POLICE RESPONSE AND PSYCHOPATHOLOGY IN VICTIMS OF INTIMATE PARTNER VIOLENCE

A Thesis

Submitted to the Faculty of Graduate Studies and Research

In Partial Fulfillment of the Requirements

For the Degree of

Master of Arts

in Clinical Psychology

University of Regina

by

Jennifer Irene Langille

Regina, Saskatchewan

August, 2010

Your file Votre référence
ISBN: 978-0-494-79903-1
Our file Notre référence
ISBN: 978-0-494-79903-1

UNIVERSITY OF REGINA

FACULTY OF GRADUATE STUDIES AND RESEARCH

SUPERVISORY AND EXAMINING COMMITTEE

Jennifer Irene Langille, candidate for the degree of Master of Arts in Psychology, has presented a thesis titled, ***Police Response and Psychopathology in Victims of Intimate Partner Violence,*** in an oral examination held on August 27, 2010. The following committee members have found the thesis acceptable in form and content, and that the candidate demonstrated satisfactory knowledge of the subject material.

External Examiner:	Dr. Laurie Carlson Berg, Faculty of Education
Supervisor:	Dr. Mary Hampton, Luther College
Committee Member:	*Dr. Regan Shercliffe, Luther College
Committee Member:	Dr. Wendee Kubik, Department of Women's and Gender Studies
Chair of Defense:	Dr. Fotini Labropulu, Luther College

*Not present at defense

ABSTRACT

Post-traumatic stress disorder (PTSD) and depression are the two most commonly observed mental health outcomes in populations of women who have experienced intimate partner violence (IPV) (Golding, 1999). Successful help-seeking is a major predictor in successful coping with the stress and trauma of being abused, thus reducing negative mental health consequences of IPV. Calling police is one of the ways that women may seek help when they have an abusive partner. However, IPV is under-reported in Canada, and women often view calling the police as a last resort (Hare, 2006; Jordan, 2004). The purpose of this thesis was to investigate the possibility that contact with police, and certain types of police intervention, may act as predictors of psychological well-being of victims of IPV. Three hypotheses were tested by analyzing questionnaire data from a community sample of 185 women. Data were collected through the Healing Journey Project, which is a longitudinal study of women who have experienced IPV. The first hypothesis was that female victims will access police assistance less often than other services in response to IPV. The second hypothesis was that the nature and frequency of police contact will predict rates of PTSD symptoms, above and beyond abuse severity and other risk factors for PTSD. The third hypothesis was that the nature and frequency of police contact will predict rates of depression symptoms, above and beyond abuse severity and other risk factors for depression. Overall, the data did not support these three hypotheses. Possible explanations for these findings are discussed, and placed within the context of existing literature. Future directions are also discussed.

ACKNOWLEDGMENTS

I would like to acknowledge the people who have helped me to complete this research project, as well as the funding agencies who have made it all possible. Funding for this project was provided by the Social Sciences and Humanities Research Council of Canada, both through the Community-University Research Alliances grant as well as through a Masters Canada Graduate Scholarship. I would like to acknowledge my supervisor, Dr. Mary Hampton, as well as my committee members, Dr. Wendee Kubik and Dr. Regan Shercliffe. I would also like to acknowledge the Faculty of Graduate Studies and Research for funding in support of completing my research. I have also been employed as a research assistant with Luther College and *Research and Education for Solutions to Violence and Abuse (RESOLVE)*, which has further supported my research program.

POST DEFENSE ACKNOWLEDGEMENT

I would like to acknowledge the people who agreed to participate in my thesis defence procedures. Thanks go to Dr. Laurie Carlson-Berg for acting as the external examiner for the defence, and to Dr. Fotini Labropulu for acting as chairperson of the defence.

DEDICATION

I would like to dedicate this work to the participants of the Healing Journey Project, as well as to survivors of violence against women throughout the world. I would also like to thank my family and friends, and my life partner, Chris Arpink, for their support during the completion of my Master's Degree.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF APPENDICES

1. INTRODUCTION AND LITERATURE REVIEW

In the year of 2007, police in Canada responded to over 40,000 reports of intimate partner violence (IPV). This number of incidents represented 12% of all violent crime in Canada during the same period (Statistics Canada, 2009). Given the amount of contact that police have with perpetrators and victims of IPV, it is important that police members are trained in the most effective means of intervention in these cases. There is some evidence that police intervention in cases of IPV can reduce the subsequent risk of the victim experiencing further violence (Statistics Canada, 2001). However, knowing when and how to act can mean the difference between life or death, as there have also been findings that violence can escalate to lethal levels following police intervention (Dugan, Rosenfeld, & Nagin, 2003; Hare, 2006; Maxwell, Garner, & Fagan, 2001; Moe, 2007).

Calling the police is often viewed as a last resort by victims of IPV (Hutchinson & Hirschel, 2008). Given the potential benefits of police involvement, such as the removal of the abusive partner from the home, this finding suggests that police intervention does not meet the perceived needs of women who have abusive intimate partners. To date, much of the research has focused on barriers to accessing police intervention (Wolf, Ly, Hobart, & Kernic, 2003). This body of research has provided much insight into how police response to IPV can be improved, and has resulted in major changes in policy and legislation related to police intervention in cases of IPV (Dugan et al., 2003). At the same time, in Canada, the United States, Great Britain, Australia, and some other countries, the criminal justice system has come to view IPV as a criminal act, and a public concern, rather than as a primarily "private" matter. However, the focus has been on reducing recidivism, and little attention has been paid to how police intervention

will affect victims of IPV psychologically (Hare, 2006). Therefore, the purpose of the current study was to investigate the relationship between the amount and nature of police contact, and the subsequent psychological well-being of women who have been abused by an intimate partner.

1.1 Literature review

1.1.1 The nature of IPV

For the purposes of this thesis, intimate partner violence is defined as the use of power by the perpetrator to gain control over their spouse or intimate partner. To this end, a variety of tactics may be used, and physical violence is often one of them (Johnson & Ferraro, 2000; Waltermaurer, 2005). Physical violence may include hitting, punching, slapping, kicking, beating with fists or inanimate objects, or the use of weapons. The purpose of using physical violence against a victim may be to "punish" her for autonomous behaviour, to cause pain or injury, or to incapacitate her and prevent her from engaging in daily activities such as going to work (Hannawa, Spitzberg, Weiring, & Teranishi, 2006; Pence & Paymar, 1993; Swanberg, Macke, & Logan, 2006). Physical violence is often accompanied by psychological abuse. Insults, threats, humiliation, stalking, and manipulation break down the victim's sense of autonomy, safety, and self-efficacy, and thus are powerful tools to gain control over the victim and prevent them from leaving the relationship (Pico-Alfonso, 2005; Walker, 2000).

Sexual violence is also common, and may include unwanted touching, insults of a sexual nature, sexual activity forced by the perpetrator, or forcing the victim to engage in sexual activity with persons other than the perpetrator (Pence & Paymar, 1993). IPV may also contain elements of financial abuse, where the perpetrator further controls the victim

by controlling the family's finances, and limiting the victim's access to money. Finally, spiritual abuse has also been documented, which may include the perpetrator ridiculing the victim's spiritual beliefs and practices, or forcing the victim to practice a religion that is not their own (Bent-Goodley & Fowler, 2006; Federal-Provincial-Territorial [F-P-T] Ministers Responsible for the Status of Women, 2002).

1.1.2 The victims of IPV

In Canada, both women and men experience IPV. However, the phenomenon of IPV is significantly gendered, with women being more likely to experience more frequent and more severe forms of intimate partner abuse, to be injured during the course of such abuse, and to experience more psychological problems following the abuse (Statistics Canada, 2001). It is for these reasons that IPV continues to be conceptualized as being part of the larger problem of male violence against women. In the literature, there has recently been some focus on male victims, and female perpetrators (Holtzworth-Munroe, 2005). Data on violence between same-sex couples has also been accumulating (McClennen, 2005). As new data becomes available, it will be important to consider what it may add to our understanding of intimate partner violence. However, as the current study will focus on female victims (homosexual and heterosexual), the language used will reflect that focus, and is not intended to take away from the experiences of male victims.

