscious of consistently revisiting the foundational values they initially agreed upon (Gray, 1985; Allen 2005; Allen et al., 2005). Service providers also manage differences of opinion by confronting conflicts that emerge, understanding the necessity of working together despite different sector mandates and discussing occurring issues with candor (Allen, 2005; Allen, 2006; Campbell, 2010; MacPherson & Purdon, 2011). DVCC members often commit to doing so by engaging in continuous communication, coordination, accountability checks and information and resource sharing (Brown, 2000; Burkell, 2006; Campbell, 2010). For example, DVCCs conduct ongoing activities such as training, public awareness campaigns, protocol development and fundraising with the overall pursuit of knowledge generation, awareness raising and public education in mind (Brown, 2000; Burkell, 2006; Campbell 2010; MacPherson & Purdon, 2011).
Inclusivity and diverse membership

There is consensus among academic literature on CCRs that promoting inclusivity is best achieved by fostering diverse memberships; making ongoing efforts to build members' skills; orienting new members; and providing support to ensure accessibility to meetings (Florin, Mitchell, & Stevenson, 1993; Allen et al., 1994; Bartunek, Foster-Fishman, & Keys, 1996; Roussos & Fawcett, 2000). Councils that promote inclusivity in participation, decision making and establishing missions and visions are rated effective by members of DVCCs (Allen, 2006). Allen (2005) defines inclusivity as “the degree to which the setting maximizes all stakeholders’ voices, addresses diverse viewpoints, and fosters a collective vision” (p.50). With this, promoting inclusivity means recognizing the benefits different members bring to the table. Including stakeholders with different skills, knowledge, experiences and resources has been found to increase collaborative efforts in DVCCs (Foster-Fishman et al., 2001; Adler 2002; Allen & Hagen 2003). This can be achieved by having multiple staff from the same agency part of the committee, but with varying positions to maximize their expertise and experience. For example, combining both frontline workers’ day-to-day case experience with high-level decision makers’ ability to enact procedural change has been found to maximize council efficiency (Hague & Malos 1998; Shepard & Pence, 1999).

Effective leadership

The intended purpose of DVCCs is to lead their communities on efforts to assist abused women and children. To effectively to do so, ample leadership must start from
within the committees as a means of steering members’ efforts; fostering positive relationships among DVCC members; and ensuring goals remain aligned among the various systems coming together. Strong leadership skills that foster collaborative efforts include conflict resolution; communication; vision; commitment to empowering others; commitment to instituting policy changes and commitment of time (Clark et al., 1996; Kreuter, Lezin, & Young, 2000; Foster-Fishman et al., 2001). Allen’s (2005) study of forty-three DVCCs found that effective leadership characterized by efficiency, organization and encouragement of stakeholder participation is central to creating an inclusive environment among committee members. The study also found that other factors for success in DVCC initiatives such as shared power and decision-making were highly dependent on council leadership (Allen, 2005). In addition, individuals with leadership roles in their own agency are crucial to DVCC efforts as they have the power to effect structural and procedural changes (Uekert, 2003).

**Commitment to building trust between sectors**

Lack of trust between service providers from different agencies can be an issue when working together on cases of woman and child abuse. Agencies can often perceive one another as unwilling to compromise or understand each other’s perspectives, which can in turn foster feelings of mistrust, frustration and suspicion between service providers (Sudderth, 2006; Wendt, 2008). As well, some service providers may not trust each other due to staff turnover at different agencies, as the strain of investing time and energy in building relationships with newly appointed service providers can generate tension and disengagement (Sudderth, 2006).
To manage these ongoing tensions, scholars emphasize the importance of DVCC members putting aside mistrust and committing to collaborating with different agencies. According to Foster-Fishman et al. (2001) “collaboration is ultimately about developing the social relationships to achieve desired goals” (p.251). Building and maintaining trust and positive working relationships with DVCC members promotes satisfaction among stakeholders; increased investment in initiatives; and long-term effectiveness of council work (Sheldon-Keller, Lloyd-McGarvey, & Cantebury, 1995; Butterfoss, Goodman, & Wandersman, 1996). Positive social relationships must also be built with agencies external to DVCCs as increasing network structures can enhance resource sharing opportunities; sharing of sensitive information that facilitates timely responses to service users; and garnering of community support and awareness (O'Donnell et al., 1998; Lin, 1999).

In addition, an important point found in Sudderth’s (2006) evaluation of conflicts between women’s advocacy groups and law enforcement officials was that no protocols were established in the community to resolve conflicts between agencies. This is notable as disagreements and complaints about different agencies are often expressed informally, contributing to a build-up of mistrust and tension that impedes the collaborative goals and efforts of DVCC members. Many DVCCs have made significant strides in establishing protocols for working together, but a significant piece is missing when there is no protocol or conflict resolution process in place to address tensions and disagreements.

**Member attitudes and active participation**
Mullender and Hague (2006) have noted that impactful responses to abused women are “a combination of practical assistance and empowering staff attitudes within a fundamental commitment to keeping women and children safe” (p.1). This extends to DVCC membership, as agency representatives join with the commitment of coordinating across sectors to secure the safety of abused women and children. The effectiveness of DVCCs hinges on members possessing values for respect and diversity of others as well as communication and conflict resolution skills (Kreuter, Lezin, & Young, 2000; Foster-Fishman et al., 2001). Other criterion for success include ownership of DVCC efforts; enthusiasm in conducting committee initiatives; and having a comprehensive understanding that system change is a slow process (Clark et al., 1996; Hague & Bridge, 2008). Since the effectiveness of policies and procedures are heavily dependent on how they are implemented, the attitudes and conduct of service providers steering the implementation efforts are vital to the success of DVCC efforts. In other words, if members have an understanding of how their attitudes affects the response system as a whole, they can better contribute to the collective efforts of agencies providing CCRs to women and their children (Clark et al., 1996; Hague, 1997). It is arguable that members can make conscious connections between individual and system goals when they hold a high-level understanding of how their efforts contribute to societal change.

In terms of participation - scheduling differences, conflicting policies and mandates, staff turnover and lack of engagement are common challenges for service provider collaboration (Armstrong et al., 2008; Campbell, 2010; MacPherson & Purdon, 2011). Due to the nature of community work, delayed timeframes for implementing committee activities and intra-organization problems that pull representatives away from
committee responsibilities can interfere with DVCC work (Giacomazzi & Smithey, 2001). Despite such practical difficulties, the literature also presents evidence between positive member attitudes and active participation. These elements are essential to the effectiveness of DVCCs, as service providers are able to put aside the barriers mentioned above and go beyond the technicality of simply being a member (Uekert, 2003). In other words, DVCC members who believe in the value and need for collaboration, understand the benefits of continuous participation, and hold positive attitudes towards council initiatives are more willing to offer their time and expertise to DVCC efforts (Foster-Fishman et al., 2001; Allen, 2006). Active and sustained participation also effects positive change on individual and systemic levels. For instance, regularly attending meetings enables members to relay crucial information back to their agencies all the while DVCCs work towards updating policies and procedures on a more official basis (Clark et al., 1996; Robinson & Tregidga, 2007).

**Commitments to system-wide knowledge and information sharing**

Due to the complexities of multi-agency approaches to addressing domestic violence, ongoing communication among service providers is vital (Robinson & Tregidga, 2007). Sharing information among DVCC members can provide an avenue for networking between service providers; can help to break down barriers and biases among service providers by providing opportunities for discourse and can help to ensure different sectors become knowledgeable about each other’s work (Hague, 1997; Hague 2001; Allen 2005). In early efforts to establish CCRs, domestic violence training sessions, workshops, conferences and forums were commonly used for sharing information across sectors (Clark et al., 1996; Hague & Malos, 1998; Campbell, 2010).
DVCCs have continued to use these methods to facilitate ongoing communication; information sharing; knowledge generation and collaboration among member agencies. DVCCs from different communities capitalize on these group forums, often held on a yearly basis, as they bring various stakeholders together to seek feedback and suggestions for service delivery improvements as well as discuss system-wide issues. For instance, stakeholders in Grey and Bruce Counties, Ontario held a Community Strategies Workshop in 2008, involving service providers and users who were divided into small groups and asked to discuss strategies for creating a more effective and coordinated service response (Purdon et. al, 2008). The Centre for Research Education on Violence Against Women and Children in London, Ontario hosted a conference in 2010 that included justice, community-based, and Ministry representatives. Their goal was to increase collaboration among systems to better service abused women and children (Campbell, 2010). Additionally, a Provincial Forum for Violence Against Women Coordinating Councils (VAWCC) was held in 2011 featuring presentations from among the forty-two Ontario VAWCC representatives present (MacPherson & Purdon, 2011). As systemic research on CCRs remains limited, it is conferences and group gatherings among service providers and users that contribute to knowledge and information sharing efforts among DVCCs.

On a case by case basis, information sharing is important in what Robinson and Tregidga (2007) have termed ‘jig sawing individual situations’, which involves using different agency perspectives and piecing them together to understand the individualized risk and circumstances faced by women accessing their services. This also allows agencies to gain a holistic understanding of what is happening in specific
cases. Providing expertise from various sectors allows for informed safety planning and a more comprehensive overview of women’s individual experiences with abuse as each agency provides their unique perspectives and specialized services (Robinson, 2006). Information sharing on individual cases also contributes to overarching DVCC efforts. For instance, when cases are properly streamlined through services, each agency is aware of the others’ actions; process discrepancies are revealed and overall knowledge of practices are less likely to be fragmented moving forward (Shepard & Pence, 1999; Robinson, 2006).

**Barriers to Effective CCRs to Woman Abuse**

The following section explores research on CCRs to VAW from the perspective of service providers and service users. This includes key findings on service providers and service users’ experiences, service barriers and suggestions from the literature for improving collaborative service delivery to abused women and children.

**Different philosophies and mandates across sectors**

Literature on service responses to VAW has commonly noted the effects that different sector philosophies have on service provision. On a structural level, different agencies may not always trust or agree with the mandates and philosophies of other agencies, and may therefore be hesitant to provide services in a collaborative effort (Clark et al., 1996; Fleck-Henderson, 2000; Mills et al., 2000; Malik, Ward, & Janczewski, 2008; Wednt 2008; Campbell, 2010; Campbell et al., 2012). For instance, women’s services are most often based in feminist values which promotes supporting women in making decisions they feel are best for themselves, where much of the
criminal justice system such as police, probation and parole and the crown are bureaucratically structured, and therefore victims often have limited say in their cases (Slaght & Hamilton, 2005; Sudderth, 2006). Another significant example is the differing philosophies of child protective services and women’s advocates. While the safety of children is of paramount concern to all service providers, there is often fear among women’s advocates that blaming women for living with violence (as has reportedly happened with children’s services) can cause issues in working together to provide effective services (Hague & Malos, 1998; Fleck-Henderson, 2000; Armstrong et al., 2008; Campbell, 2010). The divergence of values between child protective services and women’s services derives from a structural set of values where children’s services prioritizes protection of children and often initiates legal interventions with or without voluntariness from women, whereas women’s services values non-coercive interventions where empowering women takes priority (Fleck-Henderson 2000). These different theoretical positions held by service providers can become a barrier to effective service provision as service providers may become closed off to exploring alternatives and maintain inaccurate stereotypes about abused women (Mills, et al., 2000; Wendt, 2008).

Differences in mandates and philosophies not only occurs across different sectors, but also sometimes within the same sector which affects the way abused women navigate the system. For instance, the criminal law system and family law system operate under different mandates. While the criminal law system emphasizes safety planning and risk management for the victim, the family law system emphasizes rebuilding families and relationships (Hughes & Chau, 2012). These conflicting
philosophies which are manifested in court orders puts pressure on abused women to make changes to their lives as a means of accommodating their children’s safety, despite also being recipients of abuse. They may also be pressured into accepting custody arrangements to allow their abusive partners’ access to their children, which keeps them in consistent contact with the individual they are trying to detach from (Hughes & Chau, 2012). For women going through both court systems, they can also encounter conflicting court orders, with the criminal justice system making decisions based on reported abuse and the family law system not always considering abuse relevant to custody arrangements. This inconsistency and lack of information sharing between systems can lead to increased risk for abused women and their children and can re-victimize the women (Burkell, 2006). Overall, conflicting philosophies do not take the complexities of woman abuse into account and often exacerbate the difficulties women face when seeking safety in the formal help system.

Power dynamics between and within sectors

There is conflicting evidence in the literature as to the effectiveness of CCRs in promoting collaborative change. Some of the literature notes that CCRs may encourage increased coordination among service providers (Clark et al., 1996), whereas other research suggests CCRs may generate power inequities among service providers that further diminish effective institutional responses to domestic violence (Gamache & Asmus, 1999; Giacomazzi & Smithey, 2001). Power differences between sectors are a notable barrier to optimizing service collaboration. Early research suggests that interagency efforts often struggle to neutralize power differences between agencies due to differing roles and philosophies, such as the inherent power differential felt between
bureaucratic/government figures in a room with grassroots based/advocacy figures (Hague, 1997; Malik, Ward, & Janczewski, 2008). When left unaddressed, these inter-committee conflicts can prevent DVCC members from meaningfully engaging with one another, as some service providers may feel their voices are less powerful than other voices around the table.

Disagreements between certain sectors based on decision-making power, particularly between the justice system, child welfare system and women’s services are common. For example, in a meeting with forty-two VAW coordinated committee representatives from Ontario, it was noted that the justice system holds the most power and authority in decision-making processes and yet VAW services, which have the least amount of power, do the most intimate work with abused women (Campbell, 2010). This supports previous research findings that domestic violence advocates and survivors often have limited authority and decision making power as well as fewer resources than service providers from larger government systems (Kreuter, Lezin, & Young, 2000; Malik, Ward, & Janczewski, 2008). Furthermore, the complex dynamics of power sharing can cause disengagement by non-VAW centred organizations, triggered by different mandates and philosophies, conflicting personalities, lack of commitment from certain members, lack of time and resources, and scheduling conflicts (Mills et al., 2000).

Confidentiality and information sharing

Grey literature on CCRs shows that community agencies continue to explore best practices when engaging in information sharing among sectors. Some communities
are well versed in the practice of using consent forms for service users to authorize collaboration of services among service providers. In smaller communities, it is also easier for service providers to coordinate the sharing of a generalized consent form to ensure uniformity in practices. As privacy legislation is vital to protecting victims’ safety, service providers have noted the importance of interpreting and working with the legislation in a coordinated fashion (Victim Services and Crime Prevention Division, 2010). Some community evaluation research has suggested that the province of Ontario create a framework of guidelines for service providers to better understand the *Freedom of Information and Protection of Privacy Act (FIPPA)* so service providers are more knowledgeable of best practices and less concerned with liability (Campbell, 2010). This can arguably lead to better working relationships as service providers can build trust in sharing case and referral outcomes with one another (Burkell, 2006). Having established information sharing protocols can also better ensure service providers maintain their focus on victims’ safety above all else.

The value of evaluation research lies in its pursuit of assessing the perspectives of all stakeholders. The next section will explore findings on service users’ interactions with service providers and their experiences navigating various sectors when receiving assistance for abuse.

**Unsupportive responses to disclosure**

Multiple academic and evaluation studies have noted that negative attitudes; judgemental cues; dismissive responses; lack of acknowledgement and minimization of the seriousness of their situations are among the least helpful responses women find in
working with service providers (Grasely et al., 1999; Brown, 2000; Burkell, 2006; Rose et al., 2011; Trevillion et al., 2012). This aligns with the often cited constructions of ‘deserving’ and ‘undeserving’ representations that abused women encounter from service providers. Women who are appreciative and consistent in securing their safety have reported better experiences with service providers than those who present as unstable, uncooperative and have had previous negative encounters with the same service providers (Burkell, 2006). For example, women have reported not being treated well by health care staff if they did not present as complacent victims, or were of ethnic minority cultures where they felt stereotypes, lack of interest, and disbelief were present in service provider reactions (Brown, 2000; Robinson & Spilsbury, 2008). The literature also indicates that the mental health care system has not always been receptive to women’s disclosures of abuse, with staff either not empathetically responding; not making the appropriate referrals and not acknowledging experiences with abuse as a contributor to mental health issues (Trevillion et al., 2012). Negative responses from service providers in these situations impact the effectiveness of support and intervention provided to abused women (Burkell, 2006).

**Difficulties disclosing abuse in the healthcare sector**

The literature has identified distinctions in women’s pathways to seeking support depending on where they first receive help. Some sectors have been found to be more helpful than others are in the initial stages of identifying, responding to and appropriately referring abused women. This is especially relevant for women who are fearful of seeking help or have not identified their situations as abusive. For instance, the healthcare system is a common avenue for abused women to enter the services, as
they may first access help willingly or unwillingly when receiving medical attention for abuse related injuries (Kulkarni, Bell, & Wylie, 2010). Historically, the health care system has not been active in identifying domestic violence, and the literature notes a myriad of reasons for this (Grasely et al., 1999). For example, women who did not identify as being abused or those that actively tried to conceal the abuse were treated by health care staff that were not trained to identify immediate or residual injuries from domestic violence (Howard et al., 2010; Kulkarni, Bell, & Wylie, 2010; Trevillion et al., 2012). Overtime, experts have recognized the health care system as an important avenue for women to receive support, intervention and access to other system resources (Chang et al., 2005; Robinson & Spilsbury, 2008). While some health care systems have developed policies and training modules for domestic violence screening, many limitations remain. Identifying abuse is subject to the perceptions and assessments made by health care providers treating women, leading to a range of issues involving the dynamics between service providers and users.

There are variations in the literature as to abused women’s comfort in disclosing their abuse to health care professionals. Overall, the literature appears to indicate that abused women want to be asked about their abuse, however the helpfulness of this is dependent on the manner and setting in which they are asked (Chang et al., 2005; Trevillion et al., 2012). The health care system, though being a first point of contact for many women, has also been described as a less than ideal setting to disclose abuse due to the lack of privacy. In evaluation research, some service users have reported they did not feel comfortable disclosing abuse to healthcare providers as building trust was important to them and this could often not be achieved in one consultation.
(Robinson & Spilsbury, 2008). Despite training in screening for abuse, health care providers may still lack the knowledge and understanding of abuse dynamics and the importance of tending to emotional wellbeing in addition to physical wellbeing (Waalen, Goodwin, & Sptiz, 2000; Jewkes, 2002). While some may argue this is not the job of health care professionals (which is why a coordinated response that uses the expertise of different agencies is so important), this is still a heavily cited issue within the health care system.

**Barriers in responding to rural populations**

Many factors in abused women’s lives affect the way they receive services, including where they live in proximity to service providing agencies. Community reviews on VAW have noted the increased challenges in responding to abused women and children in rural areas and overwhelmingly indicates that women in small communities have more difficulty leaving abusive situations and securing services (Brown, 2000; Armstrong et al., 2008; Campbell, 2010; Morton et al., 2014). In particular, service providers and service users have noted difficulty in securing transportation from rural areas to central services. As well, women seeking long-term services once they are out of crisis and still live far away from services experience continued difficulty as they do not want to uproot their and their children’s lives in order to access services in another city (Brown, 2000; Armstrong et al., 2008). Women from rural areas are also likely to experience isolation and disconnection if they move away from their communities to seek services, which may deter some from leaving. Affordable housing is another barrier in assuring long-term safety for women and their children, especially in more rural areas where very little or no subsidized housing is available.
Helpful Service Provision among CCRs

To reiterate, in providing collaborative services to abused women and their children, DVCCs aim to: a) combine the expertise of different sectors so that women receive comprehensive services and b) educate their service providers about the complexities of abuse and appropriately referring women when service provision is beyond their capacity. Grey and academic research indicates that there is still much work to be done in these areas. The following section explores research on these helpful responses to identify the elements of helpful provisions in responding to abused women and children.

Adequate training among service providers

Literature on CCRs overwhelmingly indicate the importance of providing up to date and ongoing training for service providers in all sectors that provide services to abused women and children. Training provides opportunities for service providers from different sectors to become more acquainted with one another, thereby establishing positive professional relationships that carry forward on future cases that require collaborative efforts. Training also helps to orient roles and responsibilities of different agencies to avoid duplication of services and ensure they are provided in a streamlined fashion (Hague & Milos 1998; Fleck-Henderson 2000; Sudderth 2000; Burkell, 2006). Training also affords service providers from various agencies the capacity to share updated knowledge and awareness of DVCC policies and procedures, thereby making an effort to ensure that high-level goals are implemented in day-to-day interactions between
service providers and users (Fleck-Henderson 2000; Sudderth 2000; Campbell, 2010; Purdon et al., 2008).

Training can be a positive step towards bridging the barriers of trust between agencies from different sectors by giving them an opportunity to gain understanding and respect for each other’s mandates, philosophies and functions, all in an effort to help them better support abused women and children (Hague & Milos 1998; Fleck-Henderson 2000; Sudderth 2000; Burkell, 2006; Campbell, 2010). For instance, training for women’s services and child protective services can help service providers to have respect for one another’s mandates while balancing the rights and safety of abused women and children. In connection, ongoing training can sensitize service providers from a broader range of services that are not violence-specific in their responses but still encounter abused women and children in some capacity (Campbell, 2010).

Cross training (i.e. one agency training another agency, most often from a different sector) can help to ensure biases and misconceptions about abuse are addressed in attempts to alter individual service providers’ attitudes and approaches based on their sector’s philosophies. For example, Sudderth (2006) noted that law enforcement officials may experience frustration when victims repeatedly return to their abusers, and victim’s advocates fear that this can result in future biases when responding to domestic violence cases. Therefore, if women’s services provide training to law enforcement officials about the complexities of VAW as well as empowering victims, this can provide law enforcement officials with a more holistic understanding of what abused women experience.
In addition, a ‘train the trainer’ model has been repeatedly referenced in research on CCRs in which delegated service providers within their agencies receive DV related training that they bring back to their respective agencies and co-workers. This model promotes the inclusion of service users’ perspectives, service providers’ awareness of systemic barriers faced by abused women and service providers’ awareness of roles and responsibilities among different sectors (Fleck-Henderson, 2000). This is a preferred method of training as it is assumed that trust is already established between members within their own agencies, therefore training can be better received. In terms of practicalities, this model also reduces costs of hiring outside trainers and scheduling internally is often easier than coordinating with external parties.

It must be noted that training absent of ongoing efforts to promote organizational change is not effective (Allen, 2006; Klein & Sorra, 1996). Regardless of the training models selected, the investment of time and energy is needed in sustaining relationships between service providers. As well, an understanding among DVCC members that such is a dynamic, as opposed to a static process, is essential for continued effectiveness.

**Supportive responses to disclosure**

Whether abused women receive assistance from service providers voluntarily or involuntarily, first experiences of disclosing abuse are important in their pathways to receiving help (Shipway 2004; Rose et al., 2011; Morton et al., 2014). Abused women have indicated that positive experiences with disclosure involve receptive and empathetic responses; providing a safe and private space; acknowledgement of
experiences with abuse; nondiscrimintary and nonjudgmental responses; and appropriate referrals (Chang et al., 2005; Parmar & Sampson, 2007; Kulkarni, Bell, & Wylie, 2010; Trevillion et al., 2012). Evaluation and academic research highlights the importance of service providers understanding the presence of trauma in abused women’s lives and the impacts it has on their help seeking paths and behaviours (Shipway, 2004; Lindhorst, Nurius & Macy 2005; Purdon, et. al 2008; Campbell 2010). This includes service providers being continually mindful of their actions, beliefs, practices and policies and how all of these factors can negatively affect women.

**Providing ongoing emotional support**

Women accessing violence-specific services indicate that emotional support and counselling are important, as well as the demeanour of the service providers working with them. Being listened to; being encouraged to speak about their experiences if and when they are comfortable; and having feelings and experiences validated have been commonly cited as helpful responses in academic and evaluation research (Grasely et al., 1999; Filipas & Ullman, 2001; Parmar & Sampson, 2007; Kulkarni, Bell, & Wylie, 2010). Emotional support is also necessary when women are not ready to disclose or talk about their experiences in depth. Being patient and providing information and resources regardless of depth of disclosure shows abused women that they will be emotionally supported regardless of their perceived cooperation.

During interactions with service providers not specifically trained in DV counselling such as health care providers, women can still benefit from genuine emotional support, such as making a personal connection and not just asking about
abuse for the sake of fulfilling policies (Chang et al., 2005). In fact, this is a crucial point of system entry or exit for abused women. Abused women have reported that health care professionals who show positive body language; appear engaged as opposed to rushed or distracted; and create a secure environment for them helps to build trust and comfort towards service providers (Bacchus, Mezey, & Bewley, 2003; Allen, Bybee, & Sullivan, 2004). Furthermore, as long as the series of questioning is not judgemental, abused women may feel comfortable enough to engage in conversations with health care providers about the next steps for seeking help, such as discussing local resources that are available to them (Chang et al., 2005).

**Providing a holistic and empowering approach to service provision**

Identifying violence against women and their children as solely a criminal justice issue, health care issue or a human rights issue can negatively alter the type and amount of intervention women receive when seeking safety (Slaght & Hamilton 2005; Allen 2006). The VAW sector often uses an empowerment model in which they engage women in making choices, gaining independence and understanding the impacts of abuse all the while providing them with multiple options when seeking services (Ericksen et al., 2002). The VAW sector also tends to function under a feminist perspective in which their services are informed by an understanding of women’s oppression, victimization and inequality in society (Burgess-Proctor 2006; Purdon et al., 2008; Lockhart & Mitchell, 2010). On the other hand, the mental health sector functions under more of a medical model where women’s problems are often framed around a diagnosed mental illness, thereby disregarding the trauma associated with abuse (Trevillion et al., 2012) and even if counselling is present, it is approached through a
health services perspective in which medicine and a case-management type approach is used by service providers (Slaght & Hamilton 2005; Purdon et al., 2008; Trevellion et al., 2012). With this approach, some service providers such as family physicians and psychiatrists may not be well versed on the dynamics of woman abuse. If women seek help primarily through the addictions sector, in that they first receive help for their addictions, they often come to identify abuse as part of their harmful life situation. This model often uses self-help, sobriety seeking and harm reduction approaches to dealing with issues (Filipas & Ullman, 2001). As such, women tend to learn about their abuse based on the lenses of the services they use. Many issues can arise from using one approach as opposed to a more integrated model, as too narrow of an approach does not address the complexity of abused women’s needs nor is the intersection of complexities properly identified (by both services providers and the women themselves).

The literature indicates that it does not necessarily matter what sector first or predominantly responds to an abused woman, but rather the way they respond is most important (Shipway, 2004; Rose et al., 2011; Trevellion et al., 2012). Responses from service providers and users have indicated that effective service provision is characterized as making women feel in control with receiving services; providing support and encouragement in navigating different services; understanding that women should be afforded agency in their lives; providing women with options to consider and not forcing her to move too quickly; and providing her with ample information to make informed decisions (Ericksen et al., 2002; Henning & Klesges, 2002; Parmar & Sampson, 2007; Zweig & Burt, 2007; Kulkarni, Bell, & Wylie, 2010).
The next section will assess theories applicable to CCR models, including feminist, social psychological and educational leadership theories that can guide service providers under CCRs models of service delivery.

**Feminist, Social Psychological and Educational Leadership Theoretical Frameworks of Service Provider and Service User relationships under a CCR Model**

This section will begin by outlining the use of feminist criminology theory in explaining responses to violence against women and how the marrying of feminist and community engaged principles can contribute to effectively researching and relaying abused women’s stories in research. The next section will review social psychological and educational leadership theories that assess relationships among service providers and service users. Two applicable theories include the Relational Coordination Theory (RCT) and the Social Change Model (SCM) of Leadership.