The gendered nature of IPV is reflected in police response data. In Canada, police-reported data is compiled in the Revised Uniform Crime Reporting Survey (UCR2). These data are incomplete and the database does not contain data from all provinces. However, 106 police agencies have participated in the UCR2 since 1995, and

these data represent the best available estimates of police intervention in various crimes (Statistics Canada, 2009). Based on UCR2 data, it is estimated that from 1995 to 2000 approximately 85% of victims of intimate partner violence were female, and 90% of the perpetrators were male (F-P-T Ministers Responsible for the Status of Women, 2002).

In Canada, approximately 40% of women will experience at least one incident of physical or sexual violence at the hands of a spouse, common-law partner, or dating partner during their lifetime. Of these women, about two thirds will experience more than one incident, and 25% will experience 10 or more incidents (F-P-T Ministers Responsible for the Status of Women, 2002). In 1999, the self-reported five-year prevalence rate of intimate partner violence against women in Canada was 8% (Statistics Canada, 2000).

IPV is a pervasive phenomenon that transcends cultural and socio-economic divides. However, some risk factors for experiencing IPV have been uncovered in Canadian census data and include: being a young person (age 15-24), being female, being in a common-law relationship, having a partner who abuses alcohol, being of Aboriginal ancestry, and being a woman who is undergoing a separation from her partner (Statistics Canada, 2000). In the IPV literature, being physically, emotionally, sexually, or otherwise abused as a child, being raped as an adult, and having prior abusive relationships are also identified by researchers as risk factors for IPV (Herrenkohl, Mason, Kosterman, Lengua, Hawkins, Abbott, 2004). These traumatic experiences may cause or contribute to poor mental health (Golding, 2009). It is the lingering psychological sequelae that are thought to predispose people to subsequent victimization, rather than the experience of trauma itself (Krause, Kaltman, Goodman & Dutton, 2006).

Women who experience IPV always want the abuse to stop. However, they may choose to stay in the relationship for a number of reasons. Often, women report that the abuse was not present, or was at an imperceptibly low level, in the beginning of the relationship. Thus, they may have hope that the abuse will stop and that the relationship will be like it was in the beginning (Walker, 2000). An abuser deliberately isolating the victim from supportive friends and family, and orchestrating her dependence on him or her, is also a common element of the abuse. Therefore, victims often feel that they have nowhere to go, and they may also be financially dependent on their abuser (Wolf et al., 2003). Women may also fear that the abuse will escalate if they try to leave the relationship, and this fear appears to be well-founded (Moe, 2007; Statistics Canada, 2000).

UCR2 data from 2000 indicated that two thirds of women who reported IPV were abused by their current partner (Department of Justice Canada, 2009). It is a common assumption that violence ends when a woman leaves the abusive relationship; however, in 1999 roughly 39% of women who had experienced IPV identified an ex-intimate partner as their abuser (Statistics Canada, 2000). Canadian GSS data for 1999 indicated that 39% of female victims of IPV experienced the acts of violence after separating from their intimate partner. Of these, 59% reported being injured by their former partners. Additionally, 39% of these say that the violence began only after the separation. Spousal homicide data in Canada indicates that women who are separated from their partners are murdered at a rate of 38.7 per million. This is higher than spousal homicide rates for both married women (4.5 per million) and women who are in a common-law relationship (26.4 per million) (Statistics Canada, 2000). The most common motive reported by male

perpetrators is sexual jealousy (Statistics Canada, 2001). Female victims account for approximately two thirds of victims of criminal harassment, or stalking (Statistics Canada, 2001). In 2004, GSS data indicated that, in the previous 5 years, 11% of the female population had been stalked by an intimate partner in a way that caused them to fear for their lives. The most common forms of stalking that these women experienced were obscene phone calls (47%), being threatened or intimidated (43%) and being spied on (28%) (Statistics Canada, 2005).

Women also stay in abusive relationships to protect their children. The presence of children in the home means that victims of IPV will most likely continue to have contact with their abuser even if they choose to leave the relationship. Also, it is not uncommon for abusers to threaten to hurt children if the woman leaves the relationship, or to use the children to continue to control the victim (LaViolette, 2009).

Women may stay involved with an abusive partner due to the cyclical nature of abuse, which includes periods of escalating violence and abuse, as well as the "honeymoon phase" which is characterized by the abuser showing love and care and appearing to be remorseful (Walker, 2000). Women may perceive the "honeymoon" phase of the cycle of abuse as an indication that their partners can and will change. Women who have abusive partners often express their desire to see their partners get psychological help, and they may still love their partner and want to be with him (Hare, 2006).

1.1.3 The consequences of IPV

There are many observable consequences of IPV. Perhaps the most obvious are the physical injuries which may result from being hit, beaten, or wounded with a weapon.

The most severe and/or long-lasting abuse can result in disability. Long-term chronic illnesses and autoimmune disorders have also been linked to IPV (Campbell, 2002; Coker, Smith, Bethea, King, & McKeown, 2000; Wong, 2002). Furthermore, the psychological sequelae associated with IPV are well documented, with depression and post-traumatic stress disorder being the most commonly diagnosed psychological disorders amongst victims of IPV (Golding, 1999; Mechanic, Weaver, & Resick, 2008). Also common are anxiety disorders and substance use (Statistics Canada, 2000). The effects are often inter-generational, as psychological harm comes to children who witness abuse between parental figures (Jaffee, Wolfe, & Wilson, 1990; Statistics Canada, 2001).

When other risk factors for poor psychological health are present, such as child abuse, sexual assault, and other types of trauma, the likelihood of developing psychopathology following IPV is increased (McClure, Chavez, Agars, Peacock, & Motosian, 2008; Shalev et al., 1998; Vatnar & Bjørkly, 2008). Furthermore, psychological symptoms that linger after one abusive relationship may also play a role in predisposing women to be victimized by future intimate partners (Coker, Weston, Creson, Justice, & Blakeney, 2005; Hellmuth & McNulty, 2008; Herrenhohl et al., 2004; Perez & Johnson, 2008).

In Canada, the estimated cost of IPV is over 4 billion dollars per year (Greaves, Hankivsky, & Kingston-Riechers, 1995). The General Social Survey data from 1999 indicated that 33% of women who had experienced intimate partner violence had to take time off from their daily activities (such as child-rearing or going to work) as a result of IPV. In this same dataset, 15% of female spousal abuse victims had sought medical services, and 11% reported that they required hospitalization due to IPV. Furthermore,

48% reported using at least one social service, and 37% reported accessing police assistance (Statistics Canada, 1999).

1.1.4 Help-seeking and IPV

It is estimated that approximately 48% of Canadian women who have experienced IPV access formal social services, and approximately 37% report the abuse to police (F-P-T Ministers Responsible for the Status of Women, 2002). Considering the magnitude of the impact of IPV in individuals, their communities, and society as a whole, it has been the focus of many policy-makers and social service providers to increase rates of formal help-seeking amongst women who have experienced IPV (Coker, Derrick, Lumpkin, Aldrich, & Oldendick, 2000; Du Mont, Forte, Cohen, Hyman, & Romans, 2005). There are some barriers to help-seeking that are universal to victims of IPV (i.e., shame, stigma, fear of making things worse) (Petersen, Moracco, Goldstein, & Clark, 2005). Also, a number of barriers having to do with culture, disability, and sexual orientation have also been described (Crenshaw, 1991). Many women who have experienced IPV also report that they did not feel that their IPV was serious enough to warrant seeking help (Petersen et al., 2005). Others say that they did not know that services for IPV existed, or in some cases, services may not be available in a particular area (Shannon, Logan, Cole, & Medley, 2006). In summary, there are numerous individual characteristics and circumstances that can make it difficult for women who have experienced IPV to seek help.

With specialized domestic violence courts opening across the country, there is increased vigilance on the numbers of women accessing the criminal justice system due to IPV (Ursel, Tutty, & leMaistre, 2008). Numbers of women reporting IPV to police

remain lower than desired, and this problem is of particular concern to policy-makers who hope that the domestic violence courts will be successful in reducing rates of IPV (Dawson & Dinovitzer, 2001). Police remain the main gatekeepers to the domestic violence courts, and one of the reasons that this may be a barrier to victims accessing the criminal justice system is that many women indicate that they have had negative interactions with police when they report IPV. Shame and stigma associated with IPV, as well as fear of not being believed, may keep women from reporting to police (Wolf et al., 2003). In addition, this type of help-seeking can be extremely dangerous, considering the fact that even brutal and potentially lethal assaults often garner lenient sentences that have perpetrators back out into the community in a short amount of time (Moe, 2007). Women are simply not safe if they use this type of resource alone. Meanwhile, in many places around the world, social services that victims of IPV have tended to access are being undermined due to lack of government funding, support, and focus.