**Underpinnings of feminist theory and methodology in community research**

Early academic work once described the core of feminist theory as the struggle to form a vision that represents all women and brings about changes that transform the lives of all women (Dobash & Dobash, 1992). Under the umbrella of feminist theory, feminist criminology has been in existence for more than three decades, challenging the overall masculine nature of theories of crime and social control (Daly & Chesney-Lind, 1988). Specifically, feminist criminologists have called attention to the gaps in research in understanding women’s victimization and criminalization. For example, prior to path-breaking work on wife abuse, gendered violence was often “ignored, minimized and
trivialized” (Chesney-Lind, 2006). With the work of early feminist researchers, domestic violence was aptly identified as “a manifestation of patriarchy – the systematic and individual power that men exercise over women” (Balfour and Comack 2006, p.33).

Through this lens, subsequent community research on violence against women has sought to discover the experiences of abused women by directly engaging in dialogue with them.

In feminist theorizing, the concept of ‘intersectionality’ has helped to frame women’s experiences with abuse by recognizing how multiple identities such as race, gender, socioeconomic status, and class overlap and shape women’s treatment in the social world (Crenshaw, 1993; Nixon & Humphreys, 2010). Intersectionality theory outlines that, “the intersection of multiple systems of oppression and domination shapes individual and collective experiences and struggles” (Thiara, Hague, & Mullender, 2011, p. 759). For example, while women in general experience inequality in society, while navigating a system with historical underpinnings of racism, women of colour will have significantly different experiences than Caucasian women. Furthermore, intersectionality theory suggests that erasing or ignoring intersecting factors is damaging to recognizing the complexities of women’s individual experiences. For instance, feminist theory challenges the traditional health, welfare and criminal justice service provisions that hold “gender neutral” stances on interacting with service users (Nixon & Humphreys 2010).

In terms of applying theory to methodology, there is a growing recognition in the literature that feminist principles and feminist theorizing contributes to research methodologies (Campbell & Salem, 1999; Creese & Frisby 2011; Ganote & Longo, 2015). Feminist community-engaged scholars have adopted the term ‘feminist
community researchers’ (FCRs) to identify the ways in which their approach to research, methodologies and methods has been informed by feminist theorizing (Creese & Frisby, 2011; Creese et al., 2011). Self-proclaimed FCRs conduct studies with the belief that important knowledge is found in the daily lives of people in the community (Reid et al., 2011). Specifically, FCRs attempt to share stories and voices, such as those of abused women, which are often excluded from policy making and other structures that directly impact them (Allen, Watt & Hess, 2008; Allen 2006; Frisby, Maguire, & Reid, 2009). In distributing their stories, FCRs believe that research can empower women and effect positive change in their lives (Gatenby & Humphries, 2000).

With the intent of contributing to improved social change, feminist researchers often collaborate with community partners to generate and widely distribute knowledge on issues that impact women in their communities (Frisby & Creese, 2011). This is constructive when the community partners also operate under a feminist philosophy in responding to women, as the researcher and community partners make an ongoing commitment to use the knowledge generated by the research to take actions that are meaningful to the community of study (Reid & Frisby, 2008).

Additional important features of conducting research through a feminist lens include recognizing the unequal power relations between researchers and participants; developing research themes based on lived experiences; actively working against negatively appropriating the voices of those being studied; honoring the lived experiences of those involved; and engaging in genuine collaboration, respect and reflexivity with all stakeholders in the research process (Gamache & Asmus, 1999; Frisby & Creese, 2011; Angeles, 2011; Reid et al., 2011). Research from a feminist
perspective is appropriate for studying women who have experienced abuse as it takes into account the sensitivity of the topic at hand while listening to diverse narratives without judgement or preconceived notions (Allen 2006; Allen, 2011). While some critics believe feminism is a theory and cannot be transferred into a methodology, others retort by arguing feminism can take form in many ways. For instance, one may engage in FCR if they simply believe private and personal stories are worthy of studying (Letherby, 2003). Other features of a feminist methodological approach include the belief that reflexivity is essential to the research; finding ways to present complex layers of social lives in writing; and taking women’s needs and experiences into account when preparing results (Duelli Klein, 1983; Reinharz, 1992; Letherby, 2003; Smart, 2009).

**A social psychological understanding of service provider-service user relationships through Relational Coordination Theory**

Among the similar themes that come out of research on CCRs to VAW and CEnR, the most significant findings speak to the relationships between service providers and service users. The literature overwhelmingly indicates that relationships are important to the successful development and implementation of CCR models, DVCCs and overall service delivery efforts when working with abused women and children. To better understand and assess the dynamic relationships that develop in communities utilizing a CCR to VAW, a scan of social psychological theories is beneficial.

Positive organizational scholarship is an approach to studying organizations, aiming to assess the motivations of organizations in establishing ties to other organizations with the goal of being most effective in accomplishing their set tasks.
Relational Coordination Theory (RCT) falls under this umbrella, exploring the different relationships that develop during coordination efforts (Hoffer Gittell, 2002). In addition, the Social Change Model (SCM) (Komives & Wagner, 2009) offers guiding values for DVCCs and CU partnerships working towards the common goal of effecting social change.

**Relational Coordination Theory**

RCT falls under the umbrella of social psychological theory and among the literature on this theory, it has most often been applied to relationships between service providers and service users in business and health care sectors. Due to this, of RCT literature consulted, a limited body of the research was found to be applicable to this study (some examples include Takahashi & Smutny, 2001; Hoffer Gittell, 2002; Holti, 2011; Hoffer-Gittell 2015).

RCT assesses how people and organizations work together to achieve set goals and the relational factors necessary to yield the best results (Hoffer Gittell, 2002). This theory postulates that key stakeholders must find mutual benefits in collaborative work so as to bring their resources and expertise together to achieve a shared goal that they would not otherwise achieve, or have more difficulty achieving, if their sectors remained siloed (Takahashi & Smutny, 2001; Hoffer Gittell, 2002; Holti, 2011). With this, according to organizational theorists, the nature of working relationships and factors for effective collaboration are thought to be mutually reinforcing of one another. This means that a group’s collaborative aims and the values and conduct brought forward by individual stakeholders are dependent on one another for successful collaboration (Hoffer Gittell, 2002; Holti, 2011). It is important to note that similar to CCR mandates
and functions, RCT theorists recognize the interrelatedness of individual and system goals, citing that individual attitudes contribute to group cohesion in working towards goals of institutional change (Nowell, 2009; Holti, 2011; Allen et al., 2012). For instance, RCT posits that different agencies draw on one another’s strengths and resources to achieve an overarching goal.

RCT touches upon different types of relationships, including relationships between service providers and service users (referred to as customer-provider relationships in RCT literature) as well as relationships between service providers (referred to as provider-provider relationships in RCT literature) (Hoffer Gittell, 2002). Customer-provider relationships are characterized as customers having both trust and confidence in the service provider, while provider-provider relationships are more complex as providers engage in a complex web of interactions with each other and must work interdependently to accomplish tasks (Hoffer Gittell, 2002; Hoffer Gittell, Gofrey, & Thistlethwaite, 2012). RCT theory also explains that provider-provider relationships are vital to customer-provider relationships, as service providers must have well-functioning relationships to effectively provide coordinated services (Hoffer Gittell, 2002; Hoffer Gittell, 2015).

RCT can act as a guideline for DVCCs, helping them to build a resilience to the stresses and breakdowns of communication that are almost inevitable in complex working relationships (Hoffer Gittell, Gofrey, & Thistlewaite, 2012). RCT scholars have identified multiple factors that key stakeholders agree to remain accountable to during the work process (Hoffer Gittell, 2015). These factors include maintaining inclusive council environments; promotion of active membership; effective leadership;
empowerment of members; and support from the community (Nowell, 2009; Allen et al., 2012). In addition, the concept of social capital is vital to effective collaboration as it represents the strength of ties that exist between parties working together (Hoffer Gittell, 2002; Allen et al., 2012). Social capital is characterized as a value held by stakeholders that is necessary in mobilizing and committing to a shared cause (Nowell, 2009). Building on social capital contributes to making institutionalized changes as individual members become more invested in the group cause and see themselves as agents of change (Sabol, Coulton, & Korbin, 2004; Allen et al., 2012).

Another element of RCT suggests councils should commit to a set of foundational values for successful coordination. Hoffer Gittell (2009) has built on the tenets of RCT and presents seven dimensions/values key to successful collaboration including:

1. Shared knowledge/knowledge of others’ work
2. Shared goals
3. Mutual respect
4. Frequency
5. Timeliness
6. Accuracy of communication
7. Problem solving (Hoffer Gittell 2009; Hoffer Gittell 2015)

Among these seven dimensions, shared knowledge is arguably one of the most important values, especially when group members come from different sectors that function under contrasting philosophies and mandates. Knowing each other’s roles; understanding the unique challenges different sectors face; and exchanging information is important to building relationships among diverse committee members (Javadani & Allen, 2011; Allen et al., 2012). Other values such as problem solving, mutual respect
and shared goals have been cited as necessary for effective collaboration across community work (Gajda, 2004; Kola et al., 2015).

**The Social Change Model of Leadership**

The Social Change Model (SCM) falls under the scholarly research of education and leadership and was designed by and developed for the use of leadership scholars. It was initially intended to act as a guidebook for post-secondary students and proponents of leadership initiatives grounded in social responsibility (Dugan 2006; Komives & Wagner, 2009). Though generally applied to post-secondary settings (and therefore an applicable theory when assessing CU partnerships), the SCM also has many transferrable elements to community-based work and research. The SCM describes leadership as a group process, involving collaborative relationships grounded in the shared values of people (Komives & Wagner, 2009; Iachini, Cross, & Freedman, 2015). In taking collective action, the SCM emphasizes the importance of addressing the root causes of problems by having a larger goal in mind that works to improve the lives of community members and help to create social change (Minkler, 2012). These collective efforts stray from traditional theories of leadership and social change in its emphasis on the equal value of all contributing members (Komives & Wagner 2009).

The SCM characterizes leadership as not necessarily a formal position above others, but rather those who are able to effect positive change for the betterment of others, the community and society (Komives & Wagner, 2009). The SCM does not emphasize individual leadership and ensures leadership is inclusive and accessible to all people by functioning on an asset-based approach, an approach that focuses on the resources community members currently possess and can build on for future initiatives.
(Komives & Wagner, 2009; Minkler 2012). By capitalizing on the strengths of the community members, they are effectively afforded decision-making power in their community. Having community members working towards a cause greater than oneself is integral to both the SCM and CEnR. The Higher Education Research Institute (HERI) developed a set of seven core values (under the individual, group and community categories) that make up the SCM model including:

1. Individual values:
   a. Consciousness of self (being conscious of the beliefs, values and temperament that motivates one’s actions);
   b. Congruence (conducts oneself so that one’s actions and convictions are in accord, which helps to foster trust when working with others);
   c. Commitment (the passion and investment that motivates individuals toward the collective effort)

2. Group values:
   a. Common purpose (working with shared aims, goals, visions and values);
   b. Controversy with civility (recognizing that conflict is inevitable but can be handled respectfully, openly and with restraint);
   c. Collaboration (working with others toward a common goal while building on the strengths of others)

3. Community value:

These guiding values are important to consider when bringing together stakeholders from different sectors. Two values that are arguably most important when conducting community work and research are the community value of citizenship and individual value of consciousness of self. The SCM encourages members to develop a greater sense of citizenship, being one’s active community participation because of a sense of responsibility to the communities in which people live and the conscious effort to empathize with others (Komives & Wagner, 2009). This can contribute to stronger commitments to mandates and goals set forth by DVCCs. This community value
connects to the individual act of consciousness of self, where one becomes critically aware of their actions and the actions of others when working together on shared goals (Brown & Hannis, 2012). When stakeholders have a consciousness of self, they can transfer this into developing a critical consciousness among a group of people, providing them the insight necessary to recognize and collectively take actions against oppressive elements of society (Brown & Hannis, 2012).

The SCM emphasizes that in order to build a collaborative effort; trust must be established among stakeholders. Openness and trust are very important ingredients for collaboration, however they often takes time to develop. For instance, everyone comes to the table with different ideas and agendas, and this may lead to confrontation and mistrust (Komvies & Wagner, 2009). The SCM suggests informal exploring of other sectors, sharing ownership, celebrating success, and creating powerful, compelling relationships among stakeholders in order to help establish and maintain trust within the community (Komives & Wagner, 2009; Brown & Hannis 2012). The SCM also offers a set of five principles of collaborative problem solving that can assist service providers in working through tensions caused by mistrust. These principles include collaboration as being inclusive; making decisions on a consensus basis through process; designing a visual representation of the process; designating a facilitator to lead the process; and creating a visual record of all work completed (Gajda, 2004).

With this, collaborative leadership is an important component of the SCM, as it involves community members working together towards common goals “by sharing responsibility, authority and accountability in achieving these goals” (Komives & Wagner, 2009). Components of collaborative leadership involve capitalizing on multiple
talents of group members and developing common visions, goals and purposes (Gajda 2004; Komives & Wagner, 2009). Collaborative leadership is important for the simple fact that it includes all group members and ensures a well-rounded and thoughtful process of community work.

The next chapter will explore the methodological framework undertaken for this CEnR as well as the consulted theories that guided said framework.
Chapter Three: Methodology

In collaborating with the Elgin Alliance to End Violence (EAEV) Committee through the University of Guelph to conduct evaluation research, CEnR was determined to be the approach for best practice. In early stages of the research, a methodological design of study was developed based on CEnR guidelines and principles. CEnR is most often initiated by the mutual recognition of a problem or need by community and university partners (Allen, 2011; Barkin, 2013; Schwartz, 2010). In establishing a partnership, these parties move forward with the intention of combining their respective strengths and skills to gather knowledge about the identified issue in pursuit of addressing it and bringing about substantive change (Clinical and Translational Science Institute, 2011; CTSA Community Engagement Key Function Committee 2011; Walter, n.d.). A researcher’s methodological undertaking of CEnR is generally conducted under a framework of principles for working with community partners. That is, researchers engaging in CEnR have recognized the complexity of working with different communities and have produced literature overtime that provides principles and guidelines for best practice.

While CEnR involves some type of collaboration between community and academic partners, it can take many forms depending on the partners involved, their levels of engagement and how their relationship evolves throughout the research process (Aldrich & Marterella, 2014; Morton et al., 2014). In contrast to traditional research, the dynamic nature of CEnR means decisions about research foci, roles assigned to those involved and even locations of research are continuously negotiated and mutually agreed upon by the community and academic partners (Roman Isler &
Corbie-Smith, 2012). CEnR researchers are encouraged to critically consider the context in which CEnR is conducted as well as who is participating for whose benefit; what type of collaboration best fits the identified problem; and what empowerment looks like to both community partners and researchers (Israel, et al. 2005; McKenna & Main, 2013). With this, since the processes and outcomes of CEnR are so dependent on the context in which it is practiced (Morton et al., 2014) there remains little consensus on the most effective means of meeting the guidelines of CEnR (McKenna & Main, 2013) since much of the responsibility lies with the researchers in ensuring principles are upheld and partnerships are nurtured throughout the research process.

The EAEV Committee invited my advisor Dr. Mavis Morton and me to conduct a research evaluation of their community response to abused women and their children, thereby initiating the CU partnership. I sought to produce a community report representative of the current response, as well as twelve individual agency reports, to provide the EAEV Committee with the tools necessary to fulfill their mandate of conducting periodic system reviews. In conjunction with completing the community reports, I also sought to explore themes in the research to complete my M.A. thesis. With elements of both community needs and scholarship requirements under consideration, I conducted a scan of the academic literature and consulted with the community partners to find direction in developing the research questions (see page 13). I established the research questions with the goal of finding themes in the previous research to provide the community with substantial findings as well as making connections between the academic and evaluation research through a critical sociological lens as a means of satisfying the requirements of academic scholarship.
Conducive to the literature cited in chapter two, our CU partnership was unique to the various goals in completing the evaluation research and as will be discussed throughout this chapter, the principles of CEnR were applied to the context of the research and the levels of engagement of both parties. The first section of this chapter will explore the research paradigm under which the study was conducted. Within the realm of qualitative methods, the practices and principles of CE evaluation research guided much of the methodological framework. CEnR research practices will be discussed in terms of its influence on my exploration of VAW in Elgin County. This section will also discuss the development of the University of Guelph and the EAEV Committee’s CU partnership as well as their goals and mandates in relation to the research. The second section of this chapter will outline the methods I employed for this qualitative study, including an overview of Elgin County’s demographic information; the sample populations; recruitment practices; interviewing practices and the data analysis stage. The chapter will conclude with my personal reflection on the interview process and obstacles to engaging in CE evaluation research.

Methodological Framework

Community-Engaged Research

I planned to conduct CEnR in collaborating with the EAEV Committee to evaluate their community responses to abused women and children. Research that involves collaboration and partnership between communities and universities can be referred to in many ways, including participatory action research (PAR), community based research (CBR), community based participatory research (CBPR) and community engaged research (CEnR), among other related methodologies (Aldrich & Marterella, 2014).
While they may slightly vary, as Aldrich and Marterella (2014) note, they can be similarly framed. For the purposes of this chapter, the evaluation research will be referred to as CEnR; however, references to the specific terminology mentioned above will be made when necessary.

**Principles of CEnR**

Andrew Van De Ven (2007) defines engaged scholarship as a “participative form of research for obtaining the different perspectives of key stakeholders (researchers, users, clients, sponsors, and practitioners) in studying complex problems” (p.9). He further explains that engaging key stakeholders in the research process can produce more insightful and penetrating knowledge than when researchers work alone on gathering information (Van De Ven, 2007). In reviewing the growing body of literature on CEnR, it is evident that this methodological approach is the embodiment of community-engaged scholarship. Broadly defined, CEnR is characterized by the partnership between universities and communities in pursuit of researching mutually recognized problems with the goals of enriching knowledge; identifying and addressing social issues; and enacting change based on results and recommendations from the research (Schwartz, 2010; Anderson et al., 2012; Barkin, 2013; Roche, 2008; Aldrich & Marterella, 2014). CEnR seeks to provide communities with a voice and role in the research beyond being simply participants (Anderson, et al., 2012). Aldrich and Marterella (2014) cite McDonald’s (2006) assertion that CEnR is research with the community versus in or on the community. Furthermore, CEnR guides researchers and community partners to engage in mutual learning; have a mutual commitment to ongoing communication; recognize the expertise of all parties; partake in genuine
reciprocity; and build on strengths and resources of the community (Roche, 2008; Northmore & Hart, 2011; Anderson et al., 2012). These principles are embodied in the EAEV Committee’s interest in collaborating with academia to conduct research about women’s experiences with service providers to understand the current context, compare the current experience over the two previous studies (2000 and 2006) and generate recommendations for improvements in service delivery.

Additionally, in promoting equal partnership among CU partnerships, CEnR recognizes the expertise each party brings to the research (Roche, 2008; Barkin, 2013). I realized this important feature of CEnR in the initial stages of the partnership. For example, upon submitting the advertisement for service users to the EAEV Committee for review, the members offered their expertise on garnering participant interest. The community partners suggested making the phrasing less formalized so the advertisement was appropriate for potential participants of all literacy levels. As well, partners suggested changing the language from “experienced abuse” to “experienced harm in a personal relationship” based on their experiences working with service users. They found some women were reluctant to identify their experiences as abuse. In this instance, the community partners’ expertise of the sample population contributed to the development of research materials and reflected the importance of combining the expertise of academia and community work in accurately capturing the research population and focus.

While all research intends to collect knowledge, CEnR emphasizes a strong focus on empowering participants in constructing meaning around their experiences and using their knowledge to enact positive change in their own lives (Northmore & Hart,
Essentially, CEnR functions on the principle that working with communities in establishing research is done with the end goal of using the collected research to benefit the community, all the while affording community partners the opportunity to participate in the research based on their own interests, and in capacities they see fit based on their other roles and responsibilities in the community. This is reflective of Kurt Lewin’s description of what he termed ‘action research’, feeling that ‘the best way to move people forward was to engage them in their own enquiries into their own lives’ (Walter, n.d.).

Furthermore, PAR aims to produce knowledge that is directly helpful to the people they are researching and empower them to use their own knowledge for positive change (Aldrich & Marterella, 2014). This is most evident in the EAEV’s protocol to conduct a system review in which service providers comment on their perceptions of the community’s response to service users as well service users, being women who have experienced abuse, periodically provide feedback on their experiences with service providers. The sixty-four women interviewed for the community report (twenty-four of which are featured in my M.A. thesis) were told in the consent form and by me that their responses would contribute to a community report that would identify the strengths and weakness of the community response and make recommendations for improvement in service delivery. Similarly, forty-three service providers (with seventeen featured in my M.A. thesis) were told that their responses would contribute to the EAEV’s review of their community response to abused women and would be considered in updating community protocols and response efforts. The interview guides for this research also replicated the concluding questions in the 2000 and 2006 reports, which asked both
service providers and service users what they would like to have happen because of the research. This question prompted much reflection among participants, many of which commented on their desire for the research to be used in a way that helps women in similar situations and to raise awareness about the VAW that persists in their community. Clearly and repeatedly reminding participants of the importance of their experiences was done so in fulfillment of CEnR principles that encourage researchers to empower community members to be agents of change as they participate in research that benefits their communities (Hague & Mullender, 2006).

Challenges of conducting CEnR

While positivistic research thrives on controlled environments, CEnR presents challenges for the researcher as the community and those working within it are dynamic and ever changing. For instance, interview scheduling takes time and accommodations on the part of the researcher to balance multiple community participants’ schedules, as well as their commitment to assisting with the recruitment and interview scheduling process. As such, the researcher must be willing to adjust their existing assumptions as to how the research process should occur and change their working procedures to compliment the dynamics of CEnR (Roche 2008; Barkin, 2013). In addition, levels of responsibilities and involvement from the community partners vary based on the unique relationships and individuals involved in the research (Anderson, et al., 2012). This aspect of CEnR literature was most pertinent to my ongoing relationship with the EAEV Committee. While I began the research process with an idealistic working relationship in mind, as a community-engaged researcher, I had to adjust my expectations of having the community partners maintain an active role throughout the entire research process.
For instance, the EAEV Committee was actively involved in beginning stages of research including contract negotiations, decisions on funding allotments and approval of research materials. In fact, this part of the process took a lot more time than expected in part because of the amount of involvement that the EAEV committee wanted to have in reviewing and revising these foundational documents.

After the research agreement negotiation phase, the EAEV Committee’s involvement changed drastically during the recruitment and interviewing stage to the point of negatively impacting this part of the research process. While this is anticipated in CEnR, as Roche (2008) discusses, changes of levels of involvement could create issues if either party feels the research could benefit from increased participation from their counterpart. Recruiting service providers external to the EAEV Committee as well as service users in more rural parts of Elgin County was challenging and despite my best efforts to communicate the study’s purpose and my role in the project, many service providers did not respond to my requests for participation and general advertisements for service users in rural areas did not garner participants. Despite the agreement between myself and the EAEV committee that committee members would be better suited to recruit fellow community members due to their established rapport and positions; no members were available or willing to take on this role and therefore the recruitment and scheduling phase for service providers took months longer than anticipated, with many periods of inactivity. This leads to an additional barrier of CEnR that strays from traditional research, in that timeframes are established as guidelines but are often left unmet due to the nature of the research. These challenges are
recognized as part of the CEnR process, and are continually reflected on and addressed by the researchers.

**Foundational Goals of CEnR**

Despite these challenges, our partnership with the EAEV Committee achieved some of the objectives of CEnR including creating a balance between knowledge generation and action; commitment to providing practical knowledge to help construct achievable outcomes; producing findings to implement social change; and enhancing community organization knowledge and capacity (Roche, 2008; Roman Isler & Corbie-Smith, 2012; Anderson et al., 2012; Aldrich & Marterella, 2014). These were achieved by committing to creating various products for mutual benefit and use by both partners, including the *Community Snapshot Report 2015*, presentations on the results, individual agency reports, my M.A. thesis, and the potential for additional academic publications. As the literature indicates, these products can offer the opportunity for improvement in service use and delivery; increased community knowledge on generated research; and improvement in policy making initiatives (Israel et al., 1998; Northmore & Hart, 2011; Roman Isler & Corbie-Smith, 2012).

Throughout the research process, I shared high-level outcomes with the community partners to address complex social issues (Morton et al., 2014), remained cognisant of the principles of CEnR discussed above and adjusted to the community partners’ levels of engagement. By consistently reflecting on both the objectives of the evaluation research as well as my M.A research questions, I made a continuous effort to align my methodological practices with the foundational goals of CEnR.
Community-University Partnership

Establishing the Partnership

The EAEV Committee wanted to find a researcher to conduct feminist evaluation research in their community and made contact with academic partners to search for a suitable partnership. The Chair of the EAEV Committee reached out to Dr. Mavis Morton, having known one another through social service and academic collaborations in the VAW sector. When I expressed an interest in conducting CEnR for my thesis, Dr. Morton made the connection between the EAEV Committee Chair and me. This is a common method of initiating CU partnerships, in which community-engaged researchers rely on making connections with individuals or organizations they have a pre-existing relationship with or shared interests of study (McKenna & Main, 2013; Morton, et al., 2014). The partnership between my advisor, the EAEV Committee and me was initiated in September 2013 and the decision to work together was finalized in December 2013. Taking into account delays, the research has culminated a three-year CU partnership.

The next section of this chapter will review the methods undertaken for the research, beginning with an overview of project.

Methods

This community-engaged evaluation research sought to review Elgin County’s service provider response to abused women and their children by interviewing both service users and service providers. The following section outlines the initial stages of the research, including making distinctions between my research roles; updating the
research materials (i.e. interview guides and research questions) and establishing definitions and criterion for the different groups of participants.

Establishing the Qualitative Research

Defining the Researcher’s Roles

In establishing a partnership with the EAEV Committee and creating a research agreement, my roles as a contracted researcher and M.A. student were clearly defined. Of course, these roles were interchangeable in many ways, as both my thesis and community work required me to design and revise research tools, meet with EAEV Committee members and conduct academic and grey literature reviews. However, I received some funds from the EAEV Committee to complete parts of the project that are beyond the scope of my thesis. For instance, mobilizing the knowledge gained from the research into a Community Snapshot Report is something that is not part of the requirements of a thesis but is an important product for the community and the EAEV Committee that I intended to complete as a community researcher. Additionally, since one is not paid to complete their thesis work, the research agreement outlined an allocation of funds, which broke down the number of interviews I would complete for my thesis unpaid, and the remaining interviews I would be contracted to complete. Breaking down interviews based on my roles, responsibilities and goals as a graduate student and community researcher also contributed to the final number of interviews included in my M.A. thesis. In terms of practicalities, working through one-hundred seven interviews for a Master’s thesis did not seem feasible, and my advisor, my committee member and
me agreed that the final number would be based on the point I reached data saturation in coding and theming the interviews.

**Updating the Research Materials**

Before initiating my research, the EAEV Committee provided me with the 2000 and 2006 Reports and interview guides for review. My advisor and I agreed that that the interview guides could be updated to gauge changes in the service provider response since 2006, reflect developments in the literature and provide opportunities to explore more themes in community research. I created a Project Materials Review Package that included the 2000 and 2006 interview guides and the updated interview guide with tracked changes to outline the amendments and additions to the 2015 interview guide. In this package, I explained that the interview materials were revised to build on the results/recommendations presented in the 2000 and 2006 *Community Snapshots*; include questions which represent themes that were identified from other research (e.g. communities such as Niagara, Grey/Bruce and Guelph-Wellington who have done similar research since 2006 and research coming from peer-reviewed academic journals); and have the questions flow in a way that is logical and reduces the length of the interview by asking related questions at the same time (Mazzei, 2014). Four members of the EAEV Committee reviewed the package and agreed to the updated interview guides on behalf of the Committee, thereby initiating the recruitment and interview scheduling process.

**Defining the Participant Groups**
I completed one-hundred seven face-to-face qualitative interviews, forty-one of which are featured in this thesis. In the early stages of the research, the EAEV Committee discussed the participant criterion they used for the 2000 and 2006 studies and requested that I follow this criterion to ensure replication of research across the three studies. The following section outlines the three distinct groups of participants interviewed for the research.