One of the most significant indicators of successfully coping with the impact of IPV is help-seeking behaviour. Help-seeking can take the form of accessing formal support services or the criminal justice system, but it can also involve seeking social support from one's own social network. Help-seeking is associated with being able to identify and label abuse, as well as efforts to improve one's own situation (Liang, Goodman, Tummala-Narra, & Weintraub, 2005). In particular, accessing social support has been shown to decrease rates of depression, anxiety, PTSD, and other negative mental health outcomes, both in the general population, as well as amongst women who have experienced IPV (Coker et al., 2002; Coker, Watkins, Smith, & Brandt, 2003; Mitchel & Hodson, 1983). Social support may elevate overall well-being, and it also may

promote resiliency in the face of hardship and trauma (Kessler, Price, & Wortman, 1985). In cases of IPV, where there are both short and long-term stress effects, social support may facilitate successful coping. Social networks can also be a source of information and resources, which may lead to help-seeking from more formal support services (Sullivan & Bybee, 1999).

1.1.4.1 Benefits of seeking help for IPV

IPV is associated with short-term and long-term physical and mental health problems. Women who have experienced IPV report long-term disability, chronic pain, and other health problems at higher rates than women who have not experienced IPV. Also, common mental health correlates of IPV include anxiety, depression, post-traumatic stress disorder (PTSD), and lowered self-esteem and self-efficacy (Coker, Smith, McKeown, & King, 2000; Mechanic, Weaver, & Resick, 2008). Intervention programs for women who have experienced IPV often focus on attenuating these negative mental health outcomes, as well as physical health outcomes to a lesser extent (Coker et al., 2002; Lee, Pomeroy & Bohman, 2007; Wong, 2002).

The decline in rates of IPV in North America over the past few decades has coincided with efforts to increase public awareness of violence against women and certain policy changes, including changes to the *Criminal Code of Canada*. The availability of services for victims, and treatment programs for offenders, has also steadily increased since the 1970s. It is therefore suggested that these interventions are an effective way to decrease both the rates of intimate partner abuse, as well as the impact of the abuse (Dugan et al., 2003).

However, availability of such programs does not always guarantee their usage. It is still the case that some women who experience IPV do not seek help from formalized services. Although some victims maintain adequate support from family and friends throughout an abusive relationship, help-seeking from more formal service providers is the best predictor of successful coping with IPV (Liang et al., 2005). Consequently, there have been efforts to make programs offered by shelters, second stage housing, counselling centers, and women's centers more appealing and relevant, and also to improve responses of police and the court system to IPV (Du Mont, Forte, Cohen, Hyman, & Romans, 2005).

It was hypothesized by early IPV researchers, such as Lenore Walker (2000), that women who had abusive partners would have relatively low levels of help-seeking behaviours due to learned helplessness. That is, the abuse would result in the victim feeling powerless to change her situation. However, tests of this hypothesis have generally not supported this notion. Instead, the bulk of the research suggests that women do try to stop the abuse from continuing, and will make use of services to that end, provided that those services are available and meet their own individual needs (Wauchope, 1988).

The preferences of women who have experienced IPV for service utilization have been studied, often for the purpose of increasing service utilization (Du Mont et al., 2005). Various methods have been used, such as asking women which services they would like, and also examining which services they use. Findings from these studies appear to be reasonably convergent. Women who have experienced IPV often express preferences for services that can be grouped into three themes: respect for privacy,

respect for autonomy, and consideration of safety. Services that are consistent with these themes, and that provide a choice amongst options, are the ones that tend to be used more frequently (Chang et al. 2005).

1.1.4.2 The downside of help-seeking

Many people who have experienced IPV do not seek formal support services to address the impact of IPV, often due to a number of barriers, as mentioned previously. Some researchers have also suggested that women who have sufficient social support networks may have less need for more formal support services (Du Mont et al., 2005; Petersen et al., 2005). Indeed, women who have experienced IPV usually tell a close friend or relative about the abuse before deciding what to do about it (Lempert, 1997; Petersen et al., 2005). However, social support has also been shown to correlate to seeking help from police, emergency shelters, and other victims' services (Dobash & Dobash, 1980; Du Mont et al., 2005). It has therefore been suggested that early disclosures to family and friends are a turning point in terms of help-seeking. How those closest to a woman respond to her narrative of the abuse may be how she will expect others to respond as well.

It seems that sometimes, when women are satisfied with the support that they receive from family and friends following their disclosure regarding their experiences with IPV, from there they may also choose to seek out more formal supports. However, dissatisfaction with help-seeking from social support networks is also common. Many women who disclose their IPV to family and friends describe a similar process of simplification by the listener, whereby they create a narrow definition of the abused woman's relationship that is based on the IPV alone (Lempert, 1997). It is also usually

the most overt and severe forms of physical violence that are emphasized in the listener's definition, and a lot of the more subtle and psychological forms of abuse become obscured, or are left out of the definition. As love and violence, affection and destruction, and cooperation and conflict may all exist simultaneously in an abusive relationship, this reduction of their experiences to discrete experiences of violence leave women feeling misunderstood and unheard (Lempert, 1997).

When a woman does choose to seek help, it is important that the help provider is responsive to her needs. Little is known about the effects of unhelpful social support attempts specifically, but it is known that hassles and stress within a social support network are associated with higher rates of depression, generalized anxiety disorder (Fiore, Becker, & Coppel, 1983; Kessler, DuPont, Berglund, & Wittchen, 1999), somatic symptoms (DeLongis, Folkman, & Lazarus, 1988), mood disturbances (DeLongis et al., 1988; Bolger, DeLongis, Kessler, & Schilling, 1989), and poorer adaptation to stressors (Coyne & DeLongis, 1986). Furthermore, upsetting incidents with others or strained relationships may have a greater impact on well-being than positive interactions with social contacts (Rook, 1984).

In terms of formal support services, deterrence and promotion of ongoing help-seeking may depend upon the nature of abused women's interactions with service providers. Negative experiences with police, counsellors, shelter workers, social workers, health care providers, and lawyers may reduce the likelihood that women will continue to use those services, and may also discourage them from trying to seek help elsewhere as well (Jordan, 2004; Krugman et al., 2004; Moe, 2007; Wolf et al., 2003).

Research in this area is limited, as most of the research focuses on the positive impacts of these resources (Gillum, 2008; Varkovitzky, Cort, & Aubé, 2004).

1.1.5 IPV and police intervention

1.1.5.1 IPV and the Canadian criminal justice response

Even after decades of longitudinal, multi-site investigations of the effectiveness of police intervention in cases of IPV, the final conclusions are, at best, inconsistent and conditional. The context for police intervention is complex, due to the nature of IPV, and specifically its distinctness from other types of violent crime. In cases of IPV, the victim not only has a relationship prior to the offence occurring, but also may continue to do so into the future. Even if the woman chooses to leave the relationship, the abuse may continue. She may be forced to remain in contact with the perpetrator due to shared parenting, or, as illustrated previously, her abuser may continue to harass, stalk, or even assault or murder her after she leaves the relationship.

The context is further complicated by the fact that calling the police usually leads to further involvement with the criminal justice system. Beginning in the 1980s, the Canadian Criminal Justice System was overhauled with the goal of becoming more responsive to the problem of IPV. A key aspect of this overhaul was to create an operating assumption that intimate partner violence is a criminal matter, and not a private matter. The safety and security of the victim were to be prioritized, as well as increasing victims' confidence in the administration of justice (Department of Justice Canada, 2009).

By 1986, all Canadian jurisdictions had legislated mandatory charge and prosecute policies for cases of IPV (Department of Justice Canada, 2009). The goal was

to ensure that, where there were reasonable and probable grounds that an offence had occurred, the perpetrator would be charged and prosecuted to the full extent of the law. In addition, charges would be pressed and legal intervention set in motion without needing any input from the victim (Department of Justice Canada, 2009). These changes were, and continue to be, supported by victim's rights advocates. They were intended to remove the blame for charging from the victim, and send a message to the offender that assaulting one's partner is a crime that will be taken seriously by the criminal justice system. It was expected that not requiring the victim to press charges against the perpetrator would lessen the risk of retaliation by the perpetrator.