The first group I drew on for this thesis consisted of women (n=24) who experienced harm in a personal relationship in the last three years (a timeframe the EAEV Committee requested as a means of remaining consistent with the two previous studies) and received services in Elgin County in relation to these experiences. This group is referred to as “service users”. The service users were recruited through newspaper advertisements, flyers, snowball sampling from previous participants and the key informant method as violence counsellors provided advertisements to clients. The second group consisted of two sets of service providers including “direct service providers” (n=7) and “broader service providers” (n=10). My advisor and I suggested these group identifiers, as the previous studies referred to direct service providers as ‘EAEV Committee Members/ECCRP Protocol Members’ and broader service providers as ‘Community Members’. We suggested that distinguishing the service providers based on the extent of expertise and services they provided in relation to woman abuse would be beneficial in assessing how different sectors work together under a CCR. The EAEV Committee agreed to these updated distinctions. For the purpose of this study, direct service providers are defined as those providing services with agencies who are members of the EAEV committee, a committee dedicated to ending VAW in Elgin
County. These agencies from various sectors function under the Elgin Coordinated Community Response Protocol (ECCRP), having direct contact with abused women and their children. Broader service providers represented different sectors including health, social, translation and child services, and are considered broader services if they do not deal with abused women and their children directly because of the abuse they experienced, but rather through avenues of referral and general community services. Since specific organizations were targeted for research, these participants were recruited through the key informant method. The targeted sample populations, recruitment process, interview tools and generated themes varied based on the two groups of participants, as will be indicated in the following sections.

The study was approved by the University of Guelph’s Research Ethics Board, and literature was consulted on effectively balancing community and university ethical standards of community based research. I transcribed the interviews verbatim and stored all data on a password protected and encrypted computer. Before beginning the data analysis process, I removed all identifying information from the transcripts. They were then uploaded and coded through NVivo software, data analysis software used to synthesize qualitative data. In addition to my M.A. thesis, the results will be used to generate the Community Snapshot Report 2015, individual reports for each organization sitting on the EAEV Committee and a presentation of the results to the EAEV Committee.

**Mixed Methods Approach**

Qualitative research offers immense value in collecting rich data that explores meanings people ascribe to their experiences (Weiss, 1994; Rosetto, 2014). With this,
quantitative methodologies combined with qualitative methods is a commonly used in evaluation research. Simultaneous qualitative and quantitative data collection is instrumental in helping researchers synthesize findings and address the research questions in more detail (Frels & Onwuegbuzie, 2013). In particular, while quantitative methods answer questions of who, where, how much and how many, qualitative methods answer the why and how questions (Adler, 1996). For the various products this project will produce, quantitative findings (i.e. demographic information of women; services they accessed; number of times they accessed services; ratings given to services; etc.) and qualitative findings (e.g. to what extent women felt understood and listened to by service providers; why did they seek out services; etc.) are of equal importance in gathering and analyzing and will be combined in the findings, results and recommendation sections.

In terms of personal empowerment, women that have experienced abuse also benefit from participating in qualitative interviews, as they feel they are being listened to and respected and engaging in activities that contribute to their individual and collective strengthening (Allen 2006; Allen, Watt & Hess, 2008; Hague & Mullender, 2006; Campbell 2010). Qualitative interviews are often employed in CEnR as community members are able to discuss their perspective on identified issues and directly contribute to knowledge generation that will go towards problem solving initiatives (Walter, n.d.). As the researcher, effectively engaging in qualitative interviewing involves active, supportive listening, developing rapport throughout interviews and probing to maintain in-depth discussions with participants (Rosetto, 2014). In this evaluation research, I conducted in-depth, face-to-face qualitative interviews with service users
and service providers to learn about their experiences and perceptions of community responses with the end goal of making recommendations to impact change on future service provision in Elgin County.

**Benefits of Qualitative Research**

When conducting interviews, I was mindful that unsupportive reactions to disclosure are harmful to individuals who have experienced abuse. For example, Service User (SU) 18 told me that she tried to disclose the horrid acts her boyfriend inflicted on her to a mental health professional, but when she shared the details of the abuse, she said she noticed a change in the service provider’s demeanour. Specifically, SU18 said she saw judgment in the service provider’s eyes and this made her feel even more shame and embarrassment. At the end of the interview, I was relieved to hear that the SU18 felt I was easy to talk to and she did not see judgement in my eyes. At one point or another during the interviews with women disclosing for the first time, they all noted that while difficult, it felt good to talk to someone about the abuse (Dominelli, 2002). This also provided the opportunity for dialogue about seeking professional support. I ensured counselling options and service provider contact information were reviewed during post-interview discussions. In speaking with SU18, I told her that I was sorry she had a poor experience in disclosing the abuse but knew of service providers trained to help her and she more than deserved to receive this help. SU18 made an appointment with a VAW, SEC counsellor at the end of the interview.

In connection to engaging in dialogue about available services, I found that the interview tools also provided opportunities to connect women to Elgin County services. I
provided service users with a list of agencies to refer to during the agency rating section of the interview. A number of participants asked to keep the list, as there were services they never heard of and were interested in visiting. I then decided to enhance the list by organizing the agencies based on sector and adding the addresses and areas of Elgin County they serviced. Coincidentally enough, increasing awareness of services was a recommendation in the 2000 and 2006 reports, and it appeared the interviews assisted with a partial fulfillment of this recommendation. I did not anticipate that conducting the interviews would also serve as an avenue for participants to learn more about the services geared towards addressing their experiences with abuse. These occurrences also reflected the goals of CEnR, as in addition to gathering information about community needs, the research process enhanced community knowledge and awareness of resources (Aldrich & Marterella, 2014; Israel, Schulz, Parker, & Becker, 1998).

The following section outlines the demographic information of the community of focus and sample populations.

**Demographic Information**

Elgin County is comprised of multiple townships and municipalities, including the town of Aylmer, municipalities of Dutton/Dunwich, Central Elgin and West Elgin and townships of Malahide and Southwold in southwestern Ontario, Canada. It is a vast county, stretching one-hundred sixty kilometres along the northern shore of Lake Erie with the city of St. Thomas central to the county (Ontario Works, 2013). As of August 2015, the total population of Elgin County was 91,477 (Manifold Data Mining Inc., 2015). Elgin County has a high percentage of German speaking citizens, with 7,793
residents speaking the language. Since 2000, 1,188 immigrants have settled in Elgin County (Manifold Data Mining Inc., 2015)

In terms of educational attainment, 14,016 have received their high school certificate or equivalent and 24,439 have a postsecondary certificate, diploma or degree (Manifold Data Mining Inc., 2015). Elgin County’s largest workforce is in the manufacturing sector, with 33.4% comprising the labour force, followed by the health sector and agriculture (Tim Welch Consulting Inc., Lapointe Consulting, & Ballak, 2013). Despite encountering economic hardships with declines in the manufacturing industry, Elgin County’s unemployment rate has remained above the provincial average (Tim Welch Consulting Inc., Lapointe Consulting, & Ballak, 2013). Comparing income between genders, there is a notable discrepancy between male and female earnings. The median total income in 2013 for females was significantly lower than males, with males earning a median of $30,538 and females earning $24,474. The average income for both genders featured the same discrepancy, with males earning an average of $39,597 and females earning $32,628 in 2013 (Manifold Data Mining Inc., 2015).

In 2012, The St. Thomas Caring Cupboard Food Bank assisted approximately 250 families and 800 individuals a month, with 37% of those being children (Tim Welch Consulting Inc., Lapointe Consulting, & Ballak, 2013). The 2012 Hunger Report noted that households in more rural areas lack access to community services and tend to use food banks more. The St. Thomas/Elgin County Housing and Homelessness Plan noted that homelessness and transient housing in Elgin County was characterized by individuals with diagnosed or undiagnosed mental health and addiction, employment destabilization, and histories of sexual abuse and running away (Tim Welch Consulting
Inc., Lapointe Consulting, & Ballak, 2013). The report also noted that over 40% of individuals renting in St. Thomas-Elgin County spend more than 30% of their income on housing, thereby sacrificing other basic needs (Tim Welch Consulting Inc., Lapointe Consulting, & Ballak, 2013). Currently, hundreds of applicants remain on the geared-to-income housing program waiting list.

Sample

Service Users

As noted by Hague and Mullender (2006) the increasing attention to the perspectives of service users in research is vital to improving services and making them more responsive to their needs. The EAEV Committee was interested in hearing from service users who are residents of Elgin County and/or London, Ontario, and twenty-four interviews were included in this study. The one participant interviewed from London, Ontario was transitioning from St. Thomas and continued to receive services in both areas. As well, some direct and broader service organizations are situated in London so service users and service providers from London, Ontario were included in the study. The inclusion criteria sought women who experienced abuse in relationships of intimacy and/or dependency within the last three years and accessed and/or received Elgin County services intended to respond to the abuse. As previously mentioned, in conjunction with the CEnR principle of shared decision-making, the inclusion and exclusion criterion was jointly agreed upon by the CU partners (Aldrich & Marterella, 2014). So as not to limit or underscore the experiences of any potential participants, the age range for this study, as with the two previous studies, was sixteen years of age and older.
If it was found during interviews that the service users had not accessed multiple services in Elgin County, their responses were not discounted, as a peripheral research focus sought to find out why women did not access more services. I was interested in discovering if any system elements deterred women from accessing services or if awareness and access to services was an ongoing issue. My decision to include these women’s responses was conducive to a feminist approach to study, which places women’s lived experiences at the centre of the research and uses it to understand the functionality of society (Keeling & van Wormer, 2012). These responses proved just as insightful as the responses from women who had accessed multiple services, since they provided suggestions and avenues for reaching women who were not engaged in the system and/or had previous negative experiences in the system that deterred them from seeking help, all the while still experiencing violence in personal relationships.

**Service Providers**

As a component of CEnR and present in this research, community partners took on both facilitation and participatory roles in the research process (Minkler, 2005; Anderson et al., 2012; Roman Isler & Corbie-Smith, 2012). The direct and broader service providers listed below are considered key informants in this CEnR research, as they provided expert knowledge; participated in interviews about community needs; helped me to make additional contacts and recruit participants; defined what they perceived to be community strengths, weaknesses, potential and needs and offered insight into their areas of expertise in relation to the research focuses (McKenna & Main, 2013; Tremblay, 1957; Wallerstein & Duran, 2006).
Seventeen service providers from a range of sectors were interviewed for this study. Direct service providers interviewed from the criminal justice sector included police (under the Ministry of Community Safety and Correctional Services); Probation and Parole (under the Ministry of Community Safety and Correctional Services); the Crown Attorney’s Office (under the Ministry of Attorney General); and Victim Witness Assistance Program (under the Ministry of the Attorney General and in partnership with the Crown Attorney’s Office). Direct service providers interviewed from the social services sector included the women’s shelter, programming for abusers, and child welfare services. In terms of broader service providers, staff members were interviewed from various agencies including the hospital, community health centre, translation services, the school board and addictions services,

Recruitment

The recruitment phase aimed to achieve representativeness of the two participant groups. Recruitment methods varied based on the group of participants; however, community partners assisted with recruiting both service users and service providers. Before recruiting participants, the EAEV Committee and I agreed on the number of participants to be interviewed to ensure comparability across the evaluations. The total number of participants was closer to the 2000 study, which featured one-hundred twenty-two participants, as the 2006 study had sixty-six participants. For interviews with service users, a percentage of interviews were allotted based on area of residence in Elgin County, which was also consistent with the 2000 and 2006 sample populations. The majority of service user interviews were conducted with residents of St. Thomas, and an equal amount was allotted for residents of East and West Elgin. For
interviews with service providers, two interviews were allotted for each service provider organization to offer them the opportunity to provide perspectives from both leadership positions (i.e. Executive Directors or Managers) and frontline personnel positions (e.g. Probation Officers and Social Workers). For this research, three Executive Directors were interviewed as well as two individuals in supervisor/managerial roles, and the remaining fourteen service providers interviewed held frontline positions in their agencies.

**Service User Recruitment**

In garnering participants for the research, information posters (Appendix A) were jointly created by my advisor, the EAEV Committee and me. They were displayed at multiple service provider organizations in the community. The advertisements featured my name and voicemail box under the VAW, SEC directory. Newspaper ads (Appendix B) were featured in the respective newspapers in St. Thomas, Aylmer and West Lorne in May 2015. Service users were also recruited by direct service providers who suggested they inquire about participating in the research. I forwarded an information sheet (Appendix C) to service providers so they could reference it when discussing the research with potential participants. VAW SEC counsellors and St. Thomas Public Health Unit nurses were most active in referring potential participants to my voicemail number. Over time, women also found out about the research from previous participants who referred them. In these instances, they were staying in the shelter together, worked together or were family members. Similar to the study conducted by Morton et al. (2014) assessing Guelph-Wellington’s sexual assault and domestic violence protocol, these intentional recruitment methods was used to reflect the diverse community of focus.
Having service providers and service users who already completed their interviews recruit additional participants helped to target a community sample that was pertinent to the evaluation research’s criterion.

I periodically checked my voicemail and followed up with potential participants within forty-eight hours of receiving messages. Of the women who called expressing interest in the research, four fell outside of the criteria having experienced abuse more than three years ago. Five women left phone numbers that were either wrong numbers or inaccessible. Of all the scheduled interviews, only three participants did not attend nor did they follow up with me to reschedule. During recruitment calls, I loosely followed a script (Appendix D) to be personable in conversation while ensuring the eligibility requirements were satisfied. To acquire the specific sample population while still maintaining validity of the study, I used criterion sampling to recruit service users, which involves the search for individuals who meet a certain criteria (Palys and Atchison, 2014). Two eligibility questions were asked, including if they identified as a woman who is sixteen years of age or older and if they experienced harm in a personal relationship in the last three years.

During the calls, I offered to provide information about the study and if the women agreed to participate, available meeting times were discussed. The service users were also told they would receive seventy-five dollars for participating, fifty dollars of which would go towards any childcare and transportation related costs on the day of the interview. The participants were told that upon arriving to the counselling office, they did not have to provide their name and only had to indicate they were there for an appointment with me to maintain their confidentiality. All of the scheduling was
managed on a Microsoft Excel spreadsheet that I stored on an encrypted computer. For scheduling purposes, VAW, SEC counsellors and the VAW, SEC administrative assistant had access to a de-identified version of the schedule. The decision to include VAW, SEC staff in the scheduling process is an example of incorporating the CEnR principle of balancing community needs against traditional research practices. In similarly conducted research, Morton et al. (2014) refer to Secret, Abell and Berlin’s (2011) finding that research conditions under which scientific methods are practiced may not always be compatible with what is ideal in serving clients. While sharing the participant contact information with individuals that were not directly connected to the research project would not be recommended in traditional research practices, the CU partners recognized that scheduling women was a time sensitive manner. For instance, some potential participants could be in current crisis, others did not have a secure line for me to return their call and delaying scheduling could result in participant attrition. With this, the EAEV Committee and I agreed that since VAW, SEC staff members are already bound by client confidentiality clauses, the risk of including them in the scheduling process was removed. Overall, the CU partners agreed that adapting traditional recruitment practices to fit the community’s research needs was ideal for recruiting and scheduling service users.

**Service Providers Recruitment**

In accessing service providers, I contacted direct and broader service providers. I met a majority of the direct service providers by attending one of their committee meetings in December 2014. In addition to discussing the research plan, I collected their contact information to get in touch for scheduling our interviews. In recruiting the
second participant for each organization, I asked the initial participant to refer me to a colleague that may be interested in participating in the research. I garnered broader service provider participants with the assistance of EAEV members who forwarded names and emails/phone numbers of contacts they knew in different agencies. For agencies that EAEV members did not provide contact information, I engaged in cold calling, explaining my role in the community and the purpose of the research. Similarly to scheduling interviews with service users, all scheduling information was maintained on a Microsoft Excel spreadsheet.

**Ethics Protocol**

The complexities of CU partnerships are often realized when navigating the ethics of conducting research in diverse communities. Straying from traditional research methods, CEnR involves the sharing of roles and responsibilities among multiple partners at different stages of the research process (Altman, 1995; Aldrich & Marterella, 2014; Roche, 2008). As such, upholding the ethical standards of conducting qualitative research is of the utmost importance in ensuring participant safety and confidentiality as well as validity and rigorousness of data collection (Frels & Onwuegbuzie, 2013).

In sharing responsibilities during the research process, CU partners also agree to share ownership of data, research tools and subsequent products (Minkler, 2005). Agreeing to such conditions is often done by drafting a contact mutually agreed upon by the CU partners. In our contract negotiation stage, we experienced contention among the parties as the EAEV Committee felt that the draft research agreement from the University of Guelph Contracts Department did not reflect the dynamics of CEnR. My
advisor remedied this issue by consulting my committee member who has experience in community-engaged scholarship and gained access to a research agreement draft (developed by Indigenous partners) that had been used in other CU partnerships. The language and conditions of this research agreement situated the community partners as equal in the research process. It also included conditions for the University that are not found in traditional research contracts, such as respecting the needs of the community and not bringing harm to the community’s reputation in creating academic products based on the collected data. This process demonstrated the challenges of conducting CEnR under more traditional approaches to research found in academic solutions. With this, my advisor embodied CEnR principles in respecting the community partner’s role in the research, making efforts to build trust by addressing their concerns and situating the community of focus in a position of equal decision-making power (Giacomazzi & Smithey, 2001; McKenna & Main, 2013; Gibb & Handon, 2011).

In contrast to quantitative methods, my heavily qualitative approach to sensitive research meant that participant safety and confidentiality was a paramount concern in managing identifying information, storing data and conducting interviews. To begin, in terms of data security, extensive measures were taken to maintain ethical integrity. In the case of face-to-face interviews, all data was treated as confidential. Specifically, participant confidentiality was maintained as participant names and contact information was kept separate from participant data, which were identified only through an ID code with no way to match ID codes to names of participants. The master list was stored with password protection on an encrypted computer. The recorded interviews were downloaded within twenty-four hours of the interview, transferred to a digital file and
stored with password protection. The interviews were then deleted from the audio recorder (since I was travelling with the recording device and was at more risk of misplacing it) and the data was stored on an encrypted computer. After the project’s completion, all identified data was stored on a digital repository called SharePoint, housed within the University of Guelph database. Only my advisor and I would be able to access the data through password-protected accounts.

There were also identified risks to participating in the study that were communicated to the participants, especially service users. Psychological risks included the possibility of being emotionally triggered by the subject matter (i.e. recalling experiences of abuse) (Keeling & van Wormer, 2012). This was managed by approaching the questions with sensitivity and attempting to build rapport with participants. If a participant became upset by the subject matter, I waited as the participant collected herself, asked if she needed more time and did not proceed until the participant assured me it was okay to continue. Respecting these periods of silence were important in conveying empathy and understanding of the participant’s experiences and ensuring the interview did not bring about undue stress and harm (Elmir et al., 2011). Service users were also offered the opportunity to meet with a counsellor immediately following the interview or at a later date.

In addition, there was potential social risk if in the process of being contacted or in the process of meeting to participate in a face-to-face interview, a woman happened to see someone who they know. If the woman was coming to or leaving an organization like VAW, SEC, this could negatively affect her status and/or reputation in the community. However, considering the emotional and physical safety of the interviewer
and participants, a public location was not appropriate for conducting interviews. Instead, as previously mentioned, participants were told during recruitment that when arriving to the VAW, SEC office, they did not have to provide their names and could indicate they were there to meet me to maintain confidentiality of their participation. As well, to minimize social impacts, VAW SEC requires all persons who enter the office sign a confidentiality agreement indicating they will not discuss what they have seen and/or heard during their visit. These measures ensured that physical, social and emotional considerations of all parties were taken into account during the research process.

**Semi-Structured Interviews**

Upon reviewing the amendments my advisor and I made to the 2000 and 2006 interview guides, the EAEV Committee signed off on the updated interview guide that intended to build on the evaluation research. In developing the interview guides for both groups of participants, I also created a chart with a list of service providers with follow-up questions about their contact, including the number of times service users accessed the services, whether it was voluntary, how helpful the service providers were, and an overall rating of the services. Appendix E and F feature the interview guides for service users and service providers. Similarly, the consent forms for service users (Appendix G) and service providers (Appendix H) were updated and approved by the University of Guelph’s Research Ethics Board.

**Developing interview guides based on research foci**
In completing this CEnR evaluation research, interview guides for service users were developed with the intention of discovering the following:

(1) The demographic information of women in Elgin County who have experienced harm in a personal relationship within the last three years, including age, race, ethnicity, religion, employment status, education level, township of residence, and languages spoken. In gathering information about the women’s lived experiences, participants will also be asked about the duration of abuse, types of abuse and status of relationship with the identified abusers;
(2) Helpful community resources identified by service users, including identifying the most helpful responses and strength of responses;
(3) And unhelpful or lack of community resources (i.e. from service providers) identified by service users, including identifying the least helpful responses and the weaknesses of responses (Mazzei 2014, p 4).

Additionally, the interview guide for service providers (Appendix H) featured questions focused on:

(4) The organization’s contact with abused women and children and specific services provided;
(5) The service provider’s experiences working with other organizations in responding to these women;
(6) And the service provider’s perceptions of community responses to VAW (Mazzei 2014, p 4).

For both interviews with service users and service providers, the interview guides additionally sought to find:

(7) The identification of helpful and least helpful responses and strengths and weaknesses of said responses in 2015 to compare them to the strengths and weaknesses identified in the previous two research studies.
(8) The identification of some of the systemic and structural issues that impact service provision and women’s experiences of Elgin County’s community response. This includes identifying issues such as funding for community and government services and responses, poverty related barriers, and the dynamics of agencies collaborating under the established protocol during the service delivery process (Mazzei 2014, p 5).
Interview Preparation and Ongoing Support

In preparing for the qualitative interviews, my advisor and I discussed best practices for interviewing methods. I also consulted literature on interviewing women who have experienced abuse to ensure I was conscious of my actions in interviews. Literature on reflexivity in the research process proved valuable in preparing for interviews. Le Gallais (2008) writes that simultaneous empathy and alienation, or appropriate separations from subjects, are useful qualities in a researcher. As well, recognizing one’s insiderness and outsiderness on a continuum as opposed to being one or the other is helpful in identifying the layers of privilege and power in the researcher-participant relationship (Merriam et al., 2010). For instance, as a female interviewing female participants I had the benefit of sameness; however I was also cognisant of any changes in dynamics being a young female interviewing older females, or identifying my role as a graduate student and interviewing women with less educational attainment (Hellawell, 2006). Due to the sensitive nature of the research questions, reflexivity was vital in honing effective interview techniques with service users.

I also drew on previous experience and training, having conversed with women who experienced abuse. Completing my undergraduate degree in Criminology and Community Development, I worked with women through court-ordered programming and a provincial jail in London, Ontario, often listening to them describe their experiences with violence and abuse. I also volunteered at a women’s shelter in London, Ontario and as a Court Support Worker, attending family court with women staying in the shelter who requested accompaniment to proceedings. As a researcher,
having a heightened awareness of my past experiences, values, beliefs and educational background proved to be of importance in understanding my influence on the research process and my connections to the participants (Le Gallais, 2008). I consistently reflected on my interviewing techniques, ensuring that I offered the same degree of genuine empathy I expressed in my previous experiences interacting with women who have been abused while still maintaining the integrity of the data collection process.

Furthermore, The EAEV Committee allotted funding for me to attend ten performance support sessions with a psychotherapist and former VAW counsellor. She was hired for these sessions as she also has experience conducting community-engaged research related to VAW. Specifically, she was a part of the research and coordinating team for a similar study conducted in Guelph-Wellington and therefore had familiarity with my experiences. In our first meeting, the psychotherapist suggested I write down any questions and experiences I felt pertinent to discussing during our sessions. This proved instrumental in the reflexivity process, as I was able to reflect on my experiences in hindsight and recognized seemingly insignificant occurrences as valuable in some capacity upon reflection (Miller & Glassner, 1997). Overall, I found these performance support sessions to be an effective resource during the interview process.

**Conducting Interviews**

The majority of the interviews with service users were conducted at the VAW, SEC counselling office to facilitate a neutral setting. For women residing in the rural areas of Elgin County, interviews were conducted at the West Elgin Support Services
office in West Lorne. At the beginning of the interviews, I clarified that I was not employed by VAW, SEC to ensure participants felt comfortable to speak freely about the services given the setting of the interview. This was also clarified as a means of maintaining the validity of the research as I balanced the dual roles of investigator and ‘employee’ (Le Gallais, 2008). While I was hired on by the EAEV Committee to conduct the research, I was tasked with having service users rate their services and wanted to ensure they understood the dynamics of my affiliation with service provider agencies. In addition, the consent form was reviewed with participants prior to the interview and two participants requested that I orally review the consent form with them.

The interviews were semi-structured in format. Esterberg’s (2002) overview of qualitative interviewing suggests beginning interviews by asking for background information to ease into the subject, followed by questions about the experiences they have had, their feelings and emotions based on these experiences and their opinions and values. All the while, factual information is being collected that reflects their lived experiences (Esterberg, 2002). Face-to-face interviews offer the reward of richness in information and hearing participants express what they believe to be the key issues they are facing (Palys & Atchison, 2014). I found it best to let the participants discuss as much as they wanted, especially in terms of the service users’ experiences of abuse. This would allow for the free flow of information that would contribute to theory building in the data analysis stage. However, I also remained mindful of my reactivity when interviewing participants so as not to influence their responses. For instance, as service users rated service provider agencies, I ensured my reactions were neutral so
participants did not alter their responses based on my non-verbal cues (Miller & Glassner, 1997).

During the interviews, as women expressed their individual constructions of meaning and responses to their abuse, this could be later compared to the structural and systemic aspects of the women’s lives (Allen M., 2011). While each woman’s experiences were unique to the context of their personal lives, commonalities emerged among their responses. As Allen (2011) noted, I made a commitment to “allow the women’s voices to be heard with as little filtering as possible through a professional or academic lens” by allowing the participant to tell her story without interrupting or distracting her (Allen, 2011, p. 31). This meant that the duration of the interviews depended heavily on the demeanour of the participants. Though I probed as much as I felt necessary, if participants were unwillingly to engage in dialogue aside from direct responses, the interviews did not last long. On the other hand, some participants guided the direction of the interview by speaking for extensive periods. At the end of service user interviews, the participants were given seventy-five dollars as well as a Help Card that had phone numbers for the police services and the women’s shelter. Two women refused to take the card, citing safety issues if their abusers found it on their person.

Interviews with service providers took place at their offices, which in retrospect, were insightful experiences as I was able to attend each of the organizations the service users had attended. One service provider invited me into her home to complete the interview. Upon reflection, this was beneficial as a community-engaged researcher as I familiarized myself with the community and the organizations I was researching, making a transition along the continuum of outsider and insider (Hellawell, 2006). The duration
of the interviews again depended on the participants’ lengths of responses. At the end of the interviews, service providers were told that at the conclusion of the project, they would receive a presentation of the results, have access to the *Community Snapshot Report 2015* as well as a personalized report of the ratings and feedback service users gave their organization.

**Data Analysis**

I conducted the transcribing and coding phases simultaneously to remain well versed in the data. As noted by Morse (1994), the data analysis stage is characterized by synthesizing, in which the research merges several narratives in order to find themes that explain the meaning of these narratives. My goal was to take the individual stories to search for patterns and commonalities in experiences as a means of generating an understanding of the broader issues at hand (Allen, 2011). Having transcribed verbatim, I ensured the richness of data was captured which allowed for a thorough generation of themes during the coding stage (Keeling & van Wormer, 2012). I engaged in what Charmaz (2003) terms “line by line” coding in which each line is meticulously reviewed for potential codes, allowing for the emergence of multiple themes (Charmaz, 2003). This is a heavily interpretative process on the part of the researcher and criticisms of neutrality must be responded to with consistent reflexivity during the coding process (Allen, 2011).