One possible drawback of the mandatory charge and prosecute policies is that women who choose to call police due to IPV may be drawn into court proceedings that they do not understand, that they did not anticipate, or that do not meet their needs and goals (Jordan, 2004). The adversarial and punitive elements of the criminal justice system might not appeal to women who would like to see their partners receive treatment, or who have the goal of ultimately keeping their families together (Hare, 2006). Additionally, in spite of decades of social activism, policy reform, and legal precedent, the legal and judicial discourse of intimate partner abuse remains inconsistent with the lived experiences of women who have had abusive intimate partners. Pieces of information that are important to women who have experienced IPV may be left out of their testimony due to procedural constraints. The focus in court is on the discrete incidents of IPV, and the context of the relationship in its entirety is lost (Jordan, 2004). Therefore, even when women are supportive of court proceedings, they may find that their voices are not heard and respected in the courtroom (Jordan, 2004).

From a research perspective, it is somewhat difficult to separate the effects of accessing police services from the effects of being involved in court proceedings. However, efforts have been made to investigate the unique contribution of police intervention in cases of IPV. The following sections of this paper will consider findings from research on the benefits of police intervention in cases of IPV, as well as the barriers that women experience when accessing this service.

1.1.5.2 The benefits of accessing police

In 2001, Statistics Canada reported that about 44% of women who called police due to IPV reported that the violence subsequently stopped. The authors added a caveat to this finding, stating that a number of factors may contribute to stopping the violence above and beyond police intervention, including charges being laid, and subsequent incarceration of the abuser (Statistics Canada, 2001). Research generally supports the notion that police response is much more effective at reducing violence when the perpetrator is arrested, charged, and incarcerated. Otherwise, as it is noted by Dugan and Rosenfeld, police involvement may increase the stress and conflict within the relationship, without actually protecting the victim from further violence (2003).

Large-scale, longitudinal studies of the impact of arrest on IPV in the United States initially showed promising results. In a series of six studies, data were collected between 1981 and 1991 in order to determine what effects arrest had on subsequent IPV. These studies are known collectively as the National Institute of Justice's Spouse Assault Replication Program (NIJ SARP), the first of which is known as the Minneapolis project (Maxwell, Garner, & Fagan, 2001). Findings from the Minneapolis project showed a significant drop (50%) in IPV recidivism following arrest (Sherman & Berk, 1984). As a

result of these findings, there was a national trend in adopting more aggressive arrest policies. However, subsequent attempts to replicate the findings from the Minneapolis project produced contradictory and inconsistent results. In some of the replications, the violence did not decrease following arrest, and in some, the violence actually worsened (Hirshel, Hutchinson, Dean, Kelley, & Pesackis, 1990; Sherman, 1992).

Canadian data show a similar contradiction. Although violence is reportedly ended after police intervention in 44% of cases, 33% report no change in violence after police intervention, and 19% report increased violence (Statistics Canada, 2001).

More recent attempts to account for discrepancies in these findings have focused on standardizing the methods of collecting data and measuring recidivism. For example, in a re-examination of the NIJ SARP data, researchers found that there was an overall deterrent effect of arrest by considering the time it took for abusers to re-offend against their partners, as measured by police reports and victim interviews in a follow-up period of up to three years (Maxwell et al., 2001). The deterrent effect was also more effective if an abuser had been arrested before for assaulting the same victim, in that he was less likely to re-offend, and if he did re-offend, the time it took for him to do so was extended. Although the authors of these analyses were confident in stating that arrest decreases subsequent violence in cases of IPV, they cautioned against using data from a single study to justify legal and policy changes (Maxwell et al., 2001).

Considering the possible benefits of police intervention in cases of IPV, it is important to address barriers to accessing police intervention, as researchers have indicated that many episodes of violence may occur before police are called, and in some cases police are never called at all (Wauchope, 1988).

1.1.5.3 Barriers to accessing police

According to Statistics Canada, the majority of violent incidents between intimate partners are not reported to police. For example, in 1999, only about 26% of women who had been assaulted by their current intimate partner in the previous 5 years reported the assault to police (Statistics Canada, 2001). It was noted that reporting rates are much higher when a previous partner perpetrates the abuse, but even then only 44% of incidents are reported to police. Given that police intervention may result in the abuser being removed from the home, and thus a reduction in future violence, there have been inquiries as to why women are reluctant to call police.

Fear of retaliation by the abuser is a common reason that women give for not calling police in response to IPV (Wolf et al., 2003). Uniform Crime Reports (UCR2) data indicate that 82% of reports of IPV to police in 2000 resulted in charges. From there, in Canada, about four out of every 10 spousal assaults against women result in a criminal conviction (F-P-T Ministers Responsible for the Status of Women, 2002). Over 90% of women who call police in response to IPV do so because they want the violence to stop, or because they want police protection from the violence (Department of Justice Canada, 2009). However, many aspects of abuse are not considered criminal acts, and charging and prosecuting intimate partner assaults are not always successful. Therefore, women who have abusive partners often perceive accessing police assistance as involving too much risk (Wolf et al., 2003).

Love and abuse can exist within the relationship simultaneously, which often result in a woman having mixed feelings towards her partner. She may love him, and hate the abuse at the same time. She may want her partner to receive treatment, but she

might not want him to be arrested (Hare, 2006). Furthermore, one of the unintended consequences of the pro-charge policies is that women whose partners are from over-criminalized segments of the population, such as Aboriginal and immigrant populations, fear that calling police will result in discriminatory treatment of their partner (Canadian Department of Justice, 2009). Women are also often financially dependent on their partner. The presence of children in the home may increase a woman's dependence on her abuser, especially if she is unaware of shelter and other support services, or does not have access to those services (Wolf et al, 2003).

Women who have experienced police intervention for their IPV also report negative experiences with police officers. Previous experiences with police response that may deter future attempts to call police include a lack of response, or delayed response from police, police trivializing the abuse, racist or sexist attitudes on the part of police officers, and lack of available officers who are female or who can act as interpreters (Wolf et al., 2003). Another grave concern that women may have is that their partner will be able to manipulate the police officers and have them mistakenly identify her as the primary aggressor, resulting in arrest of the victim. Indeed, dual arrest (of both victim and perpetrator) is another unintended consequence of aggressive pro-arrest policies (Canadian Department of Justice, 2009; Wolf et al., 2003).

Women who observe a common police tactic, known as "cozying up" to the offender, may perceive this as the police officer showing approval for the abuse, or bonding with the abuser. This technique is designed to earn a suspect's trust in order to get him to confess to his crimes, and should not be used in front of victims without at least an explanation of why the technique is being used. However, it appears that

"cozying up" is sometimes done in front of victims of IPV, without taking their perceptions into account (Wolf et al., 2003).

1.1.5.4 What victims of IPV want from police

The criticisms of police response have focused on misconceptions about what victims of IPV want from police, or the limitations of what the legal system can do to stop the abuse (Jordan, 2004). However, it is also accurate to say that many existing policies are one-size-fits-all approaches, and therefore by nature will not meet the needs of a diverse population. Many victims appear to be in support of pro-arrest policies, but there are also times when they may wish to receive protection from the abuse for themselves and their children, without having their abuser arrested (Canadian Department of Justice, 2009; Wolf et al., 2003). It seems that, in the case of whether or not victims want their abuser arrested, the answer to the question of what abused women want is: it depends. Although the Canadian Department of Justice has adopted aggressive pro-arrest and pro-charge policies, and is not willing to reconsider giving more discretion to police and prosecutors (Canadian Department of Justice, 2009), it is important to acknowledge the fact that some victims will be forced to accept outcomes of calling police that do not meet their needs.

Women who have called police in response to IPV are often in crisis and in need of protection from the abuse. Calling police is often a last resort, and may carry a high risk of retaliation. It is therefore very important that police listen to the victim and take her abuse seriously (Wolf et al., 2003). Wolf and colleagues, in speaking to women who had called police in response to IPV, found that it was also important for police to clearly communicate their disapproval of IPV to the perpetrator, and let him know of the legal

consequences of abuse behaviour (2003). Their analyses also suggested that communicating their willingness to help to the victim is also important. Finally, they suggest being sensitive to the unique needs of women who have experienced IPV by having female officers available, monitoring victim perceptions of investigative techniques, and considering conditions that may make it difficult for the victim to disclose information about the abuse (i.e. abuser or children present) (Wolf et al., 2003).