In addition to engaging in reflexivity during the interview stages of research, reflexivity also helps ensure rigorousness of data analysis and interpretation as the researcher remains mindful of the impact their lens, assumptions and biases may have on the results. Throughout the coding process, I reflected on my powerful role in
interpreting these women’s stories and writing about them. I further reflected on the importance of misusing these women’s voices so as not to contribute to the structural power imbalances they may have previously been subject to (Allen, 2011). Reflexivity also occurred through periodic meetings between my advisor and me to review the coded materials and discuss emerging themes. Overall, my goal was to interpret and present the collective voices of participants so they can be used in initiatives that enact positive social change.

The final section of this chapter will feature my reflection on interviews with service users and working with community partners.

**Reflexivity in Feminist Community Engaged Research**

Reflexivity can be defined as a “thoughtful self-aware analysis of the intersubjective dynamics between the researcher and the researched” (Finlay & Gough, 2003) and is an important practice in CEnR. Engaging in feminist reflexivity means recognizing the unequal power relations between researchers and subjects; developing research themes based on lived experiences; actively working against negatively appropriating the voices of those being studied; honoring the lived experiences of those involved; and engaging in genuine collaboration, respect and reflection in the research process (Frisby & Creese, 2011; Angeles, 2011; Reid et al., 2011). Furthermore, as researchers attempt to share stories and voices, such as those of abused women, which are often excluded from policy making and other structures that directly impact them (Frisby, Maguire, & Reid, 2009), it is important to assess our positions in the research. It is vital for researchers to continuously examine our emotional reactions to the settings, the study, and the participants because if we avoid this, we risk having our
feelings shape the research process (Dominelli, 2002). Throughout the research stages, I continually engaged in reflexivity as I acquainted myself with Elgin County community members, both on the receiving and providing end of service delivery for abused women and their children. Connections were made between women’s comments and the existing literature to develop comprehensive themes in helpful elements of service delivery. The findings were also synthesized with a conscious understanding that this knowledge would be distributed in these women’s communities, and therefore had to accurately capture their experiences.

While engaging in reflexivity, I also made sure to reflect on my role in the research process and recognize the importance of affording abused women agency and control in decision making and ensuring their voices are heard in the research (Angeles, 2011; Creese & Frisby, 201; Creese et al., 2011). In conducting the interviews, I committed to letting the service users guide the conversations and let them tell their stories without interruption (Elmir et al., 2011). I also ensured my verbal and physical cues reflected empathy, non-judgment and consideration for the sensitive topics at hand. Furthermore, as committed to in the methodology section, I engaged in reflexivity throughout the data coding and analysis phase (Letherby 2003; Frisby & Creese, 2011; Angeles, 2011; Reid et al., 2011).

**Limitations and Strengths of the Research Design**

In seeking to answer my research questions, I set forth a research design that aimed to interview three groups of participants to gain insight into their individual and collective experiences under a CCR to abused women and their children. As I conducted the interviews, I came to realize that researching a group of service providers
in a small community presents unique challenges. When conducting research, though participants are assured confidentiality and being forthcoming in responses is encouraged by the researcher, it is likely that participants are hesitant to speak disparagingly about their community and/or fellow service providers. As a researcher, I made every attempt to make the interview a safe setting and probe where necessary; however, the human element of conducting face-to-face qualitative research is an inevitable barrier of such a research design. Though researchers may give their best effort, there are many elements beyond their control, such as dynamics between participants that are known to one another (as was in this case), and such may influence the type of responses provided in interviews. On the other hand, though presenting some challenges, working in a small community with participants that know each other also provides valuable insight into research on CCRs to abused women and children. For instance, many of the service providers have been in their positions for a number of years and are well acquainted with one another, so their responses on questions about working under a CCR model to service delivery are filled with rich, passionate insight and based off extensive experience working in their community.

Once my research design was established, I experienced the many challenges associated with the process of recruiting, scheduling and conducting face-to-face interviews. First, conducting qualitative interviews requires significant time commitments on the part of the researcher. In contrast to other research designs that utilize surveys or content analyses of archival materials as their main forms of data collection, I spent an extended amount of time interacting with participants of the study, and did this on an ongoing basis. Over the course of two years (taking into account periods of inactivity,
another challenge associated with recruiting participants), I would correspond with potential participants; schedule (and re-schedule when required) interviews; book spaces in different offices around Elgin County; call to confirm appointments when participants requested this at the time of initial scheduling; conduct the interviews and subsequently transcribe them.

In terms of conducting in depth, face-to-face interviews, Payls and Atichson (2014) note that despite engaging in efficient scheduling, researchers become emotionally drained and therefore tend to only schedule and complete three or four interviews a day. Although four interviews per day may seem like a fair amount to a qualitative researcher, the authors draw comparison to the potential for completing dozens or hundreds of surveys in the same period (Palys & Atchison, 2014). I encountered this challenge during the three months I interviewed sixty women (twenty-four of which are featured in this thesis) who experienced abuse. On average, I conducted two to four interviews a day, three days per week. On some days, I interviewed more than one woman who discussed traumatic experiences in depth and were understandably emotional during the interviews. These days were emotionally draining because as I remained attentive during the interviews, I found my mood and energy remained subdued well into the evening as I processed and reflected on the experiences they shared. As previously discussed in this chapter, I attended performance support sessions and engaged in consistent reflexivity to manage these experiences, but still encountered this challenge because my research design situated participants’ firsthand accounts as central to the study.
Despite the challenges of conducting qualitative interviews, the value of qualitative research is consistently reaffirmed during the research process, particularly during the interview stage. It is evident that VAW is rampant and indiscriminate; it transcends all cultural boundaries, ages, races, education levels and employment statuses. As such, it is arguable that studying this phenomenon is done most meaningfully by hearing from the women themselves. I gained richness of data and invaluable insight speaking to twenty-four women about their experiences with violence in personal relationships. The most impactful interviews were with women who indicated that I was the first person they disclosed the abuse. Although I felt the pressure to properly balance my role as a researcher (and communicate that I was not trained as a counsellor) while still conveying empathy and compassion (Le Gallais, 2008; Merriam et al., 2010), I was humbled by these meaningful experiences. With this, it has been noted that while researchers must not assume the role of a therapist, the interview process can be therapeutic as researchers display non-judgmental reactions, warmth and empathy, especially for vulnerable populations (Frels & Onwuegbuzie, 2013). Many women in the study expressed this sentiment, indicating that the qualitative research provided them the important opportunity to share their opinions and experiences.

Challenges of Community Engaged Research

As previously noted, the timely and structured culture of universities often clashes with the nature of community work. As with the nature of my research design, time is also frequently cited as an issue with CEnR (McKenna & Main, 2013; Wallerstein & Duran, 2006; Roche, 2008; Schwartz, 2010), as often the community partners are balancing the research project with their daily roles and responsibilities. I accurately
anticipated that my M.A. would take longer to complete if there were delays in the project.

In addition to delays, one of the most significant challenges I experienced was being separated from the decision making process due to the dynamics among the community partners on the EAEV Committee. For instance, it was alluded to that there were many conflicting personalities and agendas among members of the Committee, and so the contract negotiation stage between the University of Guelph and the EAEV Committee took months before an agreed upon contract came to fruition. As with my experiences, Morton et al. (2014) recognizes that agreeing on roles and responsibilities during the contract negotiation phase is not realistic. In addition, coupled with disagreements among the Committee members, time was again an issue as there were weeks of inactivity between the exchanges in contract drafts.

Stemming from the contract negotiation phase, a trend took form in which I would submit materials for approval and the Committee would meet separately to review. The Chair of the Committee would then communicate the Committee’s revisions and suggestions to me. More contact with the EAEV Committee as opposed to one representative to establish an ongoing relationship and familiarize myself with the members would have been preferable. This was especially important to me as I was cognisant of the sensitivity in delivering the results and would have felt more comfortable if a better rapport had been established. There is agreement in the literature that characteristics of good CU partnerships include ongoing relationship building; building trust and seeking commitment from community partners; sharing of resources and strengths and maintaining transparency and communication (Sandy &
Holland 2006; CTSA Community Engagement Key Function Committee 2011; Sadler et al., 2012). With knowledge of these principles, I was apprehensive throughout the research process as I found my relationship with the EAEV Committee did not adhere to much of the literature on CEnR. However, I viewed these experiences through the lens of a community-engaged researcher as it provided a better understanding of the complexities of CU partnerships and how dynamics outside of the researcher’s control, such as inter-Committee struggles, affect the research process. I also committed myself to maintaining the principles of CEnR discussed throughout this chapter to ensure I was upholding my commitments as a community-engaged researcher.

**Conclusion**

This chapter focused on methodological approaches and framework for researching VAW, including the guiding framework of CEnR and the methodological practices of feminist community research. I discussed the CU partnership in relation to the research purposes and goals and thoroughly outlined the methodological design of the research. I concluded the chapter with a reflection on the research, including the insightful offerings of qualitative interviews and obstacles to engaging in community research.

The next chapter will feature the methodology in practice, as the findings from this community-engaged evaluation research will be outlined.
Chapter Four: Research Findings

The research findings of twenty-four face-to-face qualitative interviews with service users and seventeen interviews with direct and broader service providers in Elgin County, Ontario are provided in this chapter. To begin, the demographic information of service users will be outlined via quantitative data and a brief overview of the sector and professional backgrounds of service providers as well as service users’ experiences with abuse will be outlined. The overall interview findings will be outlined under the umbrella of this study’s three research questions, all of which sought to discover service users’ experiences accessing services as well as the interactions among service providers under a CCR model. The chapter will also include an overview of the needs and issues of abused women identified by both the service users and service providers. Based on the perspectives of those receiving and providing services, parallels and comparisons will be drawn between their assessments to highlight service delivery issues.

Service Users’ Demographic Profile

To be eligible for this study, the participants must have experienced abuse within the last three years (2013 – 2016), accessed services in relation to abuse in the last three years, and been residents of Elgin County or London, Ontario at the time of the interview. To capture the demographic information of the participants, they were asked about their area of residence, employment status, range of income, age, education, race/ethnicity, first language, and number of children they have.

In terms of area of residence (Appendix I) the majority of the participants (n=19) lived in Central Elgin and St. Thomas, half of which (n=12) resided in their own home,
rented a place through social housing or were staying with friends or family. The remaining participants in Central Elgin (n=7) were living in either the VAW, SEC shelter or Second Stage Housing at the time of the interviews. One participant lived in East Elgin and another had recently moved to London. I travelled to speak to the remaining three participants who resided in West Elgin. The age of participants (Appendix J) ranged from 20 years old to 64 years old, two of which were 20-24; three were 25-29; five were 30-34; six were 35-39; two were 40-44; two were 45-49; three were 50-54 and one was 60-64.

Table 1. Descriptive Statistics (n = 24)

<table>
<thead>
<tr>
<th>Place of Residence</th>
<th>Number of participants (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Elgin &amp; St. Thomas</td>
<td>19</td>
</tr>
<tr>
<td>East Elgin</td>
<td>1</td>
</tr>
<tr>
<td>West Elgin</td>
<td>3</td>
</tr>
<tr>
<td>London</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age</th>
<th>Number of participants (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-24</td>
<td>2</td>
</tr>
<tr>
<td>25-29</td>
<td>5</td>
</tr>
<tr>
<td>30-34</td>
<td>5</td>
</tr>
<tr>
<td>35-39</td>
<td>6</td>
</tr>
<tr>
<td>40-44</td>
<td>2</td>
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<tr>
<td>50-54</td>
<td>3</td>
</tr>
<tr>
<td>60-64</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Number of participants (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>21</td>
</tr>
<tr>
<td>Aboriginal</td>
<td>1</td>
</tr>
</tbody>
</table>
Mixed 1  
African American 1  

**Language Spoken**

- English 21  
- English & French 4  
- English and two or more languages 1  

**Children**

- Yes 20  
- No 3  
- Expecting 1  

**Education Level**

- Completed some high school 3  
- Completed high school 5  
- Some college/university 6  
- College Diploma 8  
- University undergraduate degree 1  
- Trades degree 1  

**Employment Status**

- Unemployed 16  
- Employed outside the home 7  
- Self-employed 1  

**Income**

- Under $20,000 21  
- $20,000-$39,000 1  
- $40,000-$59,000 2  

Among the participants, majority (n=21) identified as Caucasian, and of the remaining three participants, one identified as African American, another participant identified as Aboriginal and one identified as mixed race, noting they were half Scottish
and half Metis (see Appendix K for the breakdown of participant race/ethnicity). For languages spoken (Appendix L), majority of participants (n=21) first learned and only spoke English, while two spoke French as a second language and one participant spoke three languages in addition to English, including Arabic, Sudanese and Egyptian. When asked if they had children (Appendix M), whether or not they lived with them, majority (n=20) said yes, three participants said no and one participant was expecting their first child.

There was a range of educational attainment among the participants (Appendix N). Three participants had completed some high school; five participants had up to their high school diploma; six participants had completed some college; eight participants received a college diploma; one participant had an undergraduate degree; and one participant had a trades degree. In terms of employment (Appendix O), the majority of participants (n=16) were unemployed and other than one participant that listed Ontario Student Assistance Plan (OSAP) as her main source of income, the rest were receiving financial assistance either through Ontario Works (OW) or the Ontario Disability Support Program (ODSP). Seven participants were employed outside the home and one participant was self-employed. In terms of annual income (Appendix P), majority of participants (n=21) were classified as low income, with a total annual income of less than $20,000. One participant earned in the range of $20,000-39,000 and two participants reported earning between $40,000-59,000.

Following the demographic questions, service users were asked to report an experience with abuse within the last three years to gauge the types of abuse they experienced, their relationship to their abusers, the course of time the abuse occurred
and to whom they first disclosed the abuse. Early research on domestic violence has noted the methodological difficulties in quantifying certain types of abuse that lack reliable measures like verbal and emotional abuse (see Gordon, 1996), therefore the following section will be outlined via qualitative measures.

**Context and Purpose of the Research: Women’s Experiences with Abuse and Accessing Services**

At the beginning of the interview, participants were asked about their experiences with abuse to provide an overall timeline about when they first encountered service providers. Since the focus of this interview was about their experiences with service providers, the participants were only asked general questions about types of abuse they experienced and thus, I engaged in minimal probing for this portion of the interview. As such, participants disclosed as much as they desired, with some being more comfortable discussing their experiences at length and other participants only providing brief responses. Certain types of abuse, including abuse experienced in childhood, were alluded to by some participants. While no less important than the abuse experienced in adulthood, instances of historical childhood abuse will not be discussed in these findings as this was not the purpose of the study.

Overall, the scenarios and types of abuse participants discussed are consistent with research on VAW (e.g. Clark, Burt, Schulte, & Maguire, 1996; Abel, 2000; Brown, 2000; Allen, Bybee, & Sullivan, 2004; Burkell 2006; Taylor & Jasinski, 2011). However, neither this study nor the women who participated in this research are focused on analysing the types of abuse, but rather how abused women and their children can
move on with their lives and how service providers can help them. For example, when asked a concluding question about their interview experiences, a number of service users noted their relief in not having to divulge intimate details about their abuse as they had expected. Instead, many said that they were participating in the research to tell their stories in hopes of raising community knowledge and awareness for women and children in similar situations. Therefore, the following section will provide an overview of the types of abuse service users discuss to provide background as to how they were led to service providers.

**Types of Abuse**

The majority of the participants reported experiencing more than one type of abuse throughout the course of their relationships, almost all of which were perpetrated by male partners in some capacity, whether they were boyfriends, husbands, common law partners, or the father of their child(ren). Aside from a few participants, almost all participants said the abuse occurred over the entire duration of their relationships. Quite often, participants said they were prompted to leave when certain types of abuse, such as verbal or psychological, began to escalate or their abuser graduated to an additional type of abuse, most often being physical abuse. A significant number of women noted the fact that they had been in more than one abusive relationship, however it is unknown as to how many since this was not an interview question and the depth of responses varied by participants. At the time of the interviews, three participants were currently living with their abuser. Another participant was arranging to relocate to another shelter to be further away from her abuser. The rest of the participants were at different stages of seeking safety, and while some did not have any contact with their
abuser, others had moved multiple times after their abuser found their new places of residence. As well, many of the participants were still in contact with their abusers mostly due to legal issues surrounding custody of their children or pending criminal charges.

**Emotional Abuse**

The majority of the participants experienced emotional abuse in one form or another. Emotional abuse was most often cited in the form of verbal abuse, with participants noting that their abusers would insult them, yell at them, and call them hurtful names. For example, SU 16 said her abuser would often tell her no one else would ever love her and SU 19 said when she was proud of herself, her abuser would make a point to diminish her pride to the point she had no self-esteem.

**Physical Abuse**

Physical abuse entailed hitting, punching, slapping, pushing, physically restraining, pinning down/against walls and couches, being thrown down stairs and on furniture, and choking. Many service users described instances of physical abuse because of escalating tensions or intense arguments. Others noted that they could only recall minor, if any, triggers that prompted the physical abuse. One service user said,

> I made a comment one day...he had one sister, his parents were dead and he thought very highly of his sister and we were talking about the weather and he says ‘well my sister says it’s going to be this kind of weather’ and I said ‘well your sister’s not the weather expert’ and he punched me in the side of the head and knocked me out cold (SU18).

Notably, many of those who did not experience physical abuse still referred to it as being the most blatant and thereby provable type of abuse, underscoring the notion
that the abuse they were often experiencing was seen as less tangible. Service users often noted that it took quite some time and prompting from concerned friends, family or service providers to understand that the types of abuse they were experiencing were also harmful, as they often assumed since they were not being physically abused, their issues were not as serious or did not even constitute as abuse.

**Financial Abuse**

Financial abuse often manifested in the form of controlling finances and tracking the women’s spending, either by requiring receipts for purchases, questioning purchases or withholding money. SU 22 noted that her abuser would buy items, such as winter coats for her two biological children, and then take them back. Some participants mentioned having to quit their jobs thereby leaving them dependent on their abuser. Other types of financial abuse cited by service users were impacts on their employment whether their abuser went to their place of work or caused them stress in which they had to miss work; spending all of their money without their knowledge or permission; or spending money that was allotted for living expenses, thereby leaving service users without ample funds to support themselves and their children.

**Psychological Abuse**

Service users overwhelmingly cited different types of psychological abuse, including isolation; stalking; limiting mobility of movement in different parts of the shared home; manipulation; being made to feel guilty; physical intimidation and/or the looming threats of physical abuse. Participants noted instances in which their abusers made passing references to taking their children away, threats of harm to them and their loved
ones, destroying their belongings, or ruining their reputations. For example, at one point during our interview, SU 2 became emotional, noting that she still cries when she recalls the time her abuser threatened to throw the ashes of her cremated son into the streets. SU 17 said her abuser accused her of conversing with an ex-boyfriend and threatened to put her, her daughter and her unborn child in a car and tie it to the tracks. A number of participants also noted the feeling of constantly being on edge as they managed their abusers’ moods, never knowing how he would react or if he would do something to cause harm.

**Sexual Abuse**

A few women linked psychological abuse to sexual abuse, noting their abusers expected sex on a frequent basis; forced sexual intercourse on them after they expressed they did not want to engage in it; and acted cold and moody unless they received sexual favours. Two participants noted that their abusers found men on the Internet for them to engage in sexual activities with and participated out of fear of reprisal. Two other participants indicated that they were raped by one or more men that were known to them.

**Initial Disclosures of Abuse**

In disclosing their abuse, many participants told family members or friends, while others told direct service providers in a time of crisis, most often the police or shelter staff. Some women reported telling broader service providers such as mental health counsellors and doctors. These points of disclosure will be discussed later in the
discussion chapter as women’s experiences with service providers are explored in more depth.

**Service Providers’ Professional Profiles**

The direct and broader service providers interviewed for this study were outlined in detail in the methodology chapter. In total, there was one-hundred seventy nine collective years of experience among the service providers, with almost all of them having worked in Elgin County and/or London for the duration of their careers. Some of the service providers worked in more than one sector, thereby gaining experience, understanding and expertise in different areas of the formal help system. Many of them also hold volunteer roles on community boards and committees in addition to the EAEV Committee.

**The dynamic stakeholder relationships under a CCR Model to VAW**

These research findings offer valuable insight into the different relationships under a CCR to abused women and children, including those between service providers as well as service provider-service user relationships. Overall, the findings indicate that relationships, whether positive or negative, play a significant role in the day-to-day functions of providing agency-specific services to abused women and children as well as the ongoing mandates and goals of committees under a CCR model. In discussing their interactions with abused women, the findings show that service providers are quite aware of the importance of providing empowering support to abused women; normalizing and easing access to services; and consistently revisiting the overarching goals of addressing VAW to balance this with policy and philosophy differences.
between agencies. In discussing their interactions with one another and between systems, service providers identify the challenges working under a collaborative model and the strategies for effectively combining their expertise to provide coordinated services. The findings also reveal that women who have experienced abuse are most receptive to holistic and individualized approaches to their situations; empathetic and understanding interactions with well-meaning service providers; clear direction in accessing services that address their practical and emotional needs and ongoing support with service providers with which they have established genuine relationships.

The first section will review the findings on women’s experiences receiving services in Elgin County. The following section will discuss the elements for effective collaboration between agencies and meaningful responses to service users. This section will touch on both individual and system tensions service providers and users encounter working among different sectors. The final section will explore some of the ongoing needs and issues abused women experience and suggestions for enhancements to service delivery as identified by all participants in the study.

**The Service User’s Experiences**

Overall, the findings reveal that abused women receive immense help when accessing services and transitioning into a safer physical and emotional space. Both service providers and service users report that agencies are doing a good job of providing help in a timely and effective manner when women are in crisis. Regardless of the agency women first encounter, they act as an entry/gateway to many other services once women are in the system.
Service users and services providers report a variety of reasons for accessing services in Elgin County and the needs abused women and their children face, with the following most frequently cited:

**Help:** Quite often, this was the first word women used when asked why they first contacted service providers. In addition to receiving practical help, the findings indicate that participants were most satisfied with services when service providers helped them to recognize things they were unable to on their own, such as types of abuse, the cycle of abuse, and the impacts their trauma had on them. Service providers also report that women came to them for help addressing their practical and emotional needs based on their respective fields, whether it was help with filling out forms; making appointments with other service providers; finding programs for them and their children; securing food, clothing and furniture; and help moving on and healing from their experiences with abuse.

**Safety:** Seeking safety whether in a time of crisis by calling police or fleeing an abusive situation by going to the women’s shelter are frequent reasons why women first contact direct service providers. As well, many participants express the need for service providers to assure them that once in the system, they would be afforded a level of safety from their abusers. Service providers, whether direct or broader, report securing safety as the number one need of abused women and their children. They all mention the importance of providing initial safety and ongoing support to ensure safety is maintained.
**Direction:** Many service users want some direction on next steps; navigating different sectors (especially the criminal justice system); completing applications for funding and housing; and seeking out specific services based on their individualized needs.

**Advice and Understanding:** Service users highlight the need to speak to someone that understands their experiences and can offer substantial strategies and support in working through their trauma and ongoing issues.

**Practical Needs:** Service users hope that service providers are able to provide assistance with fulfilling their needs of housing, food, transportation, financial assistance and clothing. Service providers list the same items when asked about the needs of abused women and their children and often draw correlations between these practical needs and maintaining safety and security from abuse, as women need independence and stability to escape the abuse.

**Material and Practical Limitations: Geography, Time and Resources**

The findings reveal that Elgin County is not immune to the many barriers in providing and accessing community services, especially for those of lower socio-economic status, overall remaining consistent with similar CCR research. Geographically, service providers discuss the size, layout, distance and rural make up of Elgin County that inevitably siloes the community. This is coupled with the myriad of issues in relation to transportation, including the limited hours and routes provided by the public transit system in St. Thomas; the non-existent public transportation connecting the different municipalities in Elgin County; and the inevitable isolation and
inaccessibility women experienced in more rural parts if they wanted to access services outside of regular business hours.

I think the transportation is a huge barrier. Our bus system is limited and poor and that’s just in the city, but Elgin County is huge, it’s long and skinny and people can’t get to safety and to resources – BSP1

I think transportation is huge especially in Elgin County and you get places and you can’t get to the other places. Getting strollers on a bus. You can’t. Our buses don’t go past 7 o’clock. Our whole transportation system is horrible so if you are at one end of the city or county to get to safety is sometimes not [possible]… – BSP2

Service providers also discuss the lack of funding available to provide transportation for abused women to travel to different parts of Elgin County and London to access additional services. Service users echo these sentiments, noting that transportation is often an issue when they are referred to or already involved in services in London but have no means to travel there. Furthermore, services only available during regular business hours are viewed as a potential barrier to women’s safety. BSP3 notes that by human nature, “we typically don’t make changes through the day because we’re busy through the day. And yet all the services close after 6 o’clock”. She went on to provide an example for abused teenagers attending school stating “everybody thinks school is such a great safety place. We close at 3, we close at Christmas, a really stressful time, [and] there’s no safe place”.

Although service providers agree that rapid and emergency responses are adequately provided to women in crisis, a lack of access occurs for women on waitlists for follow up services such as housing and addictions counselling. Additionally, heavy caseloads and service provider time constraints impede optimal service delivery to women, because of limited times to allot per case and/or because of their inability to
physically travel to participants. Service users note this limitation; with some women mentioning that they wish they could have spoken with counsellors, more than they were able to at times, whether they were limited to a certain number of sessions or counsellors were simply unavailable. Many of the participants that receive ongoing counseling in the shelter and second stage housing mention that as time progressed, the frequency of their sessions have lessened, as new residents require more attention from counsellors. Participants also mention that counsellors in the shelter and second stage housing offices are overworked with administrative duties and attending to emergencies so conversations are either put on hold or rushed. The participants are generally understanding of these demands, but still cite this as an issue they encounter. Of note, service users report that if they are living in shelter or second stage housing, they cannot access the separate counselling office as they are already receiving services in-house. While this protocol exists to ensure limited counselling resources are spread efficiently, the findings reveals that many service users expressed wanting more counselling in addition to the set number of sessions the agency allotted per woman. As well, some service users express the desire to speak with professional counsellors outside of where they are living. Specifically, they express a desire to conduct emotionally draining sessions outside of their living spaces; away from the risk of other residents being able to hear their sessions; and ensuring sessions are not abruptly ended if an emergency in the shelter or second stage housing takes place.

**Proximity and Frequency in Accessing Service Provider Help**

It is notable that among the findings, some of the women report having more difficulty finding out about services available to them, and this is often when they do not
have contact with emergency services like the women’s shelter or police. These findings suggest that service users who are more immersed in the violence-specific formal help system have an easier time finding out about services due to proximity and frequency in accessing service providers and other service users. In other words, abused women staying in the shelter or second stage housing have immediate and ongoing access to service providers, thereby offering them more opportunity to find out about other services and access them in a timely manner with the assistance of shelter staff. This type of proximity also provides the opportunity to speak to other women in similar situations and find out about the services they are using. For example, SU10 and SU11 became friends while living in second stage housing and SU10 suggested SU11 take a class with addiction’s services that drew correlations to their experiences with abuse.

Participant A: I had an addiction. I have been clean for a long time but Addictions Services helped me with counselling, relapse prevention plans and I’m now doing a Seeking Safety group through them which is actually got, [SU11’s] never had an addiction but –

Participant B: No I have had an addiction. Like when I was with my partner I smoked weed every day because I needed to numb myself to get through each day. And now that I’m away from him and I’m not smoking I still like a preventative thing. You know what I mean?...it’s easy to fall back into it…

Participant A: And I’ve kind of said “hey you wanna do like, come with me, you can do the Seeking Safety” – because it’s not about the addiction, it’s about the safety part that comes from addictions and the people you meet through addictions. Those bad people out there that are usually the abusive ones are the ones that you want to stay away from and that’s what this group –

Participant B: Boundaries.

In this instance, SU11 most likely would not have discovered the program as it was offered by an agency she did not necessarily require contact with, however her
conversations in second stage housing led her to accessing and benefitting from this agency’s service.