1.2 The current study

The purpose of the current study will be to determine what, if any, relationship exists between the nature and frequency of police contact and mental health outcomes in a sample of women who have experienced IPV. Based on other published studies of help-seeking as related to IPV, the first hypothesis is that female victims will access police assistance less often than other services in response to IPV. The second hypothesis is that certain police responses, and the frequency of police contact, will make a unique contribution to rates of PTSD symptoms, above and beyond abuse severity and other risk factors for PTSD. The third hypothesis is that certain police responses, and the frequency of police contact, will make a unique contribution to rates of depression symptoms, above and beyond abuse severity and other risk factors for depression. The study by Wolf and colleagues (2003) was used as a guideline to distinguish between police responses that are either consistent or inconsistent with the preferences of women who have experienced IPV.

2. METHOD

The analyses in this thesis made use of data from a larger research project called "The Healing Journey: A Longitudinal Study of Women Affected by Intimate Partner Violence." This project is being conducted by the Research and Education for Solutions to Violence and Abuse (RESOLVE) group in Saskatchewan, Manitoba, and Alberta. Forty research team members comprised the research team: the Community-University research team consisted of academic researchers and community front-line service providers who deliver services in shelters or victim service agencies across the three prairie provinces. The data accessed for this thesis were collected over a three-and-a-half year period with the purpose of helping researchers, service providers, and policy makers gain insight into the experiences of women in the Prairie Provinces who have experienced intimate partner violence, and their use of services designed to help them cope with and end violence, as well as related factors. My role in this project is as a Research Assistant for the Saskatchewan data collection. I am responsible for data cleaning for the Saskatchewan data.

2.1 Data collection

2.1.1 Participants

The participants for the current study consist of a community sample of female survivors of IPV from Saskatchewan, ages 17-80, who have agreed to participate in the Healing Journey Project. The initial sample included 216 women recruited at Wave One, and decreased due to attrition to 185 women at Wave Two; this rate of attrition is not unusual for a longitudinal study and particularly one that attempts to track this hard-to-reach and vulnerable population. The thirty-one women (5%) who left the study after

Wave One were not included in the analyses, due to the absence of mental health data (which was collected at Wave Two). The sample of women is diverse, and there was an effort made to ensure that it would be inclusive. Minority populations and those who reflect varying experiences were of particular interest, including women of multiple sexualities, ethnicities, immigration status, abilities, incarceration status, and HIV status.

Demographic information, collected at Wave One for the 185 women who were included in the analyses, is provided in Table 1. The average age of the women in the sample, at Wave One, was 36.4 (*SD = 12.3)*. The women ranged in age from 17 to 80 years old. There were 42 women (22.7%) who were age 25 years and younger, and 143 (77.3%) who were age 26 years and older. Recruitment in Saskatchewan for the Healing Journey Project occurred in three major cities (Saskatoon, Prince Albert, and Regina) and their surrounding areas. Seventy-two (38.9%) women were recruited from Saskatoon and surrounding areas, 53 (28.6%) were recruited from Prince Albert and surrounding areas, and 60 (32.4%) were recruited from Regina and surrounding areas.

Most of the women (167 women; 90.3%) in this sample have children. The most common number of children was two, followed by one. Over half of the women in the sample indicated that they were not working at the time of data collection. A total of 107 (57.8%) women reported that they were not working, 47 (25.4%) women indicated that they had full-time jobs, 25 (13.5%) women indicated that they had part-time jobs, and 6 (3.2%) women indicated that they worked on a casual basis. The level of education for 75 (40.6%) of the women in the sample was less than grade twelve. Forty-four (23.8%) of the women in the sample had completed grade twelve or equivalent, 23 (12.4%) had attended some post-secondary (university or technical/trade school), 38 (20.6%) had

Table 1

*Participant demographics (*N = *185)*

Parameter		*N* (% of total sample)
Age	*M = 36.4 (SD =12.3)*	
	25 years old and younger	42 (22.7%)
	Over 25 years old	143 (77.3%)
Recruitment site	Saskatoon	72 (38.9%)
	Prince Albert	53 (28.6%)
	Regina	60 (32.4%)
Have children		167 (90.3%)
Number of children	*Mode = 2*	
Working status	Full-time	47 (25.4%)
	Part-time	25 (13.5%)
	Casual	6 (3.2%)
	Not currently working	107 (57.8)
Education level	Less than grade 12	75 (40.6%)
	Grade 12 or equivalent	44 (23.8%)
	Some post-secondary	23 (12.4%)
	Completed post-secondary	38 (20.6%)
	Completed graduate	5 (2.7%)

Parameter		*N* (% of total sample)
Relationship status with most recent abusive partner	Married or common-law	26 (14.1%)
	Dating partners	10 (5.4%)
	Divorced, separated, or ex-common-law	121 (65.4%)
	Ex-dating partners	24 (13.0%)
	Other	4 (2.2%)

completed a post-secondary program (university or technical/trade school), and 5 (2.7%) had completed a graduate degree program.

The majority of the women in this sample were not currently in a relationship with their most recent abusive partner. There were 121 (65.4%) women who were divorced, separated, or ex-common-law with their most recent abusive partners. An additional 24 (13.0%) indicated that they were ex-dating partners with their most recent abusive partner. Some women were currently in an abusive relationship; 26 (14.1%) were married or common-law with their abusive partners, and 10 (5.4%) were currently dating an abusive partner. Four women (2.2%) indicated that their relationship status was "other," which could represent anything other than the above choices, including widowed.

Following approval from the University of Regina ethics board (please see Appendix A, page 105), women were recruited for this study from local service agencies based on a number of inclusion criteria. To lessen the effects of memory decay, all participants in this study have experienced a physical act of violence since January, 2000. Women who were in crisis at the time of the commencement of data collection, or who presented with severe psychological disorders that would influence their ability to recall their experiences or discuss their experiences were not included in the study. Also, given that the data collection was to occur over multiple interviews spanning as long as three-and-a-half-years, those women who were unwilling to devote that amount of time to the study were also excluded.

2.2 Instrument

Data collection for the entire Healing Journey Project took place over a total of seven waves (Saskatchewan data collection was complete as of May, 2010). Trained interviewers met with participants approximately every six months to complete a semi-structured interview. Length of interview time varied, but three hours was average. Questionnaires were developed by members of the research team in the three provinces to gather data regarding history, demographic information, general functioning, service utilization, health status and behaviours, and parenting experiences. The items used to collect this information were drawn from existing surveys, studies, and questionnaires or were original items that were developed by the Healing Journey team. The questionnaires designed for the first wave of data collection included questions regarding demography and history, general functioning, and service utilization. Full-length update questionnaires were developed for waves three, five and seven, as well as shorter updates for waves two, four, and six.

In wave two, a health and parenting questionnaire was added. A full-length update questionnaire was developed to be used for waves four and six, as well as a shorter update for waves three, five, and seven. To view a timeline diagram depicting the order of the questionnaires, please see Table 2. The data for the current study are drawn from the first two waves of data collection. For the purpose of this study, the following items from the questionnaires were analyzed: demographic information such as age, employment status, education level, cultural background, and relationship with abuser; abuse information collected through the Composite Abuse Scale, childhood abuse, forced sexual intercourse, and prior abusive relationships; service utilization and social support information, such as which services were used the most amongst emergency shelters,

Table 2

Timeline of Data Collection Waves

Wave	One	Two	Three	Four	Five	Six	Seven
Approximate start date	September 2005	May 2006	December 2006	April 2007	November 2007	December 2007	January 2009
Questionnaires included	Full-length Demography and History Questionnaire* Full-length General Functioning and Service Utilization Questionnaire*	Short-form Demography and History Update Short-Form General Functioning and Service Utilization Update Full-length Health and Parenting Questionnaire*	Full-length Demography and History Update Full-length General Functioning and Service Utilization Update Short-form Health and Parenting Update	Short-form Demography and History Update Short-Form General Functioning and Service Utilization Update Full-length Health and Parenting Update	Full-length Demography and History Update Full-length General Functioning and Service Utilization Update Short-form Health and Parenting Update	Short-form Demography and History Update Short-Form General Functioning and Service Utilization Update Full-length Health and Parenting Update	Full-length Demography and History Update Full-length General Functioning and Service Utilization Update Short-form Health and Parenting Update

Note. * data from these questionnaires were accessed for this thesis

second stage transition housing, counselling programs, crisis lines, and police services, and lastly, mental health information such as PTSD (post-traumatic stress disorder) Checklist scores and CES-D (depression) 10 scores. The following sections of this paper will describe these items in detail, as well as provide information on the origins of each item.

2.2.1 Demographics

Extensive demographic data were collected during the first wave of the above-mentioned study. Most of the demographic information was collected using original items designed by the Healing Journey team, with some items being drawn from other existing questionnaires. Further details regarding the origin of each item follow. Please refer to Appendix B, page 106, for a complete list of all questions used for the current study. These demographic variables were used in the current study primarily to describe the sample.

2.2.1.1 Age

Participants were asked to provide their current age, in number of years. This was an original item designed by the Healing Journey Team. Please see page 106 of Appendix B to view this item.

2.2.1.2 Employment status

At Wave One, participants were asked, "Are you currently working?" Responses were categorized as either "full-time," "part-time," "casual" or "not working." Participants were asked what their occupation was, and their open-ended responses were coded using Statistics Canada employment coding guidelines (2007). These items were

original questions designed by the Healing Journey team. Please see page 106 of Appendix B to view these items.

2.2.1.3 Education level

At the first interview, participants were asked their highest level of education. Responses were coded into categories based on grade, or type and level of post-secondary education, received. This item was an original question designed by the Healing Journey team. Please see page 106 of Appendix B to view this item.

2.2.1.4 Relationship status with abuser

Participants' experiences with violence were assessed based on their most recent physically abusive relationship at the time of the first wave of the study. Participants were asked, "What is the current relationship that you have with your most recent abusive partner? (What is the status of your relationship?)" Responses were categorized as, "married," "separated," "divorced," "common-law," "ex common-law," "boyfriend/girlfriend," "ex boyfriend/girlfriend," "other." Responses to "other" were categorized according to participant responses. These items were original questions designed by the Healing Journey team. Participants were then asked, "How long has/had the relationship been abusive?" This was also an original item, designed by the Healing Journey team. Please see page 106 of Appendix B to view these items.

2.2.2 Service utilization

In order to determine which services were accessed more by the women in our sample, the following items were included in the analyses.

2.2.2.1 Domestic violence services

Participants were asked about various services that they may have used to help them deal with abuse. They were asked at wave one "Have you ever stayed at a battered women's shelter?" "Have you ever stayed at a residential second stage housing?" "Have you ever participated in any counselling programs?" and "Have you ever used a crisis line service related to intimate partner abuse (as an adult only)?" These were original items, developed by the Healing Journey Team. Please see page 107 of Appendix B to view these items.

2.2.2.2 Involvement with the legal system

Participants were asked at wave one "Have you ever been involved in the legal system as a result of your intimate ex/partner abuse?" Possible responses for this question were "No," "Yes, police," "Yes, criminal courts," "Yes, had order/s preventing contact by abusive ex/partner," and "Yes, all of the above." This in an original item, developed by the Healing Journey Team. Please see page 107, Appendix B, to view this item.

2.2.3 Abuse experiences and other risk or protective factors

In order to statistically control for past traumas and abuse severity (risk factors for PTSD and depression), as well as social support (a factor that protects against PTSD and depression) in our analyses of police response and mental health outcomes, the following items were included in the analyses.

2.2.3.1 Intimate partner violence information

All information about the participants' experiences with intimate partner violence was collected at the first interview. The researchers used The Composite Abuse Scale (CAS) (Hegarty, Bush & Sheehan, 2005) to provide a behavioural description of the

violence the victim experienced. This measure contains 33 items that were answered by the participant using a 5 point Likert-type scale. Higher scores indicated greater severity of IPV. Hegarty, Bush and Sheehan (2005) compiled this measure by conducting a content analysis of a number of items from previously existing measures. The CAS is widely used in the psychological literature. Please see pages 108-109 of Appendix B to view this measure.

The CAS has demonstrated convergent validity through its correlation with self-reported severity of abuse (Hegarty et al., 2005). Higher CAS scores are also associated with younger age (which predicts more severe abuse) and being separated or divorced, further increasing confidence in its convergent validity. Limited evidence for discriminant validity has been observed through the inverse correlation between CAS scores and socio-economic status and education level. It is believed that this relationship is evident of discriminant validity because abuse is typically inversely correlated with these variables, although there have been contradictory findings in these areas (Hegarty et al., 2005).

The CAS is scored by summing the frequency scores of each of the items. Higher scores indicate more severe and frequent violence (Hegarty et al., 2005). This measure also allows for analysis of subtypes of abuse through four subscales: severe abuse, physical abuse, emotional abuse, and harassment. These four subscales can be combined to create sixteen typologies of abuse, depending on the combination indicated by the participant's pattern of responses. These four subscales have also been used to identify four independent abuse categories: one episode of severe abuse as well as any combination of other abuse or severe abuse only, physical abuse as well as emotional

abuse or harassment, physical abuse only, and emotional abuse or harassment only (Hegarty et al., 2005).

2.2.3.2 Childhood abuse experiences

At the first interview, participants were also asked about their experiences of abuse during their childhood. Participants were asked if they had experienced emotional abuse, physical abuse, sexual abuse, neglect, and/or witnessed violence between their parents during their childhood. These questions were original items developed by the Healing Journey team. Please see page 110 of Appendix B to view this item.

2.2.3.3 Sex against will/physically forced to have sex

Participants were asked at wave one if they had ever had sex against their will, and also if they had ever been physically forced to have sex. These questions are standard questions used in sexual health research and were proposed for use in this study by Hampton and colleagues (Hampton, et al., 2001). Please see page 110 of Appendix B to view this item.

2.2.3.4 Prior abusive relationships

Participants were asked at wave one "How many long-term relationships have you been in prior to this one?" Please see page 110 of Appendix B to view this item. Participants were asked at wave one "Was/were the relationship(s) abusive?" Possible responses for whether or not previous relationships were abusive included "Yes, all of them," "Yes, some of them," or "no." These questions were designed by the Healing Journey Team. Please see page 110 of Appendix B to view this item.

2.2.3.5 Social support

Participants were asked the following questions at each wave: "Do you get emotional support from friends/relatives?" "How satisfied are you with the emotional support from friends/relatives you now have in your day-to-day life?" "Do you get practical support from friends/relatives?" and "How satisfied are you with the practical support from friends/relatives you now have in your day to day life?" The Healing Journey Team developed these items. Please see page 111 of Appendix B to view this item.

2.2.4 Police called and police response

These items were included as the main predictor variables of interest in the analyses for the current study. Women were asked at wave one "Have you ever called the police because of partner abuse?" and "Have other people ever called the police because of your partner abuse?" Possible responses to these questions included "Yes, once," "Yes, 2-3 times," "Yes, many times," and "No." The Healing Journey Team developed these items. Please see page 112 of Appendix B to view these items.

The police response items included: "arrested ex/partner," "arrested both me and my ex/partner," "tried to discourage you from wanting him/her charged," "said it wasn't a criminal matter," "confiscated weapons," "escorted you to a shelter," "asked you if you wanted charges laid," and "just talked to you." These were original items developed by the Healing Journey Team. To view these items please see page 112 of Appendix B. These responses were put into two groups based on research by Wolf and colleagues (2003). Please see the Results section of this thesis for further details.

2.2.5 Psychological health

The health questionnaire was designed to assess the Healing Journey participants' health status and behaviours, and many questions were drawn from cycle six of the National Population and Health Survey so that answers were comparable to a national sample (Statistics Canada, 2004-2005). Two scales from this questionnaire, the CES-D 10 and the PTSD Checklist were used as outcome variables in the current study. The following is a more detailed description of these scales as they appeared in the questionnaire.

2.2.5.1 CES-D 10

A short form of The Center for Epidemiological Study of Depression Scale (CES-D) (page 125 Appendix C) was used to screen for symptoms of depression (Andresen, Carter, Malmgren, & Patrick, 1994). The CES-D-10 (Centre for Epidemiological Studies – Depression) (Andresen et al., 1994) is a short from of the CES-D-20 (Andreson et al., 1994). The questions were designed to describe the participants' depression symptoms during the previous week. The participants endorsed each item using a 0-3 Likert scale, with zero meaning "rarely or none of the time (less than 1 day)," and three meaning "all of the time (5-7 days)." This measure was designed only for research purposes. The CES-D-10 is scored by assigning the Likert scale number to the item. Items five and eight are reverse-scored. The score is the sum of the 10 items. This measure should not be scored if more than two items are missing. A cut-off score of 10 is recommended, with scores of 10 being considered consistent with clinical depression (Andresen et al., 1994).