In terms of frequency of contact with service providers, whether voluntary or involuntary, abused women engage with violence specific services, such as the police, children’s aid workers and court staff because their cases are either ongoing or require immediate attention. This frequency of contact helps service users to find out about services and programs in the community as service providers help them to get situated among the services while simultaneously working on their cases. This is another example of how proximity and frequency of contact with direct service providers enables service users to access multiple resources in a quicker period. This is because on the contrary, the findings suggest that abused women who do not stay in the shelter or require emergency/frequent contact with direct service providers have more of a fragmented and extended experience accessing services. This does not necessarily mean they have less helpful or meaningful experiences receiving services in Elgin County. Rather, their sources of help are not centralized and organized like the women in shelter and second stage housing nor are they as frequently in contact with a specific service provider like women with assigned caseworkers from children’s services or victim’s services. Essentially, for service users that are not in current crisis, their access to services and process of referrals occurs on a more consecutive basis (i.e. referrals made from one appointment to another) rather than simultaneously like those who are accessing violence-specific service providers (e.g. shelter staff sitting down with a service user and making calls to multiple agencies to set appointments). Regardless of being under the same CCR model, the findings suggest that a women’s path to
accessing services can be very different based on which agency they first encounter (i.e. a violence specific agency that is well-versed in the referral system versus broader service provider agencies that make general referrals) and their proximity to services (e.g. living in a residence with direct access to service provider knowledge/assistance or having a set case worker versus seeing service providers on a staggered basis based on weekly/monthly appointments).

**Features of Effective Service Providers through the lens of Service Users**

Overall, it is clear that participants’ experiences with service providers are impacted by the individual they are dealing with and the context in which they make contact. Participants overwhelmingly indicate that their contact with service providers is positive when staff is helpful, non-judgmental, understanding, and knowledgeable about services available in the community. For instance, many participants report positive encounters with service provider when they display empathy and understanding in discussing their experiences; when they readily offer them referrals to available services; when they take initiative in updating them on the status of their cases; and when they are sensitive to their environment, such as speaking to them separately from their abuser or in a quiet and private space.

Service users also report positive experiences when service providers remain neutral and open to interactions with the women. For example, SU18 spoke of her first encounter with two police officers and noted, “You didn’t see judgment in their face…they didn’t make any comments that would make me feel like I couldn’t ask them for help and they were very understanding. I didn’t feel threatened in any way or
pressured into pressing charges…I just felt comfortable with the interaction”. This connects to another finding wherein service users indicate that speaking to someone who is both professionally trained and a neutral figure is easier than discussing issues with people known to them, as they feel that speaking to someone unknown to them shields them from judgmental responses.

With service providers you can be completely honest and you know that it’s not going to affect your life, in a way…they don’t know either, so they’re not going to have a biased opinion. – SU16

…Someone to talk to, someone that will listen and understands where, some people may try and almost seem like it’s your fault, well you were with him, you kept going back to him knowing what he was like. But you guys [indicating service providing agency] are a little more understanding because you guys understand how there’s like the cycle of abuse and everything like that. –SU8

With this, service users report negative experiences, most often when they feel they are not believed; when they had a previously negative experience with the service providing agency (which is cited as more common in small municipalities); and when the service provider displays judgment and negative attitudes towards them and handles the situation in a manner that they do not feel comfortable seeking further assistance. Service users also report not appreciating experiences where they feel their voice, input or preferences are not taken into account or are overridden by service providers without explanation and consent.

‘Everyone has a story’: Importance of Personalizing Service Provision

Many service users comment on the importance of personalizing referrals and plans based on their experiences and needs. In less than positive experiences, some participants report that their interactions felt as though they were either being shuffled
through the system or were just another number. In discussing her experiences with some service providers, SU14 said:

They based what happened to other people and they put it in a spectrum and they just put you in that spectrum, they don’t ask you for the story or anything, they just say this is what happened to you and I didn’t find that helpful because everybody’s got a different story. – SU14

Another service user iterated the importance of treating everyone with the same care and diligence, and noted that although they may be the one hundredth person the service provider was seeing in that month, this might have been their first time accessing the services. In personalizing their care, service users are also cognisant of whether the providers are genuinely interacting with them or going through the motions of responding. In discussing one of her initial experiences with counselling, SU4 noted:

When I came here, the person that I met with was very ‘uh huh, uh huh, uh huh’ but before she said the ‘uh huh’, was writing so you knew she was not connected. You knew she was not listening, you knew she was listening to write, not listening to hear…I understood that and I just remember not feeling comfortable with her. –SU4

The theme of personalized care also emerged when service users touched on the importance of getting to know service providers. Due to the trauma of abuse, service users are often hesitant to divulge their experiences and feelings, and thus a personal relationship needs to be fostered between service users and providers.

I know you can’t do that overnight but I really think you should have some observation of the person’s life outside of the office because sometimes through the abuse you learn to hide and tuck away things and depending on how you mesh with somebody is whether or not you can pull those things out. So you’re trying to help something that you’re only getting part of the diagnosis for and so that’s why a lot of mental health care doesn’t work, is because you sometimes can’t get to all those bits so the solution that you’re giving isn’t conclusive on all
components so you don’t get the results you maybe think you should. We guard ourselves, everyone does to some degree. –SU4

The importance of a holistic approach and understanding of the complexity of abuse

In discussing their interactions with the different services, most often referring to their experiences with mental health, a theme emerged concerning the importance of having a holistic understanding of abused women’s lives and applying services accordingly. Consistent with previous research, it was found that having an overall understanding of the multi-faceted needs and issues abused women face contributes to more meaningful and comforting interactions with service providers.

Some service users identify the importance of service providers’ knowledge of mental health issues in their lives. SU10 describes an instance in which a service provider outside of the mental health sector suggested she take anxiety medication before a meeting. She states, “Like that’s the answer I find for every person who has no idea what mental health is and that everybody can struggle with mental health at some point in their life. It’s like take your meds and you’re going to be okay. And that’s not the case at all”. Similarly, many participants found that their involvement in the mental health services was sometimes disconnected from their experiences with abuse. Being prescribed medication too hastily or without simultaneous trauma counselling was a point of contention for a number of service users. As well, many of the women had a complicated relationship with prescription medication, whether they were uncomfortable being medicated, did not like the way they became when taking medication, or had past addictions that they did not want to trigger.
I don’t know how they expect you to deal with your children when you’re sitting here on something that’s supposed to calm you right down to the point of feeling nothing and I was an addict so I’ve been clean for well over a year and I don’t want to get addicted to something else and that’s like their answer so. - SU10

I want to be in control of mind. I want to have control of my body and [participant begins to cry] that’s just how I feel, I don’t want to be under a drug. He used to drug me and I would – for three days I wouldn’t even be able to think straight so I don’t want to take medication. I want to get better on my own and just, I do need to talk to somebody. I know that but it’s finding the right person to talk to. - SU18

Clearly, having service providers recommend they take prescription medication was unhelpful to a number of service users. These comments suggest that service users are not responsive to suggestions that do not take their individual experiences and history into account.

“The Deserving and Undeserving”: Recognizing the biases towards service users’ demographics

A significant theme among the findings reveals that despite strides in education and awareness, service providers can still hold stigma, judgment and biases about women who have been abused, whether consciously or subconsciously. Service users and providers are keenly aware that the demographic profile of abused women, including race, age, socioeconomic status and history with service providers all affects their experiences accessing, using and providing services.

Service providers identify differences in treatment based on the ‘accepted’ conduct of service users, a theme found in research on myths and stereotypes of victims of abuse. For instance, it was suggested that service providers may respond differently based on how cooperative or receptive the service user is during their
interactions. If an abused woman presents any complexities or does not fit the profile of a typical and worthy victim, such as having contact with her abuser or wishing to return, judgments may take place.

It’s that belief of the deserving and the undeserving. So if you have an abused woman that presents well and wants your service, then I find workers will take that woman and go to the ninth end whereas if you have another woman that says I want to get back together with him and there’s nothing wrong and get out of my face and I don’t want to work with you, then it’s here you go you’re on your own. And that’s not consistent, I’m generalizing, but I find that that’s a huge barrier that we don’t treat, whether it’s men, women, we don’t treat people the same. Depending on how they respond to us. – DSP7

I think probably the cultural barriers, the social barriers that exist everywhere which is the same old why would she stay, why would she go back, those attitudes. Social attitudes. That’s such a strong one that it’s really the one that comes to mind and stands out. – BSP7

Service providers are able to identify judgments attached to abused women based on her demographic background, including socioeconomic status, age and education. For instance, one service provider compares the responses that young, low-income mothers receive from service providers in comparison to the treatment received by her affluent, older friend who also experienced abuse. She mentions that despite the fact that both types of service users display the same behaviours and have gone back to their abusers, service providers demonstrate less patience and understanding with the less affluent clientele than they do with her friend who is educated and of higher social standing. This theme is echoed in service users’ responses. For example, having utilized community services for most of her life, SU8 senses a difference in treatment from service providers after she was convicted of and served time for a crime. SU14 also notices changes in response when her education level is discovered. She explains:
I think once people found out I went to college, then they started giving me a little more respect. And that was a big thing that I found going into any shelter, they just expect single mothers to be on Ontario Works but when I went in there and they said what level of schooling do you have and I said I graduated college then it’s oh wow, what’d you go for? That’s great. Have you been working? I don’t think they see a lot of people like that…it makes them talk to me a little more respectfully. Not specifically the shelter but [government] places, they start to talk to you a little more respectfully. –SU14

To reiterate this finding, in discussing her experiences as an abused woman of lower socioeconomic status, SU4 discusses the implications of judgment on certain demographics:

…I think that’s the reason a lot of people don’t get help because they think okay now [service provider agency] is going to come in and they’re going to tear me apart and I’m not at my best because I’ve been beaten and abused for…however many years, that changes a person. You don’t achieve everything you should. You aren’t everything you should be. You function on a survival basis…so therefore women that are being abused and raising their children are in these homes, they don’t have the means to live up to middle class. They definitely don’t have the means to live up to the standard which [service providing agency] puts on them. Because they’re not in the scenario. They’re not in the perfect scenario. They don’t have a safe, quiet, peaceful, consistent – funding, housing, anything. You can’t be much of a person on that. I’d love to see the big wigs go to their meetings when they haven’t ate for one week, when the rent is not paid and they’re facing eviction or when somebody wakes them every morning to a fist, or a wall or a scream or ‘you’re a piece of shit’. It doesn’t matter, you’re a human being those things are going to affect you just like that poor girl there or the rich guy over there. It’s just that the rich have this barrier because when somebody starts hurting them they have money to separate and be individual. – SU4

These service users' experiences indicate that bias still exist among service providers, and are amplified based on any divergence from privileged demographics and ‘deserving’ victims.
Factors for Effective Service Provision

Based on the participants’ experiences in Elgin County, this section will synthesize service provider and user responses on what constitutes effective service provider conduct when interacting with abused women and children.

Empowering and providing service users with a voice in the system

When asked about the needs of abused women accessing their services, service providers overwhelmingly point to the importance of providing women with a voice, including making them feel supported, listened to and believed during every interaction. Service providers further cite the importance of empowering women by validating their experiences with abuse. Service providers and service users explain that abused women are often discounted by their abusers and skeptical family and friends, thereby leaving them feeling helpless in seeking assistance and feeling as though they will not be believed. In addition to validating women’s experiences and feelings, empowerment is also employed by means of helping abused women take ownership and control of their lives and ensuring they have the supports necessary to navigate multiple systems. This is translated by working with women to access different services and providing the extent of help she requests.

It might mean that they need ongoing support in the community. They certainly need to be advocated for in the hospital. Empowered because they often aren’t in their home life. And then we’re an intimidating system so they need advocacy, support, empowerment while they’re here”. - BSP8

When it’s the woman it’s her pride and her choice. I don’t want to take more control away from her by overstepping that”. - BSP4
…we help women to gain her voice, as our framework as an agency. We believe that she is the person that is experiencing her own life. She knows exactly what is right for her. We just support her and be the back of her but we want her to gain more, and more and more, empower more her is the word. If we start to talk for her, without intention, we take her voice. We want that she feels more and more in control and more and more confident that she’s able to do it. We support her to do it. We are in the back but we are not in the front, if I can say it in another way. - DSP6

When working with abused women, empowerment takes many forms, but all aspects of empowerment come back to incorporating the woman's perspective, opinion, feelings, and final say in the decisions that are made.

**Respecting women's choices**

Service providers reflect on the difficulty but necessity of supporting women regardless of the extent to which they agree with her choices. Service providers recognize the complexities of woman abuse and that despite sometimes feeling as though they know what is best for the woman, respecting her agency and continuing to support her in varying capacities is most important.

Probably the greatest challenge that I struggle with but not as much as some of my co-workers who are a little more paternalistic is accepting the bad decision by a capable patient if they choose to go back to an abusive situation. I often have to hold staff back and say listen, this is a capable person, what you need to do is present options and you let the patient decide whether or not they want to take that option. Because they’ve chosen an option you don’t agree with doesn’t mean they failed. Our job is to empower and give them resources. I say we can still give them the resource and they choose to use it later as long as they have the information they have more power. They could choose to use it later because then you get a more defensive – I just don’t like making patients defensive about their lifestyle choices cause then they’re harder to work with the next time they come to the hospital so I like to step in before the staff do. Just because it didn’t work out this admission doesn’t mean it’s not going to work out the next admission”. BSP8

And the biggest challenges as we know, are they keep going back. And working so hard not being judgmental because as an advocate I’ve
invested time and energy into helping this person move in one direction and in seconds she’s going the other way and I have to remind myself this is a process and that I can’t feel like I was just used or wasted my energy so I have to talk to myself a lot about how this is a process. And yes you might attend her funeral but during the journey you will be there every time she decides to make a change. BSP3

Service providers indicate that empowering women and helping them take agency in their lives includes letting them decide if and when they want to suspend services; not pressuring them when they are hesitant to pursue certain services; not judging them or dismissing them if they maintain contact with/go back to their abuser; and supporting her when she makes decisions.

**Streamlining services**

Service providers recognize the stressful nature of abused women accessing multiple services in various sectors and make suggestions for improving service delivery. For instance, it is suggested that multiple service providers simultaneously work together with a woman as opposed to sending her to different services. This is because this is both a strain on her time and her energy and she is forced to repeat her experiences to multiple service providers. Though this type of collaborative work has occurred in the community, is has not been established as a concrete method of service delivery, but rather, it has been done under unique circumstances in which all service providers on a specific case are willing to work together in this capacity.

It just stresses them out. You know for some women, like I look at sometimes their schedules in a week and they’ve got two appointments a day all week long. Right and they’re trying to be a single parent at the same time and then I talk to them about the importance of self-care and they don’t have any time to take for themselves so I think that’s a huge challenge for them. That’s why I like the idea more of people doing the
wraparound kind of approach and sitting at a table together. It can minimize the number of appointments a woman needs to attend. BSP2

Based on the responses from service users, none were using this type of wraparound system of service delivery, suggesting this is an avenue the EAEV Committee can explore in more depth when revisiting protocols and suggestions for future development of services.

**Normalizing points of disclosure**

An important theme that emerged from service user and service provider responses was the importance of normalizing, or being conscious of the sensitive nature of disclosing abuse. Many service users share the sense of fear they have of being judged when disclosing abuse. Service providers participating in the study were conscious of this in their daily interactions with abused women. Among the broader service providers, many comment on a general concern that fellow service providers may not be as well versed in scenarios of disclosure. For instance, one broader service provider explains that ensuring materials related to VAW are always accessible can normalize points of disclosure. This is because the unassuming act of a service provider taking time to look through packed away materials for VAW resources can inadvertently make the woman feel like what she is experiencing is not frequent or important enough and somehow something is wrong with her.

Service providers agree on the importance of their facial and physical cues when women disclose abuse, and understand the impact this can have on women continuing to seek services.
If that woman senses you’re uncomfortable with her disclosure or that you might even slightly react negatively or what she perceives as negatively. We need to be confident when women disclose to us and not show excessive horror. We can be horrified for somebody, we can empathize with their position but to normalize her experience in the sense that you’re not the only person experiencing this, there’s help available, there’s people who will hear your story, there’s services available to help you process this change or transition...we’re never going to solve this problem as a whole, but we can solve individual problems. We can help this woman solve her individual problem And it’s that woman who comes in to apply for service. Where you start. Even if she can leave this office feeling like I was heard, somebody believed me and I know they believed me because they gave me information or they said something really simple like I’m really sorry this is happening for you. You don’t deserve that. There are options. BSP7

Service users also discuss reactions to disclosure as impactful on their experiences accessing services. Some indicate negative experiences in which staff display cues of shock, horror or discomfort at their disclosure or do not provide them their undisclosed attention, such as interrupting sessions to take calls or leave the room or appearing unengaged in the discussion. Additionally, service users mention that some service providers are not equipped to respond to their disclosures of abuse or do not handle the situations as sensitively as they would like. For example, in addition to encouraging prescription medication as recourse, one service user reports that a broader service provider abruptly ended their sessions once it was disclosed that she had also sought counseling through her school. This service user felt because she did not agree to take the prescription medication, the staff gave up on her and did not find a point in continuing sessions. While this may not have been the case and the service provider may have ended sessions because of protocols regarding overlapping services, the situation was not handled sensitively and the service user left with negative associations to a time she attempted to disclose her abuse.
Understanding the Complexities of Abuse - the impact of service providers’ attitudes and beliefs on women’s experiences

The relationships between service providers and service users are crucial to abused women’s experiences accessing services. A significant theme among the findings suggests that the more understanding service providers are of the complexities of abuse, the better they are able to validate women’s experiences. For instance, depending on their attitudes, service providers can effectively ignore the structural problems associated with VAW, thereby individualizing the problem and perhaps not believing women’s experiences.

Again the challenges would be attitudinal. There’s very few of us here that would call ourselves feminists and why wouldn’t you call yourself a feminist? Why wouldn’t everybody be on board with that? And being a feminist would mean that you would just believe women when they tell you their stories no matter how unbelievable they sound, no matter how many times they’ve experienced or say they’ve experienced abuse… a part of that is working hard to believe women when they tell us their stories. BSP7

The findings suggest that service provider attitudes are not only important to developing trusting relationships with service users, but they can also influence the services abused women receive. If service providers begin to question the truthfulness of women’s experiences or apply their own beliefs and preconceived notions, this could negatively affect women’s experiences receiving services as they are perceptive to the way service providers view and react to them. This can also close doors to service users as service providers that are unwilling to adjust their conduct and attitudes will be less likely to provide meaningful assistance.
Another system barrier identified by service providers is the change in attitudes or perspectives on VAW and the trickle-down effect this has on service delivery. For instance, DSP1 spoke about the 'degendering' of VAW and the consequential fallout it has on abused women. Degendering, from his perspective, is similar to individualizing a woman’s experience with abuse whereby a service provider does not recognize the structural implications of abuse such as patriarchy and control but instead reduces women’s experiences with abuse (primarily from men) to equal parties that made poor decisions and got into confrontations. He further explained this trend by stating:

And I think what happens is in those bigger systems, bureaucratic systems where there’s the crown’s office or police services is as people shift in and out of their roles, you know people who originally might have been in those roles who are really focused on a gendered understanding of this issue. Again, the knowledge basis doesn’t necessarily transfer directly and so then you have people coming who have a different idea or a different opinion or a different understanding. And what my fear is, is if we start drifting in those kind of ways and I look at how services then get impacted…So what’s the dedication of the person in the position they’re in to gender equality and violence against women. Then you can begin to understand why things shift and move in a different direction. So if you’re working with men in this field, if your focus isn’t on a gender inequality and patriarchy and power and control and if that’s not what your understanding of the issues is, then your drift is going to be to look at anger management, or psychopathology or is going to be to look at some sort of systems theory response where you’re doing marriage counseling as opposed to as no, this is about a contextual based response which is about women’s equality and men’s privilege. And so you can see that in this movement over a long period of time, back and forth, all the way through. So if you don’t have a strong voice in this area and you have different attitudes and other kinds of services, what you end up with is not necessarily safe for women but really convenient for the people who believe that issues are not based on violence against women but based on something else. So that’s what happens”. DSP1

This service provider highlights the importance of decision makers viewing abuse as a societal problem and transferring this understanding when responding to abusers and victims of abuse. This approach is supported by other service providers’ responses
wherein they believe a feminist understanding of VAW prevents service providers from perpetuating the barriers abused women face by further individualizing their experiences with abuse.

**Relationships between service providers under a CCR model**

Significant themes emerged from service provider responses on the challenges they face in collaborating with one another. In identifying some of the challenges they encounter, service providers also offer potential solutions and strategies. To begin, service providers speak of the difficulties working with different sectors that function under contrasting philosophies. As a means of providing strategies for addressing these issues, service providers discuss ways to bridge these philosophies in a manner that utilizes all areas of expertise.

**Contrasting philosophies among service providing agencies**

Overall, the findings indicate that one of the most significant challenges service providers experience under a collaborative model is working together under different philosophies, a theme that has emerged in much of the CCR literature. Most often, agencies with distinct mandates to ensure the welfare of children tend to conflict with agencies that advocate for the complex needs and issues mothers experience. A service provider participant in the children’s services sector recognizes this discrepancy, and notes that many of her co-workers assume women-centred service providers are attending solely to the women, and not the child’s well-being. While she recognizes this is not wholly accurate and appreciates the perspective of women’s services, her comments indicate that many service providers still hold preconceived notions about
different sectors. It is evident that these perceptions cause an ongoing divide amongst agencies and service providers, especially for those not well versed in the CCR model of service delivery. In other words, while service providers in this research have expressed the need to respect and bridge different philosophies, they have also discussed at length the issues caused by service providers who do not hold these same beliefs.

These findings suggest that learning about each other’s views/philosophies, one of the main functions of DVCC committees, is working well among committee members. Service providers agree that in bridging their philosophies, they can simultaneously bridge their expertise, thereby enhancing the collaborative model of service provision. However, findings also suggest that such openness to understanding different philosophies does not always go beyond the committee members as they encounter many staff within their own and other agencies that hold more closed-minded philosophies.

**Defensiveness among service providers**

In relationships with other agencies, service providers identify the difficulty of addressing cases without causing defensiveness and resistance to constructive dialogue with other service providers. This can be caused by both differences in personalities among service providers as well as difficulty taking ownership and responsibility for shortcomings in service delivery. DSP1 discusses this concern by noting that defensiveness can hinder the reflective process of what may have gone wrong in a case and how service delivery can be improved.
The questions, the sort of unwillingnessness to examine what happens without defaulting to a defensive position. And that’s really hard, because if you’re unable to take a look at an experience that someone may have had, whether it’s a woman or man going through our services or criminal justice system, if you’re not willing to look at how that experience has been for that person and then learn from that, then what I think we do is a disservice to whoever accesses our system. Because we create unintended barriers and unintended consequences that we can’t foresee the outcome of it. So when you think about people in those positions unwilling to kind of reflect on “okay, am I the obstacle here? Am I the person or is it something outside of me? Is there something I can do to advocate within my service to see that change happen?” –DSP1

On the contrary, service providers find that when fellow staff members are willing to reflect and accept responsibility, they are better able to refine the collaborative process by establishing what did and did not work.

Yeah, and what you did good, what you could have maybe improved and that sort of thing. That’s all part of it, learning from each other, learning from your past mistakes or whatever. You did something right, celebrate that. If you did something wrong, well what can you do next time. I think that’s all part of it, right. –DSP3

In their experiences reflecting on case outcomes, the findings suggest that service providers have come to understand the importance of being open to one another’s feedback, honest assessments and well-intentioned suggestions for improvement on future cases.

The discrepancies of bureaucratic policies and procedures informing human relations

The findings reveal that when domestic violence cases are put through formal systems, a myriad of challenges occurs for both service users and service providers. A theme that emerged from participant responses highlights the discrepancies between policies and procedures that govern domestic violence cases and how they do not...
always align with or appreciate the realities of abused women’s lived experiences. SU4 touches on this notion stating:

We know that this how a human being is, we know that this is what happens and what they go through, there’s books in libraries with information to understand ourselves but we haven’t taken it to a practical point to reflect our systems and services for humans. And this is one of the biggest problems and why our social systems don’t work because we’re trying to put social service, human things into robotic measures and it doesn’t work. It’s not going to work...If you talk to anybody that deals with the public they understand that no policy ever fits. –SU4

Further reflecting this theme, service providers discuss the ongoing challenge of working within the legal system that is not always conducive to victims’ needs and wishes. References to the criminal justice system as adversarial, acting as a ‘blunt instrument’ and being accused-based highlights the disconnect with the complexities abused women face.

So I guess when you ask me what’s the most important – safety is our biggest moniker and then trying to work cooperatively with the victim to achieve whatever her goal is, subject to that goal being something we can achieve within the criminal justice system because sometimes we’re not, it’s not sort of a one stop shop kind of scenario here because the justice system is the justice system regardless of what the nature of the charges is, whether it’s a DV [domestic violence] case or something else, so sometimes we have to do public education with women to sort of help them to understand what the limits of the system are and how we’re able to assist them within that context. - DSP2

The greatest challenges are helping women understand the criminal justice system and understanding that they have a voice but it’s not their case, that they don’t have control, that they lose control of the decision making when police lay charges and so helping women navigate the system and understand that and ensuring they have the voice to the extent, so I find that’s one of our biggest challenges. And that the outcome of the case, let me rephrase that – the criminal justice system is very, it’s adversarial and it’s very accused based and so it always feels, not always but the victim always feel like that they have, they can be re-victimized by
the system and the outcome isn’t always what the victim wants so that causes more trauma for the victims. - DSP5

Reflecting the literature on different philosophies within the same system, service providers also note the discrepancies between sectors within the criminal justice system. For instance, the goals and purposes of criminal and family courts frequently conflict, as criminal courts pursue charges against an abuser and will often order no contact with the victim, however often the abuser is also a father to the victim’s child(ren). Since the family courts function with the child’s best interest in mind and champion keeping families together, these two systems can place abused women in dangerous situations. Such discrepancies are highlighted by DSP7 who states:

And there’s a discrepancy between the criminal court and the family court. So they’re going through criminal court and they have all the protection in the world, there’s no contact orders, you don’t have to see this guy and then you go to family court, you know cooperate with them, make this better for your child, you handle the access and this woman’s saying no. Or once criminal court’s done and they go to family court, well why aren’t you meeting with him, why aren’t you doing the transfers at the access and she’s saying because he continues to abuse me, he’s using my child against me. DSP7

Service providers also discuss instances where women engage in the legal system and do not get the results they hoped for, or hear about such instances in the media and thereby become discouraged and disenfranchised with the system.

…the legal system has to support women. I’m worried about a backlash legally against women. For example, with the Jian Ghomeshi thing. I’m worried about a backlash against women who come forward or are afraid to come forward or when they do come forward they’re dealt with that way. We need to respond, we need to support them. That was a blow, I’ll admit it. BSP8

Policies and procedures can also cause undue harm or inconvenience for abused women. Service providers may apply formal rules that have unintentional but substantial
impacts on the lives of abused women. For instance, one service provider gave an example when the police arrested an abuser and took him into custody without realizing they took the house keys and all bank access cards with him, thereby leaving the woman and her children without such necessities. He recalls that the women said she would have never phone the police for help if she knew something like that would happen as she was left without access to necessities and her abuser maintained power and control in a different, albeit just as significant capacity. Though unintentional, experiences like this can cause abused women to make negative associations with service provider contact, or feel as though they reached out for help and were instead disadvantaged or harmed even more.

Functions for effective service provider collaboration and coordination

This section will discuss findings relevant for effective collaboration among service providers, as identified by all participants in the study. The findings are consistent with CCR research in that individual service provider conduct contributes to group cohesiveness and ongoing commitments to shared goals to effect social change.