The psychometric properties of the CES-D-10 have been evaluated (Andresen et al., 1994). In terms of reliability, the internal consistency and test-retest reliability are within acceptable parameters. Evidence of validity has been found in that the CES-D 10

is positively correlated with poorer health status and negatively correlated with positive affect. This measure is highly correlated with the previously validated CES-D-20. The short form CES-D has satisfactory psychometric properties in comparison to the CES-D-20. This measure has been used on comparable populations in the USA; therefore, these samples can be compared to the current sample. The CES-D-20 is a widely-used measure that has been employed in a wide range of samples, including people of differing ages, ethnicities, sex, and health. Please see page 113 of Appendix B to view this measure.

2.2.5.2 PTSD Checklist

The PTSD Checklist (PCL) was used to screen for PTSD symptoms (Blanchard Jones-Alexander, Buckley, & Forneris, 1996). This measure is a self-report questionnaire containing 17 items that measure the three symptom clusters of posttraumatic stress disorder (PTSD) that the participant has experienced in the previous month. These symptoms are clustered, according to fourth edition of the *Diagnostic and Statistical Manual* criteria (*DSM-IV*; APA, 2000), and include re-experiencing (5 items), avoidance/numbing (7 items), and hyperarousal (5 items).

This is a self-administered questionnaire that specifically targets experiences with intimate partner violence, and is therefore useful in IPV research. However, in this study, participants were interviewed in person or by phone and were asked the questions verbally. To assist them in answering, they were provided with visual "cards" that contained the scoring. Participants completed the measure using a five point Likert scale. Higher scores on the measure and on subscales indicate greater severity of symptoms (Blanchard et al., 1996). Responses were recorded by interviewers and entered into the

database as individual scores; cluster scoring and composite score were later tabulated by the research assistant and entered into the database.

The psychometric properties of the PCL have been evaluated (Blanchard et al., 1996). When testing concurrent validity, the PCL had a 0.929 correlation with the Clinician Administered PTSD Scale (CAPS). This measure has also been demonstrated to have good internal consistency, both within the entire measure as well as within the subscales. Cronbach's alpha for the entire scale, to indicate internal consistency, was 0.939 ($p = .671$). For each of the subscales (criterion B, C, and D), the Cronbach's alpha was 0.935, 0.820, and 0.839 respectively. This measure has been used on comparable populations in the USA; therefore, these samples can be compared to the current sample. The PCL is a widely used measure that has been tested in varying populations. Multiple versions of this measure have been developed for specific populations, such as military populations (Blanchard et al., 1996).

Scoring of this measure yields a score for each of the symptom clusters as well as a total score that indicates PTSD symptom severity (Blanchard et al., 1996). Higher scores indicate greater PTSD symptoms or greater symptoms severity for the PTSD symptom cluster. Scores for the re-experiencing cluster ranges from 0 – 20. Scores for the avoidance/numbing cluster ranges from 0 – 28. Scores for the hyper-arousal cluster ranges from 0 – 20. The overall score for this measure ranges from 0 – 68. The PCL is scored using a cut-off score (Blanchard et al., 1996). The recommended cut-off score is 50, with scores higher than 50 indicating increased likelihood of PTSD diagnosis. However, Blanchard and colleagues (1996) found that lowering the cut-off score for this particular version of the measure to 44 increased diagnostic utility from 0.825 to 0.900

and increased sensitivity from 0.788 to 0.944. With both cut-off scores, specificity remains the same at 0.864 (p. 671). Please see page 114 of Appendix A to view this measure.

2.3 Procedure

2.3.1 Ethics

This project has been granted ethics clearance in Saskatchewan, Alberta, and Manitoba, and the data-collection is drawing to an end. The University of Regina Ethics board has approved all aspects of this study (see Appendix A, page 105). A data usage request was sent to the Principal Investigator, Jane Ursel, and the Healing Journey Team subsequently approved the use of the data for the purpose of this thesis.

2.3.2 Selection and training of interviewers

Interviewers were hired to conduct the semi-structured interviews with the participants. Interviewers were selected based on characteristics that would make them appropriate for conducting research in this field. Because the participants were all female, and the subject matter of the semi-structured interview was quite personal, only feminist female interviewers were hired. Women were selected as interviewers if they had experience working in the field of intimate partner violence in order to ensure that the interviewers were competent in working with difficult IPV subject matter and handling distressed participants. A protocol was developed that was used to train the interviewers. The individuals responsible for the training first received training from researchers at the head office in Winnipeg. Interviewers from each province met and were trained as a group for two days. Interviewers were trained in ethical conduct, screening participants,

unbiased data-collection, handling difficult subject matter, working with distressed or suicidal participants, and interviewing skills.

2.3.3 Recruitment

Participants were recruited from the community with the help of community service providers. Researchers and interviewers contacted service providers to inform them of the study and request permission to include the agency in the project. Many of the service providers who offered recruitment assistance were members of the research team. Project descriptions were sent to interested parties, containing brief description of the study and examples of all recruitment materials. Information sessions were then conducted at the sites to provide service providers with further information about the project, what participation in the project entailed, and the characteristics of the participants being targeted. Service providers were then provided with recruitment packages and were asked to offer the packages to individuals who appeared to meet the inclusion criteria. Please see Appendix C, page 115, to view the Recruitment Form.

Certain demographic groups of participants were less likely to be connected to services, including Aboriginal, disabled, lesbian, bisexual, two-spirited, and HIV positive participants. Professionals with connections to these communities were hired to assist with recruitment of these populations. Flyers with the project description and contact information for the project were distributed in the community, which interested women could use to learn more about the project. Some participants not connected to specific service providers were recruited by word of mouth; interviewers ensured that these participants were receiving support from community. Once learning of the project, participants were responsible for forwarding their contact information to the research

office for the project in their community, either by returning completed recruitment packages, contacting the phone number, or emailing the address provided.

2.3.4 Participant screening

When a returned and signed recruitment form was received by Dr. Hampton, the participant's contact information was forwarded to the project coordinator who then gave the recruitment information to an interviewer for a follow-up screening phone call. Participants provided details of safe contact on the recruitment form, which were followed for all contact with the participants, including calling at specific times of the day or using a phone without call display. At the time of the follow-up phone call, the interviewers screened the participants for inclusion in the study, based on the above mentioned inclusion criteria (See Appendix C, page 115). At the time of the follow-up phone call, interviewers reviewed informed consent and confidentiality, collected contact information, explained the study procedure, and booked an appointment for the first interview.

2.3.5 Informed consent and confidentiality

Participants read and signed a consent form. The form contained information explaining procedure of the study. Participants were informed of their right to choose not to answer any question and to withdraw from the study without any consequences to themselves or the services they receive. Confidentiality was reviewed, and participants were also informed of the duty to report guidelines, including disclosure of the participant's intent to harm herself, harm someone else, or if there was past or current unreported child abuse. If these conditions were met, then the participant would be notified, and confidentiality would be breached so that the interviewer could notify the

necessary authorities. Please see Appendix C, pages 116-120, to view the confidentiality form.

2.3.6 Interviewing participants

For data collection, a semi-structured interview containing both closed and open-ended questions was used. During the interviews, the interviewers read the questions to the participants and recorded their responses. Interview length varied, taking between one and six hours, depending on the participants' needs and responses. Following completion of the interview, the interviewers debriefed the participants. Debriefing included the interviewers' assessing the participants' distress levels. If the participants presented with significant distress during or following the interview, they were referred for counselling either to a service they were currently using or to a service in their area. When necessary, suicide assessments were conducted. Following debriefing, participants were given the interviewers' contact information, a list of services for survivors of violence, and a $50 honorarium for the interview. Participants signed a receipt of honorarium form indicating that they received the $50 for the interview. Interviewers contacted participants approximately every six months to make arrangements for subsequent interviews.