Ideal service provider conduct

In gauging Elgin County’s community response to woman abuse, service providers were asked what they believed to be an ‘accountable community response’ to abused women and their children. Themes that emerged from their responses that highlight elements for effective coordination and collaboration include:

*Timely responses:* This includes providing rapid responses to women in crisis and being able to quickly and effectively assess needs and assist women accordingly.
Time is also referred to when discussing violence-specific committees, most specifically the need to move initiatives along as such tends to be less prioritized in comparison to service providers’ daily work endeavours. Meeting on a regular basis and committing to follow through on commitments made at these service provider gatherings with set follow-ups are among the suggestions to achieving goals of timely responses.

**Holistic responses:** Service providers indicate the importance of recognizing the complexities of woman abuse and high-needs clientele. By understanding these multi-faceted needs, service providers can also gauge their roles in assisting women and determining the additional services she should be in contact with to assist her on her journey. In this way, service providers can better appreciate the extent to which their roles and capabilities can be of assistance and understand that while they may be improving one area of the woman’s life, such as trauma counseling, it does not necessarily reduce or improve another area she is struggling with, such as mental health and substance abuse. In addition to violence specific services, offering services along the health continuum and in relation to self-care are examples of more holistically addressing women’s needs. It is also indicated that such holistic responses means service providers from multiple sectors would need to come together to provide service collaboratively to fill in the gaps to services, thereby reiterating the importance of working under a CCR model.

**Individualized responses:** In addition to providing services in a holistic manner, a number of service providers mention the importance of building action plans based around the needs that each specific case presents. Service providers caution providing services in a ‘one size fits all’ manner or merely going through the motions without
delving into the background and complexities the individual woman is experiencing in her life. Understanding her background also ensures referrals and services are applied effectively.

‘Accountable responses’ - service providers taking responsibility for their roles in the CCR model: Overwhelmingly, service providers indicate that an accountable community response involves collectively owning the problem, both as service providers and as a community. A number of service providers note that if it is one woman’s problem, it should be seen as the community’s problem. Owning the responses also matters at different levels in the community. While doing well at a grassroots and specialized level, service providers mention that both leaders and community members, such as city council, are crucial to recognizing that violence occurs in their society and the community should commit to collectively combatting VAW.

Clarification of roles

Service providers recognize the difficulty of understanding, let alone appreciating, each other’s’ roles within the service delivery system. Service providers highlight the importance of educating one another on the specialization of their roles and explaining why they approach cases in the fashion they do. For example, a broader service provider that works for a translation agency said that other service providers might be unaware of the role translation services have in domestic violence casez. Translators have encountered many service providers that assumed translators were there in an advocacy and emotionally supportive capacity in addition to their role of removing
language barriers. Instead, this participant notes that quite often, translators have to explain their impartial role to service providers and clarify that their agency mandates they are not to counsel, provide emotional support or advocate for women. They are solely there to remove the language barrier. She also notes that translators are often put in the position of clarifying this role to women who naturally seek support from the only other person that speaks their language.

Furthermore, some service providers express that clarifying each other’s expert roles is actually beneficial in working under a collaborative model.

I think a lot are of people are fearful of, or have this sort of disparaging idea that people who work in silos – I think silos in terms of “this is my area of concentration and expertise, this is what I can do really well” is not necessarily a bad thing. If you’re like a child protection worker, I want to know that you’re doing the best job you know how to do. I don’t care that you can’t do these other things. I want to know that you can do what it is that you say you’re going to do as an organization. Other people can do those other things if we need that done or we can find a way for that to be getting done but I need to have confidence that what you’re going to do is the best you can do. So the commitment is not just to tear down silos in the community, it’s to maintain open ways of communicating around this is what we can do as a collaborative group. -DSP1

This finding supports CCR research on the effectiveness of DVCCs in capitalizing on agency-specific services and expertise in providing streamlined services to abused women. Additionally, the findings show that service providers work together in clarifying different sector and agency roles for the benefit of women who access their services. For instance, the Victim Assistance Witness Program (VWAP) works in partnership with the Crown Attorney’s Office and part of their role in supporting women through the court process is to explain the role of the Crown Attorney. Since Crown Attorneys are not in counseling roles, they rely on their VWAP partners to explain that
despite best efforts at pursing cases with the women’s interests in mind, victims have a limited role in the court process and the Crown Attorney’s Office is constrained under an adversarial legal system.

Furthermore, clarifying one another’s role may also provide avenues to building relationships with service providers from different sectors, especially those of less contact and familiarity.

There’s always more to know. We may think here we go, another boring in service but it’s not another boring in service it’s actually something that we can use and then to meet with other people. So sometimes you might feel intimidated by talking to a police officer even as a service provider, you may feel intimidated so first of all that gives you good information about how a woman would feel talking to a police officer after she’s just been assaulted or demeaned. To be able to approach each other and acknowledge each other’s expertise and to be able to ask free questions and get the answers and guidance that you need to help people to have conversations and opportunities for conversations. - BSP7

Overall, these findings indicates that teaching fellow service providers about one another’s roles can actually provide the foundation for relationships in which service providers can work together and supplement each other’s expertise.

**Commitment to roles**

In addition to recognizing that service providers require greater clarity among each other’s philosophies, mandates and roles, another theme that emerged was that in order to ensure effective collaboration, service providers need to commit to the roles they have established at an organizational level. Even through there is staff turnover and role changes, the findings suggest that if the agency as a whole commits to certain roles under the collaborative model, this should carry forward regardless of changes in personnel.
My thoughts around accountability are about how do we hold each other accountable as service providers? Whether it’s the crown, police, Changing Ways, shelter, child welfare, health, whoever, school board, hospitals. How do we hold each other accountable for the services we commit to provide, that either support women, children, or support men in being responsible for what they’ve done? So, responsibility and accountability are really different. Accountability, for me, is always been on a service level…“This is what I’ll do and this is what I’ll commit to doing and this is also what I will be held to. Direct Service Provider #1

Many of the service providers explain that as long as the philosophies and mandates are understood at a foundational level when carrying out roles, the collaborative model of bridging different services is more sustainable. It is further suggested that having this commitment at an organizational level means that when service providers collaborate, each agency is able to put forth their respective time, resources and expertise based on what they have clarified as their roles. This includes service providers being comfortable in clarifying what are beyond the scope of their abilities and being able to seek out and work with services that can supplement them accordingly.

**Trust and communication between service providers**

Direct service provider participants identify trust amongst individuals around the table as crucial to working well under a collaborative model. DSP5 discusses building trust at length in her interview, and touches on the notion that building relationships also means service providers may not feel the need to resort to defensive responses.

The same people around the table have been for a number of years and so you build relationships. So when there are issues you can pick up the phone and call that other person and say “hey this just happened, it doesn’t seem right, what can we do to fix this” and then you’re able to bring it back to the table and talk about it and share the experiences with the other members. People don’t feel threatened and by those
relationships being built then that streams down to employees that you supervise and so then their relationships get built and so on. -DSP5

Sometimes people, whether it’s personalities that don’t connect or sometimes people have a hard time taking ownership, and want to not take responsibility and say it’s the other person so I think that if everybody has a trust at the table or at the committee level, then those barriers can be reduced because you’ve built those relationships. If there’s always change of the members and that sort of thing it’s hard to build trust. So this Committee has been fairly regular, so there’s a few new members but when the new members come in, it takes, you need to build up that trust again because depending on what the issues were, if there were issues prior, when one person leaves and another comes in so.-DSP5

Similar to DSP5, other direct service provider participants indicate that building relationships with committee members and familiarizing one’s self with individuals from other organizations contributes to more seamless collaboration. The basic tenet of trust and familiarity in all types of human relationships transfers to service provider relationships.

**Enhancing the collaborative response to overcome service delivery barriers**

Overall, despite attempts at understanding different sector mandates and philosophies, service providers recognize the fact that barriers still exist when individual service providers have certain attitudes and judgments towards the abused women they are working with and abuse in general. Participants note that quite often, despite best efforts at education and awareness, service providers may still hold doubts and questions about the believability of survivors. Some direct service providers highlight the harm in this as women who are not believed or are judged may be deterred from seeking services. Therefore, the next section will explore how service providers believe
they can counteract the unhelpful attitudes and judgments that are still carried forward by individuals within their sectors.

**Adequate and ongoing training**

When addressing the issues and complexities of working under a collaborative model, a major theme that emerged was the importance of ongoing training for service providers in contact with abused women and children. The importance of periodic training was noted for several reasons. Firstly, staff turnover in different agencies means that while new staff members received internal training, they may not be as well versed on what other agencies do in the community, thereby affecting their knowledge and ability to make appropriate referrals. Orienting new staff members to the community’s commitment to addressing VAW is also important in ensuring attitudes are conducive to a non-judgmental approach to assisting women. In other words, regardless of the sector, any service provider in contact with abused women and children should have basic training and confidence in providing effective responses.

Sometimes I’ll get cases given to me just because you know ‘you’re really sensitive to this, you’ll be really good’. Well I’d like to see every single person being really good at that, that not just because I work there [with abused women] doesn’t mean that I’m going to be the best person to help because we should all be on the same page in being able to help someone and I think people just don’t feel confident. I think they have better skills than they think they do because it really doesn’t take that much to be an effective responder. It really doesn’t. –BSP7

Periodic training could also grant service providers the opportunity to learn about new or updated programs offered by other services; hear about the expertise and specialized knowledge from different service providers; and discuss issues, concerns and emerging trends in the community. Service providers agree that there are always
opportunities for training and learning new information, and sharing that with one another would elevate their efforts in responding to abused women and children.

Furthermore, such opportunities for dialogue among different service providers can provide refreshers on each other’s expertise and services. One service provider indicates that there are periodic stages where everyone is well versed in the current community services and programs and other times, whether it is changes in staffing or extended time between training, service providers experience a haze in knowing which agencies offer what services. Additionally, some service providers comment that too much training at once may result in an oversaturation on the issue of woman abuse, which can cause service providers to retain less information. This also means that while service providers are oversaturated at one point because so much training has been provided in a concentrated period, such information sharing may then scale back, thereby creating a prolonged gap in knowledge transfers and updates between services.

The findings further suggest that training provided by violence specific services could help to bridge the gaps between services from various sectors and provide all service providers with a basic understanding of the complexities of VAW. Many service providers suggests the benefits of creating and distributing a general framework for understanding the basics of power and control; the dynamics of abuse; structural barriers like poverty when addressing individual problems; and learning how to empower women as opposed to making decisions for them. Furthermore, bridging the gaps between services through training means that in addition to sharing knowledge and expertise, service providers are able to build relationships with one another and
better understand the different philosophies and perspectives of the agencies and sectors for which they work. Though such philosophies often conflict, working together through training and information sharing can enable service providers to find avenues of compromise and different means in which their services can work together to assist abused women and their children.

**Conclusion**

This chapter outlined service users’ experiences with abuse and subsequent access to services in Elgin County. Service users had both positive and negative experiences in different sectors, with many of those experiences directly linked to the conduct of service providers. These findings show that service providers are aware of their impact on service users and fellow service providers and offer suggestions in which the system of providing help to abused women and children can be improved.

The next chapter will draw connections between existing literature on CCRs and abused women’s experiences with accessing community services, theories on service-delivery dynamics and this study’s findings. The chapter will also discuss the study’s contribution to the body of literature on CCR responses to VAW and suggestions for future directions in research.
Chapter Five: Discussion

This research study aims to examine and understand the experiences of abused women accessing services in Elgin County and the barriers that affect their experiences of service provision. This research also seeks to explore the main challenges service providers encounter under a collaborative model of responses to abused women and their children as a means of contributing to the growing body of literature on CCRs to VAW. This chapter draws connections between the current study, existing literature on CCRs and abused women's experiences accessing community services, applicable feminist, social psychological and educational leadership theories and feminist-based methodologies. This chapter will also feature recommendations for renewing commitments to protocol mandates based on the research findings, as well as a discussion of the inherent limitations in CEnR. Finally, suggestions will be made for future research to build on the important body of literature assessing community commitments to assisting abused women and their children and enacting social change.

Considering the Research Questions

Upon completing the qualitative interviews, synthesizing, and analysing the data, key themes emerged from the findings that provide ample insight into each of the research questions and connect to much of the existing relevant literature. In discussing their demographic information and experiences with abuse, the service user participants situate themselves as storytellers in the research. Service users identify helpful and unhelpful community resources as well as strengths and weaknesses among different service providing sectors, adding to the literature on abused women’s experiences with community services. Both service users and service providers also comment on their
experiences with individual and structural barriers to service provision and make clear recommendations for improving service delivery and affecting social change in their community.

**Reaching, Accessing and Experiencing Multi-Sector Services**

**The realities of dealing with abuse**

Leaving an abusive situation is rarely a straightforward process, as abused women are often entangled in the cycle of abuse, experiencing a range of barriers to leaving permanently. In the process of receiving services, abused women may decide to leave, return to their abusers, and leave again. This cycle of choices is reflective of the dynamic and interconnected issues associated with abusive relationships (Brown 2000; Zweig, Schilchter & Burt 2002; Robinson & Tregidga, 2007). The research shows that whether it is because of the confusing and complex emotions attached to abusive intimate relationships; a lack of material means to support themselves and secure independence; fear of reprisal, or countless other reasons, leaving the abuse can take many attempts (Goodkind, Sullivan, & Bybee, 2004; Robinson & Tregidga, 2007).

Experiencing abuse by an intimate partner is complicated, isolating and confusing for women; a finding reiterated by service users in this study. SU4 captures the overwhelming considerations abused women must shoulder in deciding to leave their abusers, while also touching on some of the structural barriers to leaving, such as poverty and financial security:

> It’s a lot of things to think about and it’s all fine and dandy to say yeah I’ll leave, I’ll go stand on my own, pay my own rent and have nothing. But even getting just that done once you’ve reached the emotional capability
to walk, because that’s why those women are there, because they love those people and they don’t want to walk or they don’t believe they can walk or don’t believe they’re of value or they don’t believe there’s something else to go to. If you can get a woman who’s actually in that scenario and says I want out then she hits herself with a thousand and a hundred hurdles. How do I get out? -SU4

In addition to the abuse, these women experience a range of complex, intersectional issues that often complicate their process of leaving abusers and accessing services, including mental health issues, disabilities, past trauma/abuse, addictions and unstable housing; and poverty (Clark, Burt, Schulte, & Maguire, 1996; Golding, 1999; Robinson & Spilsbury, 2008; Kulkarni, Bell, & Wylie, 2010; Howard, Trevillion, & Agnew-Davies, 2010; Trevillion et al., 2012). Understanding the intersectionality of these factors means that while one issue is addressed, such as making an appointment with an addictions counsellor, other issues may persist, such as securing housing or dealing with post-traumatic stress disorder, which exasperates abused women’s already stressful and challenging day-to-day experiences. This study remains consistent with the general findings on abused women’s lived experiences, as all service users allude to or explicitly discuss a wide range of issues that intersect with their experiences of abuse (Gray 1989; Zweig, Schilchter & Burt 2000). These include struggles with addiction, mental health, previous abusive relationships, housing instability and financial insecurity.

Extensive research on VAW further indicates that abused women are hesitant to seek help for fear of reprisal from their abuser; fear of not being believed (especially if it was difficult to show concrete evidence of the types of abuse they experienced); increased safety risk to their children; shame and embarrassment; stigmatizing responses from service providers, family and friends; having their information on record
and the possibility of their children being removed from the home (Robinson & Spilsbury, 2008; Kulkarni, Bell, & Wylie, 2010; Rose et al., 2011; DePrince et al., 2012; Ford-Gilboe et al., 2015). Some service users also cite the social standing their family, their abuser or they themselves hold in the community as deterrents to reporting the abuse. Other service users mention that in deciding to access services, they had a heightened awareness of how it would anger their abusers, which either delayed or complicated their access of the formal help system. In citing their fears of reporting the abuse, the service users further highlight what existing literature reveals about the difficult decisions abused women must make in removing their children and them from abusive situations.

The findings also confirm that for women who access services, many experience difficulty identifying their issues. While they can identify feelings of pain and being overwhelmed, service users report sometimes struggling to define their problems, or recognize the link between their issues, which may impede/delay their process of receiving help. For instance, many service users explain that because they did not experience physical abuse, they did not believe they were being abused or their issues were not as serious as someone who experiences abuse that is more explicit. Other service users cite that certain types of abuse, such as spiritual, psychological and financial are harder to recognize (Taylor & Jasinski, 2011). Quite often, while they are aware of the unhealthy elements of their relationships, abused women receive prompting from family, friends and service providers in explicitly identifying the signs of abuse.
Furthermore, the findings are consistent with the literature in that when abused women do seek services, they identify both short and long-term physical, emotional and material needs that require a combination of community services (Burgess-Proctor 2006; Lockhart & Mitchell 2010; Trevellion et al., 2012). Women are active in seeking assistance, and list these needs to service providers who then engage in the referral process. Among these needs are emotional support; counselling; transportation; housing; financial assistance; child care; food and clothing (Allen, Bybee, & Sullivan, 2004; Kulkarni, Bell, & Wylie, 2010). How they access these services and how effectively they receive them are dependent on the services available in their community and the conduct of service providers.

‘Attitudes matter’: the impact of individual service provider conduct on women’s experiences accessing services

Community evaluation reports indicate that the trajectory of women’s access to services and her perceptions of helpfulness of services is often dependent on their experiences with individual service providers. With this, service provider conduct is often dependent on their training, sector of employment, and even personal beliefs. It is evident that the less service providers understand and empathize with the complexities of abused women’s situations, the more this can interfere with addressing the service users’ physical and emotional wellbeing. Among the earliest research conducted on helpful and unhelpful features in community responses to abused women, scholars note that women identify helpful service providers as those who listened respectfully and believed their story, and the least helpful service providers as those who showed judgment and criticism in the women’s choices. (Gordon, 1996; Hamilton & Coates
Over time, the growing body of academic and grey literature on CCRs have highlighted the importance of the way service providers conduct themselves in working with abused women (Brown 2000; Shipway 2004; Rose et al., 2011; Trevellion et al., 2012). This study adds to the knowledge that service providers who listen, provide genuine support, validate women’s feelings and experiences and commit to building trust with service users provide the most helpful services (Shipway 2004; Macy et al., 2011; Trevellion et al., 2011). The impact of individual service providers is evident in that service users can have vastly different experiences in the same agency based on whom they encounter. SU4 discusses detecting individual beliefs of service providers coming through during their encounters:

And I’m sorry but there’s some things that they don’t know and they won’t ask and that they won’t consider. No matter what kind of theory training you’ve got…it’s just human nature, we revert back to what we’ve done, what we’ve learned, what we’ve known. We always do. We attach anything new coming in to something old we’ve had and if we don’t have something old, then we don’t do well with that piece. -SU4

Other service users had similar interactions with service providers that were well meaning, but not prepared for or mindful of their responses to women who disclosed abuse. Displays of shock, horror, perceived judgment and discomfort by service providers were cited as negative experiences by service users. For instance, SU18 explains that while she knows there are good service providers out there who have her best interest in mind and can help her, she is still discouraged from a select few providers that she felt did not listen to her or make genuine attempts to connect with her. This reinforces the finding that service provider conduct has a lasting impact on women’s impressions of different services and their confidence and comfort in accessing them in a time of need.
Furthermore, the research findings show that judgement and bias still persists amongst service providers from different sectors despite strides in community responses to abused women and their children. While sector policies and philosophies can influence service providers, often times it comes down to the individual service provider and their attitudes and beliefs towards VAW. Prior research findings support the current finding that service providers who are a part of DVCC committees are well-rounded and more understanding of the complexities of woman abuse. Their exposure to other sectors and their commitment to impact the lives of abused women help them to adopt a mentality and approach conducive to the goals of CCRs. Though there are efforts to bring back DVCCs’ knowledge and goals to their respective sectors, it is difficult to reach all service providers in the community, and especially in the larger systems such as agencies within the criminal justice system. As a result, these findings also show that there is a good portion of service providers that hold views contrary to a holistic and woman centred approach to providing services to abused women.

The importance of holistic and individualized responses to abused women

Women report positive experiences with services that help with system navigation to ensure women receive individualized care based on their specific needs. Service users are least receptive to encounters with service providers where they feel the provider simply went through the motions or offered suggestions and referrals they did not find appropriate or helpful for their individual situations. This left some service users feeling as though they were another number and were discouraged about getting the necessary help at future meetings with providers. Responses from service users highlight what has been previously identified in the literature, which is that service
providers should engage in discovery conversations and work with women to develop a plan that is tailored to her needs (Shipway 2004).

Promoting a more holistic understanding of abuse and understanding the intersecting factors in a woman’s life (i.e. socioeconomic status, race, sexuality, etc.) is important for all service providers under a CCR model, regardless of their sector or extent of contact with abused women (Gray, 1989; Roussos & Fawcett, 2000; Sullivan & Allen, 2001; Allen, 2005; Salazar et al., 2007). There is always work to be done in this area, and as most participants admit, biases and misinformed views still exist among individual service providers. While service providers within the EAEV Committee have a holistic understanding of abuse, they too recognize that fellow colleagues could be more informed about these approaches. Forde-Gilboe et al. (2015) note that CCRs under a trauma and violence-informed approach to collaborative service delivery can be successful in bridging the relationships between service providers and service users. This approach is committed to understanding the effects of abuse to enhance the emotional safety of service users. The authors further explain this as a shift beyond providing basic services, and instead having a system that is violence-informed and committed to supporting women in their healing process. This approach also effectively brings full circle the other areas of research on CCR approaches. For instance, having a violence-centred approach means that individual service providers check their biases and personal beliefs; stakeholders under a CCR model establish a collective understanding of a violence centred approach and commit to enacting this in their sectors; and such an approach works towards system change. Recommitting to a model
such as this when conducting system reviews can enhance CCR models of service delivery.

**Empowering support as crucial to service delivery**

Empowering abused women in their decisions is vital to helping them gain confidence in leaving their abusers, learn new skills and understand their feelings and experiences (Allen, Bybee, & Sullivan, 2004; Parmar & Sampson, 2007). A significant portion of direct and broader service providers point to the importance of empowering women, as they have often experienced the opposite in their personal lives. Service providers functioning under a women-centred type of approach recognize the importance of not overpowering her voice, and instead providing her the resources and support necessary for her to make decisions in her own best interest. This approach is reflective of a feminist approach to service provision, in which service providers consider women’s lived experiences and ensure they do not pass judgment or preconceived notions when working with service users (Letherby 2003; Allen 2011).

Interestingly, while all allude to empowerment as an important factor for effective service delivery, service users did not explicitly use this concept. In other words, when asked what they wanted from service providers, service users did not use the language of empowerment, but did identify needs such as support, advice and understanding, help with accessing other services, help with securing immediate needs including food and shelter and help with moving forward. It is arguable that during the overwhelming process of dealing with abuse and seeking services, the service users have an abundance of needs and worries, and their initial expectations and priorities are to
secure short and long term safety and stability, as opposed to consciously seeking empowerment in a broader way. However, this does not mean service users do not seek out or welcome empowerment from service providers. While service users did not explicitly state empowerment as one of their needs, empowerment was implied in many other ways. Some of these ways include talking about the value of learning about the cycles of abuse; having service providers listen and believe them; service providers helping them come to the realization that the abuse is not their fault; and receiving support in going through programs aimed at improving the lives of their children and them such as addictions programs and children’s groups. This study touches on the concept that among the most positive experiences cited by service users, elements of empowerment were present, whether explicitly identified or not. Such a finding builds on the notion that service users can be empowered without explicitly realizing or acknowledging it, and service providers are able to position themselves as agents of empowerment by providing assistance to service users based on their unique needs.

**Coordinating under a Collaborative Model of Service Delivery**

**Functions of CCRs**

Interviews with service providers indicate that overall, agencies within Elgin County are working well together to provide services to abused women and their children. Service providers and service users agree that agencies provide rapid response to crises and ensure women are connected to a multitude of resources once in the system. In addition, members of the EAEV Committee have benefitted from building professional relationships with each other and feel comfortable contacting each other to discuss cases and ask for advice. They are also aware of the skillsets and
resources each agency is equipped with and are open to working with each other in a collaborative effort. The EAEV Committee has made great strides in educating its members on the roles and functions of different agencies and acts a source of accountability for community services. The following section will discuss findings in the study and literature on the barriers service providers experience under a CCR model and the strategies for overcoming challenges and committing to the collective goal of individual and system change.

**Barriers under a collaborative model of service delivery**

The EAEV Committee is not immune to the barriers DVCCs experience under a CCR model. Limited time and resources, scheduling conflicts and changes in membership all present challenges for optimal service delivery (Mills et al., 2000; Allen, Javdani, Lehrner, & Walden, 2012). As well, though members spoke positively of one another, they have encountered service providers outside of the Committee that are difficult to work with, especially when they hold views contrary to those set out in the protocol. Among the findings, the most significant barrier referenced in service provider responses was dealing with conflicting views and approaches to cases. This study reflects similar findings in the literature that different philosophies exist among sectors and this can impact the way women receive services (Clark et al., 1996; Fleck-Henderson, 2000; Mills et al., 2000; Wednt 2008)

**Service provider awareness of individual and system level/structural barriers**
Service providers admit that it is sometimes difficult to see beyond the individual case. When asked about barriers to service delivery, DSP6 says, “we individualize the problem. When we think that the problem is the women. That woman in particular. When we think that this particular family is the issue”. With this, as found in the literature, this is more apt to happening when the woman does not fit the profile of a deserving victim, wherein more blame is inadvertently placed on her (Brown, 2000; Burkell 2006; Robinson & Spilsbury, 2008). This is also exasperated by living in a small community, as service users who have had negative encounters with service providers may have to interact with them again. While service providers commit to remaining professional, barriers to building trust and positive relations are real. Though noted as a barrier to service delivery, DSP6’s critical reflection of service provider responses to abused women and children is an example of how adopting a CCR model to VAW challenges service providers to see beyond the biases attached to individual cases and assess system barriers that are identified by many as the kind of social change required to address and end VAW. It is encouraging to note that many of the service provider responses reflect the literature’s emphasis on making conscious efforts to combatting inherent biases by engaging in self-reflection and committing to their roles and responsibilities under a CCR model. However, this also means service providers experience difficulties on a daily basis as they attempt to balance the individual needs of service users while recognizing the structural barriers at hand, inevitably creating ongoing obstacles and challenges.
Though this was not a significant finding across the service provider and service user responses, difficulty accessing rural and minority populations was noted by some service provider participants. BSP3 cites a gap in reaching certain populations, stating:

…Sometimes what we have found, when we have done outreach in some of the counties, not necessarily here in the city but some of the counties outside, is that we provide free services, we would like to promote our services and we would like service providing organizations to access our services but what we find is that the agency themselves does not reach out to diverse communities. So when they tell us about the community they serve, it’s mostly English speaking, And when we tell them “well, why is that” and we know that one in every three women experiences some sort of abuse, why are you not seeing those communities? And we look at our census and we see well in this community we have these many communities that are speaking other languages, why are you not seeing them? Is it because they don’t come to you, is it because they don’t know you exist, what happens? And they cannot answer that question themselves. Some of them say that their resources are not really put into reaching out into those communities, they’re focusing more in other areas. And so we would like to provide the service, we have the funding to provide free services, but the clients are not getting there. –BSP3

The literature supports this finding in that minority and women living in rural areas are less likely to access community services (Henning & Klesges, 2002; Burman, Smailes, & Chantler, 2004). This study cannot contribute significant findings on rural and minority women’s experiences due to the fact that they did not respond to the research, which itself is indicative of the fact that it is harder to access these populations. As their voices remain limited in the research, further efforts should be made to make connections with minority women and women living in rural areas, both for the purposes of hearing about their experiences and providing them comprehensive community services.

Ignoring or not recognizing structural barriers such as social stigma and poverty for abused women remain an issue both in the community and among some service
providers. Service providers are aware that stigma still persists around VAW which is why public education and awareness remains a vital function of the EAEV Committee. Service providers agree that education about structural barriers is important to deliver to all sectors. For instance, they cite the need for having a wider recognition of abuse as a social problem as opposed to an individual, psychological problem. A number of service providers mention how a feminist view is optimal in supporting abused women, as understanding the gender inequalities inherent in VAW and poverty can better equip them to empower women and avoid unconsciously blaming her for her situation. While service providers agree it is difficult to see beyond the individual case, they also agree that a CCR model must continue to promote an approach to providing services that understands the disadvantages abused women experience in our society (Zweig, Schilchter & Burt 2002; Shipway 2004; Allen, Watt & Hess 2008).

The importance of net-widening in information sharing and training initiatives with service providers

Based on participant responses, training among service providers is not streamlined and is dependent on their individual sectors. While DVCC members engaged in joint training and information sharing sessions, this is not always far reaching within their respective sectors or throughout their agencies in a way that includes all or even the majority of relevant staff. Research on CCRs discuss the invaluable necessity of ongoing training for service providers, and identify the importance of widening the net of service providers that receive this training (Clark et al., 1996; Hague & Malos, 1998; Campbell, 2010). There is limited research on the effects training has on sectors as a whole, and overall, research remains limited to members of DVCCs (Campbell 2010). This research
features a similar gap in gauging how far reaching training is among different sectors, so it is noteworthy that further development can occur in this area of community services. For instance, agencies may consider committing to updating training that bridges the goals of CCRs to ensure information is streamlined back to frontline service providers. These updates in training would be best established within DVCCs and then a functional framework could be presented to decisionmakers in different sectors. Since DVCCs function under protocols that are in conjunction with each organization’s standards for practice, this could be done in reverse, as each organization could work with the standards for practice of DVCCs and collectively commit to net-widening information sharing and training efforts.

While it is reported that information sessions do occur in the community that inform organizations about each other’s roles, service providers indicate that these sessions can be quite saturated at times, and at other times they taper off. While these information sessions should continue, the consistency of training and sharing information about DVCC best practices is vital to having a more uniform understanding and consistent practice among service providers.
Understanding the connections between the individual, group, and community within a CCR Model: the presence of the Social Change Model, Feminist Theory, and Relational Coordination Theory

Each of these theories offers insight into the relationships between researchers, service providers and service users under a CCR model. Among the themes that emerged from the my research and literature on CCRs, these three theories address the importance of individual attitudes and conduct; building strong social ties between groups of service providers; and engaging the community in making positive change and attempting to view VAW as a social problem.

Building character: the importance of stakeholders’ individual conduct

Among the findings, service providers’ commitment to providing services to abused women and their children embody the SCM’s individual value of ‘consciousness of self’ (Dugan 2006; Komives & Wagner 2009; Iachini, Cross, & Freedman, 2015). Consciousness of self, or knowing what beliefs and values motivate one’s actions, starts with service providers reflecting on their understandings on abused women’s experiences, a process of reflection many service provider participants cite engaging in on a continual basis. The SCM also encourages service providers to have a critical understanding of the power dynamics between service providers and service users, with providers understanding their power and privilege (Komives & Wagner 2009; Iachini, Cross, & Freedman, 2015). DSP1 touches on this reality, stating the importance of understanding “that our actions are not without consequences. Our actions are not without having some sort of cascading impact”.

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With this, the RCT identifies the importance of individual service providers in establishing genuine relationships with clients. Positive relationships in provider-customer relationships are those in which service users have trust and confidence and believe that service providers have specific knowledge about them (Hoffer Gittell, 2002). This is reflective of literature on CCR responses and this study’s findings as responses reference the importance of making appropriate referrals; understanding the overlapping issues service users experience and responding accordingly; and knowing that each woman’s situation and needs is unique, therefore ensuring that services are not applied as a one-type-fits-all model (Parmar & Sampson, 2007; Kulkarni, Bell, & Wylie, 2010; Trevillion et al., 2012).

**Building bridges: the importance of trust between service providers**

The literature is explicit in that the relationship ties among service providers are vital to the quality and efficiency of service delivery. Congruence, or working in accord to build trust among service providers and commitment to the collective effort (Iachini, Cross, & Freedman, 2015) is another element of the SCM present in the working relationships of EAEV committee members. As noted in the SCM, individual values transfer to group values where members should work towards a common purpose with shared aims and values, confront controversy with respectful dialogue and engage in strength building and collaboration (Iachini, Cross, & Freedman, 2015).

It is important to note that values inherent in the SCM and feminist theory are reflective of many CEnR principles, wherein stakeholders work together to define issues; combine their expertise and strengths to address identified issues; situating
participants as equal contributors in the research process; finding important knowledge in people’s every day lives; and building on this knowledge to enact social change in their communities (Clinical and Translational Science Institute, 2011; CTSA Community Engagement Key Function Committee 2011; Reid et al., 2011; Walter, n.d.). Similarly, many of the features necessary for effective collaboration under a CCR model touch on the values touted by proponents of RCT including mutual respect, shared knowledge and shared goals (Hoffer-Gittell 2002; Hoffer Gittell, Gofrey, & Thistlewaite, 2012). Service providers in this study are conscious of the importance of building relationships, understanding each other’s roles and respecting different sector philosophies. Many of them note the importance of building and maintaining positive relationships with one another where they understand different perspectives, make a conscious effort to manage defensiveness in responses and recognize responsibilities in different situations to come up with solutions as opposed to placing blame. Service provider participants are also aware that showing respect for one another’s expertise can cultivate positive working relationships among diverse sectors.

**Building a better community: committing to collective social change**

The SCM discusses the community value of citizenship, or working towards change on behalf of others (Iachini, Cross, & Freedman, 2015). This value was reflected when service providers were asked what they consider to be an accountable community response. BSP3 states, “we have to own it. It’s not them and us. Too bad she lives in poverty and I live in affluence. It’s us, it’s our community. I really think that’s key to own it, we can’t just sit back”. DSP6 describes an accountable community response as “a community where that everybody is a part of the problem and as well everybody is part
of the solution. [It] means that we consider that as a society, that we need to change in every interaction and every moment, and every corner or community”. Other service providers reflect similar sentiments, noting the importance of having the community recognize VAW as a social problem and invest in causes for change.

This approach to responding to abused women and their children is reflective of the feminist framing of VAW, or more specifically, the understanding of the intersectionality of women’s lived experiences. The service provider participants in this study display a well-rounded understanding of the complexities of abuse and the importance of empowering women who access their services. In their interviews, many service providers also discuss the societal implications of gender inequality and the impacts it has on abused women navigating the system. However, they also note that while they understand the presence of intersectionality, women’s negative experiences with the formal help system are amplified when ill-informed service providers individualize women’s problems. This is an ongoing tension highlighted in my research findings, as service provider and service user responses indicate there is much work to be done in recognizing women’s individual experiences while also understanding how women of different backgrounds are treated differently in the formal help systems. The concept of intersectionality is helpful in working through this tension, as it can guide service providers to appreciate women’s lived experiences and tailor services based on their unique circumstances, while also understanding that attributing individual responsibility to their situations effectively erases the responsibility of system and societal oppression.
To address this tension, a CCR approach to VAW seeks to gain a system-wide understanding of abuse. The EAEV Committee’s commitment to conduct system evaluations is reflective of elements of RCT and feminist theory. First, a system review provides the community with an opportunity to assess their current practices, engage in dialogue with committee members, and create action plans for service improvement. This system review can also act as a catalyst to developing other areas of the RCT’s concept of cross-functional working relationships. Service provider responses about training can prompt the EAEV committee to update their training practices and expand them among different organizations on a wider basis (i.e. reaching more frontline service providers) and a higher basis (i.e. engaging decisionmakers in the process and having them become stakeholders in the CCR model of service delivery).

Learning from Elgin County’s experiences: recommendations garnered from the research

Conduct Periodic Academic and Grey Literature Reviews for DVCC Development

A general point of contention for the academic community is that the development of social policies does not always take into account sociological research, and quite often policies are structured in a manner that is contrary to scholarly findings. With this in mind, I suggest that while DVCCs under a CCR model are doing well in engaging in information sharing initiatives among different sectors, DVCCs not currently engaged in CEnR should consider its benefits, especially when combining this with CU partnerships. In other words, the marrying of academic and community work provides
the benefit of including a scan of the academic and grey literature on elements of successful CCRs in addition to, or rather in conjunction with, the evaluations DVCCs already conduct on their community responses. In completing this community engaged research study, I found immeasurable value in connecting the findings with past and current research and applicable theories, and believe that DVCCs should capitalize on CU partnerships that afford them the same opportunity to build on community research.

Reviewing academic research can provide many potential benefits that are conducive to DVCC protocol goals and best practices. In completing a scan of the current academic research, service providers can develop or further strengthen their commitment to viewing abused women’s experiences, their roles and structural forces at hand through a critical sociological lens. Through this lens, DVCC members could engage in refocusing on DVCC mandates and overarching goals of enacting social change that includes and actively works on equality and social justice. DVCCs can also draw on the results of an in-depth review of the current literature to inform updates on their protocols, adjust their practices and/or develop further initiatives. Literature on CCRs can be instrumental in guiding communities on ways to improve their service responses and prevention at the community level that is relevant to abused women and children. With this, scholars have noted the importance of streamlining publications into a functional framework for communities to reference. Specifically, Foster-Fishman et al. (2001) identifies the need for developing a framework that outlines the factors that contribute to effective responses to VAW. The authors further identify the framework as vital for building collaborative capacity, which Goodman (1998) defines as “the conditions needed for coalitions to promote effective collaboration and build sustainable
community change” (p.32). Therefore, it is suggested that streamlining academic research into comprehensive findings and a functional framework may help to enhance DVCC structures, protocols and practices. This would also fulfill community-engaged researchers’ commitment to knowledge generation and mobilization (Wilson & Whitmore, 1995; Angeles, 2011; Butterwick, 2011).

Furthermore, conducting periodic academic reviews may also provide opportunities for networking with other sectors and university partners, building on the strengths and benefits of CEnR (Clark et al., 1996; Hague & Malos, 1998; Campbell, 2010). Considering the funding and time constrains many organizations have, they can seek out one another’s resources and determine if a specific agency has the time or funding to conduct a literature review and commit to bringing service providers together to meet, share and discuss the results. If no organizations are able to conduct these types of reviews, they can reach out to universities and partner with community-engaged scholars and their students. Both parties would mutually benefit, as students are able to gain experience working with community organizations and develop their own sense of citizenship and the community partners would benefit from receiving the time commitment and final products (Roche, 2008; Anderson et al., 2012; Aldrich & Marterella, 2014).

**Creating and distributing online training materials on CCRs**

Among the findings, both service providers and service users touch on the difficulties of working with service providers that do not have a comprehensive understanding and appreciation for the complexities abused women and their children
experience, whether this is based on personal biases/entrenched beliefs and/or differing sector philosophies. In other words, my research findings indicate that while a core group of service providers (i.e. those on or associated with the EAEV Committee) provide joint, empowering services across agencies through a CCR approach, not all service providers (regardless of sector) apply this approach, thereby negatively impacting relationships between service providers and abused women’s experiences with receiving services.

As a means of remedying this barrier, my research findings indicate that providing ongoing training is essential to updating service providers on optimal service delivery efforts and current community resources. While providing training is an ideal approach to broadening the understanding of a CCR approach to VAW across service providing sectors, the logistics of finding the time and resources to train such a high volume of staff is understandably difficult to navigate. Therefore, I suggest that online training about VAW be integrated into training plans for direct and broader service providers. For example, when an individual is hired with Family and Children Services or the St. Thomas Public Health Unit, in addition to completing online training requirements, such as the Workplace Health and Safety Act training, they would also complete online training from the VAW Learning Network, funded by province of Ontario, that offers a wide range of certificate courses that go beyond basic VAW training. For example, the VAW Learning Network provides online training and information about foundations of VAW (including intersectional feminist approach, practicing self-reflection and including survivors when providing services); voices from diverse women including Aboriginal women and women in the sex trade; and using a
feminist perspective when working with women with mental health issues (OAITH, 2016).

There are a multitude of benefits to having agencies across a community complete similar VAW training in an online forum, as it minimizes the strain on time and resources required for in-person training; it can familiarize new staff with the community’s approach to DV services; it can acts as a centralized resource for information on the different services in the community; it can inform service providers about system issues abused women experience thereby making them more sensitive to the needs of their clientele; and it may bridge knowledge gaps between sectors, especially the broader services that do not directly deal with abused women and their children but come in contact with them in varying capacities.

**Broadening the modes and avenues of advertising services**

Study participants note that Elgin County service providers do a good job of advertising services within social services and raising awareness about VAW with community events like fundraisers and walk-a-thons. However service users noted that they do not recall noticing advertisements related to VAW until they experienced it themselves, indicating that being hyper aware of one’s own circumstances contributes to finding out about services. Service users and service providers agree that services available to abused women and their children should continue to be advertised in VAW and non-VAW specific services, such as government offices, food banks, community centres and hospitals. A number of service users note that while they cannot recall if they saw advertisements outside of social service agencies, they believe that posting
advertisements in more community spaces like grocery stores and malls would help reach abused women who have yet to access the formal help system. A number of service users also mention that accessing public forums on social media such as Facebook and Twitter can be another avenue for advertising services in the community and raising awareness about VAW.

Advertising services to abused women in rural areas and of minority populations continues to be an issue for service providers. Elgin County has a significant Mennonite population that remains siloed from most community services due to cultural and religious beliefs. Service providers and service users conscious of this population’s barriers to accessing services provide suggestions for reaching them in the community. For instance, one service user notes that some Mennonite women access their local library, and do so without their husbands, allowing them opportunities to learn about help they can access outside of their community if violence-specific services were to be advertised there. Of course, a range of barriers and complexities remain with getting abused women in Mennonite communities to access services, but making a point to advertise services community forums is an important first step to showing help is available.

**Establishing Support Groups for Abused Women as a Means of Empowerment**

When asked for suggestions on expanding services to abused women and their children, a number of service users said they were unaware of any support groups for women living outside of a shelter and second stage housing and thought this would be a
beneficial addition to existing services. Interestingly enough, a couple of service users suggest modelling the support group after Alcoholics or Narcotics Anonymous, as abused women are similarly concerned with managing privacy, confidentiality and social stigma. Service users cite the potential benefits of a support group, including providing an opportunity to network with women in similar situations; providing women a forum to discuss their experiences with others who can personally identify with and understand each other; and finding a group that provides support and empowerment as they continue to secure long-term needs and goals. Service users suggest that they can offer each other a unique role in their healing processes and they can empathize with one another and provide suggestions and tools for dealing with similar issues. To the knowledge of the researcher and service user participants, a support group of this capacity either does not operate in Elgin County, or if it does, is evidently not known among women that wish to access it.

With this, Elgin County opened a newly constructed women’s shelter in September 2016 and has committed to holding community events there as a means of combating the persistent stigma attached to accessing women’s shelters and building social capital among community members. As Elgin County service providers commit to expanding social ties, it would be beneficial to consider establishing a support group akin to the type described above by this study’s service user participants. Whether service users prefer to access this support group outside of the shelter due to associated stigma is something for service providers to explore. This also means that providing women-centred services outside of traditional venues like shelters and
second-stage housing could be another area of development in the CCR service delivery model.

**Limitations of CCR research**

Of the limited literature on CCRs, much of it is outdated and although replication research is cited as a necessity for knowledge building in this area, little has been done in the same settings. There is also tension in the literature as to the effectiveness of DVCCs, in part because of limited empirical evidence on the roles of DVCCs in communities (Abel, 2000; Roussos & Fawcett, 2000). For instance, Adler (2002) notes that while CCRs exist in theory, examining the empirical linkages between agencies has not been studied as extensively. Of the studies completed, there are noted limitations including small sample sizes, response biases and sampling biases. Often CEnR may require research efforts beyond the scope and resources of both the researcher and community, therefore limiting the extent to which information could be gathered.

Furthermore, while instrumental in assessing the CCRs of communities under review, specifically the impacts it has on the individuals interviewed, evaluation research has many limitations. It is suggestable that no amount of evaluation research can produce comparable, identical results across DVCCs. This is due to a culmination of factors, including the complexities of social relationships; contexts of communities under study; differences in council dynamics and lack of system-wide evaluation research endeveaours (Allen, 2006; Salazar et al., 2007; Ford-Gilboe et al., 2015). As well, coupled with the limited number of studies conducted, many studies are one-time assessments of communities in different stages of enacting coordinated efforts to VAW and therefore, the results are framed more so as suggestions than definitive answers.
Though Elgin County’s commitment to replicating their research has addressed this limitation, this remains a rarity in DVCC research as evident by the fact that Elgin County has become the first region in Ontario to complete three studies reviewing their system response. Additionally, while much of the research raises issues for committees to consider and provides direction in addressing system-wide problems, there is limited follow up in the literature as to how these communities have evolved since the study was completed. This is expected, as VAW CCRs are relatively new and dependent on both the context of the communities they are developed in and the policy influences they are subjected to (Clark et al., 1996). Additionally, critics of evaluation research suggest that studies tend to be opinion based and lack empirical testing of the effectiveness of CCRs (Macy, Johns, & Martin, 2011), however community engaged scholars continue to address such skepticisms by reiterating the value of heavily qualitative evaluation research and ensuring rigourousness of data collection and analysis is maintained (Reinharz, 1992; Letherby, 2003; Smart, 2009; Frels & Onwuegbuzie, 2013). Overall, the literature continues to reflect the finding that VAW CCRs are dynamic and unique to communities in which they have emerged, therefore follow-up studies are vital to building on previous results and finding themes across the studies.

Another limitation is that evaluation study participants are often already receiving services; this limitation is present in this study. With a gap in responses from women who do not access services, it is difficult for researchers and service providers to gain insight as to why these women do not access help and how this can be addressed (Purdon et. al 2008; Kulkarni, Bell, & Wylie, 2010). Additionally, despite best efforts, it is
difficult to gain participation and access to certain populations, another limitation experienced in this study. For instance, women from minority communities are at increased risk of continued abuse, with many cultural factors that deter them from seeking support from service providers (Gordon, 1996; Campbell 2010; DePrince et al., 2012; Ford-Gilboe et al., 2015). This extends to participating in research studies, as reflected by the demographic information of participants interviewed from Elgin County and the areas that proved most difficult in accessing participants. Therefore, service providers continue to have trouble in supporting certain populations and there remain limited research from the perspective of these populations, a gap in the research that would provide invaluable insight into improving service delivery to minority and rural dwelling populations.

**Looking Ahead: Future Directions in CCR Research**

Scholars frequently cite the need for additional research covering various aspects of CCRs. To begin, more research is needed among council membership to examine how conflict emerges and how it is handled in collaborative settings (Allen, 2006). As with other findings on CCRs, though such research may not pose definitive solutions, it could provide direction and insights about effective conflict resolution methods to ensure continued development of DVCCs in communities. It is also important to ensure that future research on CCRs continues to assess the elements of collaborative work in exploring the complexities of multi-sector agencies responding to social issues. For instance, Allen (2005) suggests further research should examine both internal council effectiveness (i.e. how council members work together collaboratively) and external effectiveness (i.e. degree to which community change occurs due to council efforts) to
capture the dynamic nature of DVCCs. Calls for research on system-wide impacts of CCRs have also increased to supplement the currently larger body of literature on individual-level, or community specific research (Berkowitz, 2001; Sullivan & Allen, 2001; Salazar & Cook, 2002). As noted by Shepard (1999), system-wide evaluations are necessary to understand the interrelated components of CCRs and their relationship to the larger social and political context. Building on this research would also serve to address the ongoing tension service providers and service users experience when VAW is characterized as an individual or family problem, a significant barrier found in my research and similar literature on CCRs (Zweig, Schilchter & Burt 2002; Shipway 2004; Allen, Watt & Hess 2008).

Furthermore, despite its lack of compariability, when evaluation research is compiled, it can provide direction on policies and procedures; insights into best and updated practices; and acts as an ethical checkpoint to ensure service provision remains effective (Garner & Maxwell, 2008; Wathen et al., 2015). Service providers agree the best continued course of action includes making a conscious effort to understand the lived experiences of women; consistently revisiting and addressing the structural limitations of working within different systems (i.e. system specific policies and practices); and putting committee mandates above internal struggles. Regardless of these limitations, further research on CCRs is vital to expanding best practices in responding to abused women and their children. Overall, community engaged scholars might find encouragement in the fact that many of the current research’s limitations can effectively be addressed by continuing the work of community evaluation research, steadily building on the important body of CCR focused research.
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Appendices

Appendix A: Information Poster for Service Users

Have you experienced harm in a personal relationship in the last 3 years?

If so, the Elgin Alliance to End Violence would like to hear about your experiences. We’ve partnered with the University of Guelph to lead research to evaluate how our community responds to women who have been abused.

We’d like you to participate in a one hour confidential interview conducted by a researcher from the University of Guelph. Your name will not be used in any publication. It will be held in confidence.

You will receive $75 for your time and expenses.

This study has been reviewed by and received all necessary clearance from the University of Guelph.

Please call Carolynn and leave a confidential voicemail at Violence Against Women Services Elgin County (519) 633-0155.
Appendix B: Newspaper Advertisement for Service Users

Have you experienced harm in a personal relationship in the last 3 years?

If so, the Elgin Alliance to End Violence would like to hear about your experiences. We’ve partnered with the University of Guelph to lead research to evaluate how our community responds to women who have been abused.

We’d like you to participate in a one hour confidential interview conducted by a researcher from the University of Guelph. Your name will not be used in any publication. It will be held in confidence.

You will receive $75 for your time and expenses.

This study has been reviewed by and received ethics clearance from the University of Guelph.
Appendix C: Information Sheet for Service Providers

INFORMATION SHEET

Interview Information

The following outlines interview procedures for women who have volunteered to participate in the study:

- The study is seeking participants who:
  - Are women, 16 years of age and older
  - Have identified as being abused in relationships of intimacy and/or dependency in the last three years
  - Have accessed and/or received Elgin County services that respond to experience of abuse
  - Are interested in doing a confidential, one hour face-to-face interview

- Arrangements for interviews, including transportation, childcare and interpreters can be made.
- Safe locations for interviews will be provided in St. Thomas, Aylmer and West Lorne. The primary location for interviews will take place in St. Thomas; however, interviews may also be scheduled in other areas to accommodate participants.

Goals of the Community Snapshot 2015 Report

This evaluation intends to replicate and expand two previous research evaluations conducted in 2000 and 2006 on Elgin County’s community response to abused women and their children. The goal of the 2000 and 2006 studies, which remains consistent for the 2015 study, was to assess the current Elgin response to abused women and their children, report this to the Elgin County community and use the results to inform and guide the work of the Elgin Alliance to End Violence (EAEV). In addition to assessing and comparing the 2000, 2006 and 2015 studies, the goals of the 2015 study are to:

- Gather information about the women’s lived experiences, which includes information about the duration of abuse, types of abuse and status of relationship with the identified abusers.
- Outline helpful community resources identified by the three groups of interview participants, including women who have experienced abuse, direct service providers, and broader service providers. This includes identifying the most helpful service provider responses and strength of responses.
- Identify unhelpful or lack of community resources identified by women who have experienced abuse, direct service providers and broader service providers. This
includes identifying the least helpful service provider responses and the weaknesses of responses.

- Provide recommendations for improvement of the community response to abused women and their children based on the identification of helpful and least helpful responses and strengths and weaknesses of said responses.

**Review of 2000 and 2006 Community Snapshot Reports**

The following outlines the identified strengths in community response as well as recommendations generated from the 2000 and 2006 studies. The recommendations have been incorporated in the interview questions for the 2015 study to build on the research gathered in 2000 and 2006.

**Strengths in Elgin County Community Response Efforts**

- In 2000, participants importantly reported the Elgin County community cares and wants to help others. Additionally, participants noted that:
  - Elgin County has a service continuum in place to respond, including the police, emergency shelter, counselling, courts, and second stage housing (Brown, 2000, p.12).
  - Elgin County has a good service response, being prompt and non-judgmental in certain circumstances (Brown, 2000, p.12).
- In 2006, findings were similar as participants reported a strong coordination among the various service providers in Elgin County. This included:
  - Having consistent referral paths, networking and relationships among service providers that supports problem identification and resolution, and awareness of agency roles and service provision responsibilities (Burkell, 2006, p.22)
  - There was also an acknowledgment of expertise and knowledge among Elgin County service providers, with staff being professional, well-trained and extremely knowledgeable (Burkell, 2006, p.22).

**Recommendations for Elgin County Community Responses**

- In 2000, recommendations made by community members and abused women to improve the community response included:
  - More public education about services available to women and children
  - Increased service provider knowledge of services
  - Increasing access to services
  - Ensuring a consistent and coordinated service response (i.e. responding and communicating accurately and knowing agency roles)
o Increase service provider knowledge about woman abuse (especially for non-violence specific service providers) (Brown, 2000, p.16).

o More public awareness about women abuse and services available, such as making information about services more accessible by situating it in common place both in and outside of St. Thomas (Brown, 2000, pp.14-15).

o More specialized counselling for them and their children is needed

o More consistent support from non-violence specific services such as doctors and lawyers.

• The 2006 Snapshot reported similar findings. Additional recommendations made by community members and abused women who were interviewed suggested:

  o More educational initiatives in schools and broader community education, such as developing a handbook for abused women of varying literacy levels with information about supports that are accessible (Burkell, 2006, p.27).

  o Efforts to educate the public and professionals about the system of services designed to support women.

  o Increased justice system accountability and improved coordination of services (Burkell, 2006, p.29).

**Concluding Comments**

If you have further questions about the research, you can contact Carolynn Mazzei, graduate student from the University of Guelph who is conducting the interviews. Her voicemail number is: 519-633-9428, voicemail box 42.
Appendix D: Recruitment Script for Service Users

INTERVIEW PARTICIPANT SCHEDULING SCRIPT

1. I would like to ask you a question to ensure you fit the research criteria. Is that ok?

2. Have you experienced harm in a personal relationship in the last 3 years? If “yes”
   4.1. If “no” Thank you very much for your interest, however, this research project
   is directed at hearing from women who have experienced harm in a personal
   relationship within the last year years.

   4.1. We can move forward with setting up a date and time and location for an
   interview to hear about your experience(s) of harm and any contact you may have
   had with any Elgin County services related to this experience. Before we continue,
   would you like to hear more about the research? If yes, read research blurb below
   and then proceed to 5. If no, proceed to 5.

   In 2000 and 2006, Elgin County did research in their community to see how
they were responding to women and their children who have experienced
harm in personal relationships. They interviewed women to hear about their
experiences as well as service providers who came in contact with these
women. The purpose of this research was to see how well the community was
responding to women and to identify areas where this could be changed and
improved upon. Carolynn will be doing with research again. She is speaking
with women to hear about their experiences with harm in personal
relationships and any contact they had with Elgin County service providers.

3. Before we chose a date and time to meet I want to let you know that you will
   receive $75 in cash for your time and expenses. You will receive $25 for your
   participation and $50 will be for any childcare costs and transportation related to the
   interview.

   6. At this point, you can suggest the next earliest days/times available and schedule
   from there.

   7. The meeting will take place at the Violence Against Women Services office on
   300 Talbot Street, Suite 26. (I usually ask if they know where that’s located/need any
   clarification on the location). When you get to the door the day of your meeting, be
   sure to tell them you have an appointment with Carolynn, that way your participation
   stays confidential.
8. If you have any further questions/concerns and/or you are unable to meet on the (scheduled day) ____________ please contact Carolynn at 519-633-9428. When you hear the voice recording, please press #42 and leave a message. She will get back to you as soon as possible.
Appendix E: Interview Guide for Service Users

**Introduction:** Before we begin, I would like to thank you for participating today and provide you with a brief outline of the interview. The interview has been scheduled to last approximately one hour, and I will do my best to ensure it is not unnecessarily extended beyond that. I will let you know when the interview is halfway complete and how many questions are remaining so you are aware of the point we have reached. Throughout the interview, I will ask you some questions about yourself, your experiences with abuse, how that led you to Elgin County service providers, and your experience with Elgin County service providers. At the end of the interview, you will have access to free and confidential counselling, whether you require it immediately following the interview and/or at a later time. I will provide you with a Help Card that lists the contact information for this counselling. Do you have any questions before we begin?

**Demographic Information:**

1. What is your occupation?
2. What formal schooling have you completed?

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<th>Demographic Information</th>
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<tbody>
<tr>
<td>Some high school (no certificate, diploma or degree)</td>
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<tr>
<td>High school diploma or equivalent</td>
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<td>Trades certificate or diploma</td>
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<tr>
<td>Some college</td>
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<td>College diploma</td>
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<td>Some university</td>
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<td>University certificate below bachelor level</td>
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<tr>
<td>Undergraduate degree</td>
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<td>University certificate above bachelor degree</td>
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<td>Doctoral degree</td>
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<td>Professional degree</td>
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3. What year were you born?

4. What is the language you first learned in childhood and still understand?

5. What race or ethnicity do you identify as?

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<tr>
<th>Race/ethnicity</th>
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<tr>
<td>White</td>
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<tr>
<td>Chinese</td>
</tr>
<tr>
<td>South Asian (East Indian, Pakistani, Sri Lankan, etc.)</td>
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<tr>
<td>Black</td>
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<tr>
<td>Filipino</td>
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<tr>
<td>Latin American</td>
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<tr>
<td>Southeast Asian (e.g. Vietnamese, Cambodian, Malaysian, Laotian, etc.)</td>
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<tr>
<td>Arab</td>
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<tr>
<td>West Asian (e.g. Iranian, Afghan, etc.)</td>
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<td>Korean</td>
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<tr>
<td>Japanese</td>
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<tr>
<td>North American Indian/Aboriginal</td>
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<td>Metis</td>
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<td>Inuit</td>
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<tr>
<td>Other</td>
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<tr>
<td>None</td>
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6. In what part of Elgin County do you reside? Would you identify as living in a rural or urban area?

<table>
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<tr>
<th>Location</th>
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<tbody>
<tr>
<td>Central Elgin &amp; St. Thomas</td>
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<tr>
<td>East Elgin (Malahide, Bayham, Alymer)</td>
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7. Do you have any children? If so, how many and what are their ages?
8. What is your total annual household income? (Note: If participant is uncomfortable disclosing exact amount, she will be offered a range of income).

<table>
<thead>
<tr>
<th>Under $20,000</th>
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We will now continue with the second part of the interview. I will be asking you questions about your contact with service providers and experiences leading to this contact. Before we begin, I will define two key terms that will be used when asking about your service delivery experiences.

<table>
<thead>
<tr>
<th>Direct Service Providers:</th>
<th>Broader Service Providers:</th>
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<tbody>
<tr>
<td>This refers to agency representatives who are members of the Elgin Coordinated Community Response Protocol (ECCRP) have provided direct services for abused women and their children such as police officers, social workers, crown attorneys, and probation/parole officers.</td>
<td>This refers to agency representatives from a broader range of services such as school board administrators, lawyers, nurses, ministers etc.</td>
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</tbody>
</table>

Please let me know if you would like me to repeat these definitions at any time during the interview.

**Experiences of Abuse:**

9. Please briefly describe a situation that has taken place in the last three years in which you were abused and/or required assistance for past abuse?
   a. What type of abuse did you experience?

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<th>Emotional</th>
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<td>Psychological</td>
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<td>Other</td>
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b. What was your relationship to the abuser? *(Note: Abusers can be identified as intimate partner (i.e. boyfriend, girlfriend, husband, wife, ex-partner, etc.) and/or dependent (i.e. parents; guardians; persons in position of authority/trust such as coach, teacher, priest, etc.; caregivers, etc.))*

c. Over what period of time did the abuse occur/continue?

10. Who was the first person you told? Was it a service provider or someone else?
   i. *(Note: If service provider, go to question 13. If someone else go to question 12 and then question 13).*

11. If you contacted someone other than a service provider, who was it and why?
    How helpful were they? On a continuum from poor to excellent how helpful were they? What was most helpful, least helpful?

**Agency/Organization Contact and Response:**

12. The following is a list of services in Elgin County for women who have experienced violence in their relationships and their children. It would be helpful if we could review the list of agencies to discover which of these agencies you knew existed and which ones you have had contact with. Then I would like you to rate each agency
based on your experience (e.g. poor, fair, good, very good, excellent), and explain why you gave them this rating.

a. Please also indicate on the following form your memory of the amount of voluntary or non-voluntary contact and your overall experience with direct service providers and/or broader service providers. **REFER TO END OF DOCUMENT FOR CORRESPONDING CHARTS**

   i. Note: If women identify non-voluntary contact on the form follow up with question: how were you put in contact?

b. Why did you contact these service providers or why did they contact you?

c. Did you find it easy to access these services? Why or why not?

   i. What were the most significant barriers and/or challenges for you (and your children) in accessing services you needed/wanted related to your experiences of violence?

   ii. If you have used services overtime, have you noticed any improvements in accessing these services? (e.g. being able to get to physically get to them, being able to talk to a person when you called, knowing who/how to contact them etc.)

   iii. Probe: What would have made your experience with accessing community services easier? Examples include transportation, time, childcare, etc

   iv. Note: If participant identified as rural resident, ask as follow up: How do you think living in a rural area has impacted your access/ability to use community services?

d. What response did you hope to get from the agencies you had contact with?

e. Based on your experience with service providers, to what extent did you feel understood and listened to?

f. How did they help or not help?

   i. Probes: Were there any experiences with service providers that discouraged you from seeking further support? Were there any experiences with service providers that encouraged you to continue seeking support?

g. When you look back on your experiences with service providers, what are the two most helpful things that happened? The two least helpful things that happened?

   i. Probe: Was there any differences among services and how they understood/addressed your issues?

   ii. Examples of helpful responses might include: emergency shelter, counselling, quick responses and intervention, being believed, being listened to/heard, awareness of/referrals to other services/supports etc.
iii. Examples of unhelpful responses might include: unsupportive reaction to disclosure (i.e. denial, minimization, judgement), and insensitive policies and procedures that do not recognize the complexities of woman abuse.

h. Along the continuum of services (and those applicable to you), that you were asked to rate (e.g. poor, fair, good, very good, excellent) can you elaborate on why you rated each service provider as you did?

i. What do you think influenced the response you got from service providers?

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<th>Gender</th>
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<td>Socioeconomic Status/Income/Class</td>
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<td>Sexual orientation</td>
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<td>Ability (physical/mental health challenges)</td>
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<td>Other</td>
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</table>

j. If the contact was with a direct service provider what follow up referrals were made and what was the outcome of these referrals?

i. Did X suggest you contact anyone else for assistance/support? If so, please list the referrals made.

ii. Did you ever make contact with the referrals you were given?

iii. If yes what happened? If no, why not?

1. Probe: Did you feel the agency provided you with adequate support, assistance and advocacy to follow through with the referral?

13. Based on your experiences, did staff from different agencies know about one another?

14. To what extent were different agencies and/or systems (e.g. justice system, child welfare, health, social service, violence against women etc.) able to work together in

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providing services/supports to you? Can you provide an example of this communication/coordination?

Reflection and Feedback

15. Over the last three years, have you noticed any increased efforts in your community to raise awareness and/or educate other women about violence against women generally? Have you noticed increased efforts to educate the general public about this issue? What about increased efforts to educate service providers?
   a. Do you have any suggestions about how this can be improved for any/all of the above populations (i.e. women, general public, service providers)?
      i. *Examples include educational awareness for youth, information in public forums, information pamphlets distributed by service providers, etc."

16. Over the last three years, have you noticed any increased efforts to inform other women about the available services for women and children who have experienced violence/abuse in Elgin County? Have you noticed increased efforts to inform the general public about the services that are available? What about efforts to inform service providers?
   a. Do you have any suggestions about how increased awareness/knowledge of available services can be improved for any/all of the above groups?
      i. *Examples include county wide awareness activities, information booklet outlining available services in Elgin County, etc."

17. If you have accessed community services for experiences of violence overtime, have you found there to be any improvements in service delivery? If so, which service(s) have shown improvement and how so?

18. Reflecting on your experiences, are there any other services, supports, resources, needs that you think might have helped you, your children or another woman in this situation?
   i. *Probe: Feel free to talk about services/resources that are not currently available as well as needs/issues beyond current/available services in your community.
   ii. *Examples include employment, childcare, transportation, affordable housing, culturally appropriate services etc.

Concluding Questions/Comments

19. What do you want to have happen with what you have told me at this interview?
   a. What would be meaningful for you?
   b. What was this experience (interview) like for you?
20. Are there any concluding comments you wish to share?
21. Are there things that I did not ask you about that you would like to tell me?
(QUESTION 12) Elgin County Service Provider Contact Chart

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<tr>
<th>Contact with Elgin County Service Providers</th>
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<tr>
<td><strong>Question 12:</strong> The following is a list of services in Elgin County for women who have experienced violence in their relationships and their children. It would be helpful if we could review the list to discover which of these agencies you knew existed and which you have had contact with before. Then we would like you to rate their responses (e.g. poor, fair, good, very good, excellent), and explain why you gave them this rating. Please also indicate on the following form your memory of the amount of voluntary or involuntary contact and your overall experience with direct service providers and/or broader service providers).</td>
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<tr>
<th>Direct Social Service Providers</th>
<th>Approx. how many times utilized services?</th>
<th>Voluntary or Involuntary contact?</th>
<th>Helpful or unhelpful response?</th>
<th>Rating of Agency Response</th>
<th>Reason for Rating of Agency Response</th>
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<td>Aylmer Police Service</td>
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<td>Changing Ways</td>
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<td>Crown Attorney’s Office</td>
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<td>Direct Social Service Providers</td>
<td>Approx. how many times utilized services?</td>
<td>Voluntary or Involuntary contact?</td>
<td>Helpful or unhelpful response?</td>
<td>Rating of Agency Response</td>
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<td>Family and Children’s Services St. Thomas and Elgin</td>
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<td>The Elgin Detachment of the Ontario Provincial Police</td>
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<td>St. Thomas Police Service</td>
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<td>Probation and Parole</td>
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<td>Regional Sexual Assault and Domestic Violence Treatment Centre (St. Joseph’s Hospital)</td>
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<td>Direct Social Service Providers</td>
<td>Approx. how many times utilized services? (1-5, 6-10, 11-15, more than 15 times)</td>
<td>Voluntary or Involuntary contact? (never voluntary, sometimes voluntary, mostly voluntary, always voluntary)</td>
<td>Helpful or unhelpful response? (never helpful, sometimes helpful, mostly helpful, always helpful)</td>
<td>Rating of Agency Response (1: poor; 2: fair; 3: good; 4: very good; 5: excellent)</td>
<td>Reason for Rating of Agency Response</td>
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<td>Victim Service Elgin</td>
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<td>Victim/Witness Assistance Program (V/WAP)</td>
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<td>Violence Against Women, Service Elgin County – Shelter</td>
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<td>County – Counselling Office</td>
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<td>Community Services Coordination Network</td>
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<td>Community Services Coordination Network – Wrap Around</td>
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<td>Elgin Assertive Community Treatment Team</td>
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<td>Elgin Association for Community Living</td>
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<td>Elgin Canadian Mental Health Association</td>
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<td>Elgin County Courthouse</td>
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<td>Elgin Oxford Child &amp; Youth</td>
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<td>Elgin Oxford Legal Clinic</td>
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<td>Employment Services Elgin</td>
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<td>Elgin St. Thomas Public Health</td>
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<td>Fanshawe College – Employment Services</td>
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<td>Fresh Start Maternity Supports</td>
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<td>Mennonite Community Services</td>
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<td>Mental Health Program at the St. Thomas Elgin General Hospital</td>
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<td>Ontario Early Years Centre</td>
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<td>St. Joseph’s Alternative School</td>
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<td>Talbot Teen Centre</td>
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<td>West Elgin Community Health Centre</td>
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<td>YWCA St. Thomas Elgin</td>
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<td>Youth Justice Services</td>
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<th>Informal Helps</th>
<th>Approx. how many times utilized services?</th>
<th>Voluntary or Involuntary contact?</th>
<th>Helpful or unhelpful response?</th>
<th>Rating of Agency Response</th>
<th>Reason for Rating of Agency Response</th>
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<td>Co-Workers</td>
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<td>Church/Religious community</td>
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<td>Family Law Lawyer</td>
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Appendix F: Interview Guide for Service Providers

Introduction: Before we begin, I would like to thank you for participating today and provide you with a brief outline of the interview. The interview has been scheduled to last approximately one hour, and I will do my best to ensure it is not unnecessarily extended beyond that. I will let you know when the interview is halfway complete and how many questions are remaining so you are aware of the point we have reached. Throughout the interview, I will ask you some background questions, questions about the services your agency provides to abused women and their children, your interaction with other service providers and Elgin County’s current response to abused women and their children. Do you have any questions before we begin?

I would like to start by asking you some background questions:

1. What agency are you employed with?
2. How long have you been at the agency?
3. What is your position at your agency? How long have you been in this position?

I will now ask you a series of questions based on your agency’s contact with women and their children who have identified as being abused.

Women Who Have Been Abused, Their Children, and Your Agency

1. What are the needs of women who have been abused and their children?
   a. Which of these needs does your agency address?
      i. Please rate the effectiveness of your agency’s response to these needs (1=poor; 2=fair; 3=good; 4=very good; 5=excellent)
2. How do women who have been abused and their children access your service?
   a. What kinds of assistance do women and their children request?
   b. How many women received assistance from your agency in the last reporting year? (Calendar or fiscal)
3. Since January 2006 to the present, has any training been provided to you related to woman abuse/violence against women? If so, describe the nature of the training.
   a. Are you aware if training has been provided to most of your agency’s staff concerning woman abuse? If so, describe the nature of the training.
   b. Is there any updated or additional training needs you and your colleagues have that you think will help improve responses to abused women and their children?
      • i.e. trauma specific training; training for addressing needs of rural women and children; responding to women with mental health challenges etc?
c. Has your agency ever engaged in joint training with other agencies? Has this provided opportunities for networking? Information sharing? Coordination? Strengthening of partnerships and relationships? Please explain.

4. To what 3 key resources/services within the community does your agency refer women who have been abused and their children?
   a. What is the process for referral?
      i. Are you aware of any existing protocols designed to govern your collaboration with other agencies during the referral process? If so what are they?
   b. Is there a discrepancy between your agency’s policies and procedures for working with women who have been abused and their children and what actually happens? Please explain.
      i. Examples include outdated written policies (i.e. do not correspond with revised laws and provisions and/or your agency has updated procedures for improved service delivery)
   c. How is this discrepancy handled by your organization?

5. Can you identify any barriers you encounter within your agency in responding to violence against women and their children? (Examples include lack of resources, lack of time, outdated training, conflicts with colleagues, etc.)
   a. How does this impact your ability to provide services to women and their children?

6. Can you identify any barriers your agency encounters in working with other agencies in responding to violence against women and their children? (Examples include lack of and/or delayed funding, conflicting mandates/philosophies/policies, etc.)
   a. How does this impact your agency’s ability to provide services to women and their children?

7. Please describe the greatest challenges and greatest success that your agency experiences responding to women who have been abused and their children?

I will now ask you about your organizations’ experiences with the ECCRP.

Elgin Coordinated Community Response Protocol (ECCRP)

8. To your knowledge, what are the main functions of the Elgin Coordinated Community Response Protocol (ECCRP)? What is your agency’s role in the ECCRP?

9. What are the benefits of ECCRP? Agencies know who to call because of an established relationship via ECCRP.

10. What are the limitations/challenges? E.g. not all members are engaged, there are power differences around the table

11. Is there anything about ECCRP or the way it functions that you think could be improved? If so, what? If not, why not?
12. Is there an established protocol used by the ECCRP? How closely is this protocol followed? How do you know?

13. Based on recommendations from the 2000 and 2006 Snapshots, have there been attempts at improving communication, coordination and collaboration among the agencies associated with ECCRP? If so, please explain.

14. To your knowledge, do agencies that are part of the ECCRP have a formal protocol for communicating with non-violence specific agencies/agencies not included in the ECCRP?

I will now ask you more general questions about your interactions with other service providers and how you collectively provide services to abused women and their children.

An Accountable Community Response to Women Who Have Been Abused and Their Children

15. Please describe, from your perspective, an “accountable community response” to women who have been abused and their children?
   a. Probe: In line with this, the 2000 report indicates that service providers need more awareness about services in the community. This includes increasing information about agency roles, differing mandates, and access points. Furthermore, this means clarifying how each agency fits into the coordinate response to abused women and their children to enable them to get the help they need faster. Does your perspective align with this?

16. What are some of the barriers/obstacles to an accountable coordinated community response? How can those barriers be addressed?
   a. Examples include changes in agency contacts, lack of communication, etc.

17. Do you have any formal relationships with service providers that are NOT part of the ECCRP? If so, please explain.
   a. Do you have any existing protocols designed to govern your relationship with these other service providers?

<table>
<thead>
<tr>
<th>Protocols governing:</th>
<th>Y or N? Explain if Y</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information Sharing</td>
<td></td>
</tr>
<tr>
<td>Training</td>
<td></td>
</tr>
<tr>
<td>Community Education</td>
<td></td>
</tr>
</tbody>
</table>
### Relations with stakeholders

<table>
<thead>
<tr>
<th>Other</th>
</tr>
</thead>
</table>

#### b. Do you experience any challenges/barriers while working with these service providers?

<table>
<thead>
<tr>
<th>Challenges/Barriers</th>
<th>Y or N? Explain if Y</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of communication</td>
<td></td>
</tr>
<tr>
<td>Lack or role allocation</td>
<td></td>
</tr>
<tr>
<td>Funding</td>
<td></td>
</tr>
<tr>
<td>Different mandates/service delivery goals/philosophies</td>
<td></td>
</tr>
<tr>
<td>Trust</td>
<td></td>
</tr>
<tr>
<td>Power</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

#### 18. What do you believe are among the key factors for effective collaboration/coordination with other service providers?

<table>
<thead>
<tr>
<th>Key Factors</th>
<th>Y or N? Explain if Y</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication Links</td>
<td></td>
</tr>
<tr>
<td>Mutual Respect and Understanding</td>
<td></td>
</tr>
<tr>
<td>Shared Leadership</td>
<td></td>
</tr>
<tr>
<td>Trust with other agencies</td>
<td></td>
</tr>
<tr>
<td>Collaboration with other agencies (e.g. jointly run programs)</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

#### 19. Do you have a specific contact person with each of the other service providers? Or do you have a general contact for referrals?

#### a. Does this affect the likelihood of referring women to other services?
20. Please describe what you consider to be the strengths and limitations of this community responding to women who have been abused and their children.

21. The following chart includes responses from the 2000 and 2006 studies, indicating areas service providers could improve upon. It would be helpful to go through the list and have you indicate whether you believe the current system response has improved since 2006.

<table>
<thead>
<tr>
<th>Recommendations</th>
<th>Improvement? Y or N. Explain?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strengthen the coordinated response (such as collaborating with other agencies to provide services/programs)</td>
<td></td>
</tr>
<tr>
<td>Access to services (e.g. rural women’s access)</td>
<td></td>
</tr>
<tr>
<td>Awareness of services (especially among service providers themselves)</td>
<td></td>
</tr>
<tr>
<td>Increased funding</td>
<td></td>
</tr>
<tr>
<td>Specialized counselling services</td>
<td></td>
</tr>
<tr>
<td>Prevention and education programs</td>
<td></td>
</tr>
</tbody>
</table>

a. Are you aware of any additional changes as a result of the recommendations from previous studies?

**Concluding Questions/Comments**

22. What are your expectations of the Project Coordinator, or other ECCRP members, and of your own agency in this initiative?

23. What would you like to see happen as a result of this research?

24. Are there any concluding comments you wish to share?
Appendix G: Consent Form for Service Users

2015 STUDY BY THE ELGIN ALLIANCE TO END VIOLENCE (EAEV)

Title of Research Study: “A Community Snapshot” 2015: Elgin County’s Community Response to Abused Women & Their Children

The Elgin Alliance to End Violence (EAEV) is working with the University of Guelph. Funded by the EAEV, the study goal is to make sure we have and keep an accountable and effective community response for women who have been abused and their children.

If you are a women who has been abused we would like to know what responses from the community were helpful to you and what were not.

What will happen during the study?

• You will be part of a private interview. It will be about 1 to 2 hours in length.
• You will be asked about:
  o your experiences with abuse
  o the responses you got from community agencies you had contact with
  o what responses were helpful and what were not.
• Your interview will be audio recorded so we can correctly keep track of what you say
• What you tell us will be added to the stories of other women to identify:
  o areas of strength and weakness in providing services
  o any recommendations for change in the current response to women who are abused.
• The information you provide will contribute to the Community Snapshot Report and the Student Investigator’s MA thesis work.

Who are the researchers?

• Carolynn Mazzei (Student Researcher, University of Guelph – Masters of Criminology and Criminal Justice Policy Program) – (519)-633-9428 (voicemail box 42), cmazzei@uoguelph.ca
• Mavis Morton (Faculty Advisor – University of Guelph) – (519) 824-4120 ext. 52576, mortonm@uoguelph.ca
Do I have to do this?
- No. You decide if you want to take part, or, once started, if you want to continue to take part.
- Some questions may make you feel uncomfortable or sad. You decide how much to say or whether to answer a question at all.
- No one will be upset with you if you decide not to take part, or you change your mind about taking part after you have started. Your relationship with the researchers, the University of Guelph, and EAEV will remain the same.

What will I get for participating?
- You will be given $25 as a thank you for your help. The money is yours and will not be taken away if you choose not to answer a question and/or continue with the interview.

How will you be protected?
It is important to us that you feel safe. Here’s what we are going to do to try and make sure no one learns about what you tell us:

- Quotes from your interview may be written in reports about the study but we won’t use your name or any information that would identify you.
- The information you give the researcher will remain confidential to the extent allowed by law. Interviews will be audio-recorded and typed up (transcribed). Your name will not appear in the transcript. Your recording, transcript and consent form will be kept in a locked filing cabinet at VAW,SEC. Tapes will be erased, and interview transcripts and consent forms will be destroyed within five years of the study completion.
- We will not release your name to anyone unless required by law.
- This project has been reviewed by, and received ethics clearance through The University of Guelph, Research Ethics Board. If you have any comments or concerns about your rights as a research participant, you may contact the Director, Research Ethics at (519) 824-4120 ext. 56606 or sauld@uoguelph.ca

Why is this project important?
Taking part won’t help you directly, but you will be helping to improve the community’s response to women who have been abused, and their children. Your experience will be added to those of other women to identify areas of strength and weakness and suggested changes that are needed to the current system. The information we gather will be summarized and distributed in a Community Snapshot Report, which will provide a summary of what we learned from the research.
You are asked to sign this consent form to indicate that
  o you have decided to be a part of the study
  o you have received a copy of this form
  o you have discussed the information in this form with the researcher
  o You have had all of your questions answered.

Name of Participant (please print) _________________________________

Signature of Participant: ____________________________________________

Date: _____________________________________________________________

Name of Witness (please print) _______________________________________

Signature of Witness ________________________________________________

Date: _____________________________________________________________
Appendix H: Consent Form for Service Providers

2015 Study by the Elgin Alliance to End Violence (EAEV)

The Elgin Alliance to End Violence (EAEV) is working with the University of Guelph. Funded by the EAEV, the study goal is to make sure we have and keep an accountable and effective community response for women who have been abused and their children.

The opinions and experiences of direct service providers are sought in the research study. You will be asked to describe your response efforts for women who have been abused and have accessed your services. This information will be used to help identify areas of strength and weakness in the current community response.

Researchers

- Carolynn Mazzei (Student Researcher, University of Guelph – Masters of Criminology and Criminal Justice Policy Program) – (416) 859-5635, cmazzei@uoguelph.ca
- Mavis Morton (Faculty Advisor – University of Guelph) – (519) 824-4120 ext. 52576, mortonm@uoguelph.ca

Procedures

You will be asked to be part of an individual interview lasting about 1 to 2 hours. Interviews, conducted by Carolynn Mazzei, will be audio recorded to ensure accuracy. You will be asked to describe your response efforts for women who have been abused and have accessed your services. This information will be used to help identify areas of strength and weakness in the current community response.

Risks and how you will be protected.

Participating in this research involves some risks. Some questions may make you uncomfortable. Participation is voluntary. You can decide not to continue the interview at any time. You decide how much or whether to answer a question at all.

The information you give the researcher will remain confidential to the extent allowed by law. Your name and the name of your organization will be kept by the University of Guelph researchers for five years.
Your decision to stop participating, or to refuse to answer particular questions, will not affect your relationship with the researchers, the University of Guelph, with EAEV, or any agency associated with this project.

**Use of the information collected.**

The information we gather will be summarized and distributed in a *Community Snapshot Report*, which will provide a summary of what we learned from the research. The results may be shared in other ways as well (e.g. community学术 presentations or papers and Carolynn’s graduate thesis). Your experience will be added to those of other direct service providers to identify: a) areas of strength and weakness and b) any recommendations for change in the current response to women who are abused. Quotes from your interview may be noted in reports or presentations about the study but any information that would identify you would be left out (e.g. your name or the name of your organization).

This project has been reviewed by, and received ethics clearance through The University of Guelph, Research Ethics Board. If you have any questions or comments about your rights as a research participant, you may contact the Director, Research Ethics at (519) 824-4120 ext. 56606; sauld@uoguelph.ca

**Signature of the Research Participant:**
CONSENT: I have read and discussed with the researcher, the information provided for the study “A Community Snapshot” 2015: Elgin County’s Community Response to Abused Women & Their Children. I am aware that the information I choose to provide will be used to identify weaknesses, strengths and suggestions for improvement in the way my community responds to violence against women and their children. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been given a copy of this form.

Name of Participant (please print) ______________________________________________________

Signature of Participant: ______________________________________________________

Date: _____________________________________________________________________________

Name of Witness (please print) ______________________________________________________

Signature of Witness _____________________________________________________________

Date: _____________________________________________________________________________
Appendix I: Participants’ Area of Residence

- **Central Elgin residents**
  (Central Elgin & St. Thomas - outside Shelter and Second stage housing)

- **Central Elgin Residents**
  (Central Elgin & St. Thomas - Shelter or Second Stage Housing)

- **East Elgin Residents**
  (Malahide, Bayham & Aylmer)

Appendix J: Participants’ Age
Appendix K: Participants’ Race/Ethnicity

- White
- Chinese
- South Asian (East Indian, Pakistani, Sri Lankan, etc.)
- Black
- Filipino

Appendix L: Languages Spoken Amongst Participants

- Only English
- English and a second language
- English and 2 or more additional languages
Appendix M: Number of Children amongst Participants

Appendix N: Participants’ Educational Attainment

<table>
<thead>
<tr>
<th>Educational Attainment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional degree</td>
</tr>
<tr>
<td>Doctoral degree</td>
</tr>
<tr>
<td>Medical degree</td>
</tr>
<tr>
<td>Master's degree</td>
</tr>
<tr>
<td>Undergraduate degree</td>
</tr>
<tr>
<td>Some university</td>
</tr>
<tr>
<td>College diploma</td>
</tr>
<tr>
<td>Some college</td>
</tr>
<tr>
<td>Trades certificate or diploma</td>
</tr>
<tr>
<td>High school diploma or equivalent</td>
</tr>
<tr>
<td>Some high school</td>
</tr>
</tbody>
</table>
Appendix O: Participants’ Employment Status

- Employed outside the home
- Unemployed, disability, pension, social assistance
- Fulltime homemaker
- Self-employed
- Student/retired

Appendix P: Participants’ Level of Income

- Under $20,000
- $20,000-39,000
- $40,000-59,000
- $60,000-79,000
- $80,000-99,000
- Unknown