2.3.7 Data Preparation

The data for Waves One and Two underwent several data cleaning procedures prior to being used for this thesis. The data management team double-checked missing data, outliers, unusual responses, responses that were out of range, and typing errors against the interview forms on file. Spot checks were also performed on the data to ensure accurate data entry. Even so, prior to being used for the current analyses, a

number of issues needed to be addressed. The following is a detailed description of the data issues, and the solutions that were utilized.

2.3.7.1 Missing Data

A common problem in the data set was missing data. A response that was missing, or not answered, when it should have been, was entered in the statistical database as "99." When a value for a categorical variable was entered as "99," mode replacement was used to fix this problem. When a value for a scale value was entered as "99," mean replacement was used. For all variables where this method was used, there were less than 5% of cases missing.

Another common problem arose from the skip patterns on the questionnaires. The written instructions sometimes direct interviewers to skip sections of questions when the first question in the series is answered "No." It is assumed that the answers for the entire section will also be "No," and so these questions are considered not applicable, and are entered into the database as "77." In these cases, it was decided that it would be appropriate to re-code answers to "No." For example, the police frequency and police responses were not applicable if a participant indicated that she had not been involved in the legal system at all, or if she had not been involved in the legal system with police specifically. Therefore, her responses to the following questions regarding police contact would have been "No," had she been asked these questions.

Finally, a less common missing data issue was when a woman answered "I don't know" to a question. This response was coded as "88" in the database. These issues were rare, and were dealt with on a case-by-case basis to find the most logical solution.

In all cases, it was decided that mode replacement was the most viable solution, and would be consistent with how other missing data was addressed for these analyses.

In the case of the Composite Abuse Scale, there was information available that it would be appropriate to replace missing data with zero or the mode for that item (Hegarty, 2005). In cases where the item was answered "77 – not applicable" or "88 – I don't know," the zero replace method was used. For missing data ("99"), mode replacement was used.

2.3.7.2 Recoding variables

Several variables were re-coded in SPSS prior to being entered into the regression analyses. The original coding of the answers for "Have you ever called the police due to partner abuse" and "Has anyone else ever called the police due to your partner abuse?" were as follows. "Yes, once" was coded as 1, "Yes, 2 or 3 times" was coded as 2, "Yes, many times" was coded as 3, and "No" was coded as 4. In order to enter this variable into the regression analyses, "No" was re-coded to 1, "Yes, once" was re-coded to 2, "Yes, 2 or 3 times" was re-coded to 3, and "Yes, many times" was re-coded to 4. For prior abusive relationships, the original coding was similar, with "No" entered as 3 in SPSS. "Yes, some of them" was entered as 1, and "Yes, all of them" was entered as 3. "No" was re-coded to 0, "Yes, some of them" was re-coded to 1, and "Yes, all of them" was re-coded to 2. In addition, all dichotomous variables were re-coded. The original coding was "Yes" entered as 1 and "No" entered as 2. "Yes" was left as 1, but "No" was re-coded to zero.

2.3.7.3 New partners at Wave Two

At Wave Two, 43 women reported that they had become involved with a new partner since their Wave One interview, and that this new partner was abusive. Ideally, those with new abusive partners would have been reassessed for levels of IPV at Wave Two, using the CAS, and the more recent CAS chronicity score would have been used in the multiple regression analyses. However, at this point in time in the study, a protocol had not been established for cases where women had a new partner, and therefore new CAS scores were not collected at Wave Two for the majority of these women. It was decided to leave them in the analyses, as there were other circumstances where other women in this sample would have been experiencing a different level of IPV from the last interview as well. For example, some women may have left their abusive partners at this point, and as suggested by the literature review, this could have increased the severity of IPV that they were experiencing, or in some cases lowered it. In other cases, where women were with the same abusive partner from Wave One to Wave Two, the severity of abuse may have changed for a variety of reasons. In any case, there was no way to measure IPV for most of the participants at Wave Two, and so it was decided by myself and my thesis committee that the Wave One CAS scores would be used for all participants in the multiple regression analyses.

2.3.7.4 Combining child abuse items

For the purposes of the multiple regression analyses, it was decided to combine some of the child abuse items into a single variable, rather than leave them as separate dichotomous variables. Physical abuse, sexual abuse, emotional abuse, and witnessing violence as a child were selected for inclusion into this new variable, based on literature review, and observed overlap and inter-correlation between these items. In the absence

of any other measure of severity in this data set of child abuse that was experienced, it is reasonable to assume that the greater number of types of abuse experienced can serve as a proxy for child abuse severity. Each of these items were given a value of one if they had been answered "yes" and a value of zero if they had been answered "no." The four items were then summed for each participant, giving a score out of four for each participant. That is, the more different types of abuse the woman had reported experiencing as a child, the higher her score on this new variable. The new variable was called "total child abuse."

2.3.7.5 Combining social support items

The two items that measured satisfaction with emotional and practical support were combined. As most measures of social support include these two types of support, and often others, this was deemed appropriate. The scores out of five on each of these two items were added together for each participant, yielding a new score out of ten. This item, called total satisfaction with social support, allowed for social support to be entered into the multiple regression analyses as a single variable.

2.3.8 Data entry

Data were entered into an Access interface, and this database was exported to an SPSS database. Employees from each province were responsible for the data entry for the interviews. Data entry employees received training to ensure continuity and quality of data entry. Data entry personnel were required to sign a confidentiality form to ensure that the interview responses are kept confidential. Data cleaning took place when the data were exported into an SPSS database.

3. RESULTS

3.1 Hypothesis #1 – Women will access police assistance less often than they will access other services in response to IPV.

Frequency counts were conducted on several questions pertaining to service utilization. Totals for service usage are presented in Table 3. The number of times that participants accessed types of legal services other than police are provided for comparison. For legal services, 132 women (71.4%) reported having contact with police due to IPV, 72 women (38.9%) reported contact with the family law system, 77 women (41.6%) reported contact with the criminal court system, and 91 women (49.2%) reported having some type of no-contact order. An additional 43 women (23.2%) reported making use of or having contact with all of the above legal services. Finally, 38 women (20.5%) reported no contact with any legal services.

For self-initiated police contact, 128 women (69.2%) reported having called police due to IPV at least once. Of these, 37 (20.0%) reported calling police due to IPV once, 41 women (22.2%) reported calling police due to IPV two or three times, and 50 women (27.0%) reported calling police many times due to IPV. In cases where other people had called police due to the IPV experienced by the participant, 26 women (14.1%) indicated that this happened once, 26 women (14.1%) indicated that this happened two or three times, and 17 (9.2%) indicated that this happened many times.

For IPV-specific support services, 93 women (50.3%) reported using emergency shelters due to IPV, 20 women (10.8%) reported using second-stage transitional housing due to IPV, 153 women (82.7%) reported using a counselling program due to IPV, and 69 women (37.3%) reported using a crisis line due to IPV.

Table 3

Frequency counts for utilization of services in response to IPV

Service		*N* (% of total sample)
Legal services	Police	132 (71.4%)
	Family law system	72 (38.9%)
	Criminal courts	77 (41.6%)
	Had no-contact orders	91 (49.2%)
	All of the above	43 (23.2%)
	Not used	38 (20.5%)
Self-initiated police contact	Yes, once	37 (20.0%)
	Yes, 2 or 3 times	41 (22.2%)
	Yes, many times	50 (27.0%)
	Total	128 (69.2%)
Someone else called police	Yes, once	26 (14.1%)
	Yes, 2 or 3 times	26 (14.1%)
	Yes, many times	17 (9.2%)
	Total	69 (37.4%)
IPV support services	Emergency shelter	93 (50.3%)
	Second-stage transitional housing	20 (10.8%)
	Counselling program	153 (82.7%)
	Crisis line	69 (37.3%)

3.2 Hypothesis #2 – The nature and frequency of police contact will be a significant predictor of scores on the PTSD Checklist, above and beyond other risk factors for IPV.

In order to test whether or not the frequency and nature of police contact would predict scores on the PTSD Checklist above and beyond other risk factors, a hierarchical regression analysis was carried out. With 18 predictors in total, the minimum number of participants needed to detect a moderate effect size is 180 (using the 10 participants per predictor guideline) (Field, 2005). As the sample had 185 participants, this sample is considered to be sufficient to detect a moderate effect size. The dependent variable used in this multiple regression analysis is the PTSD Checklist. Multicolinearity was first assessed by examining the correlation matrix of all the predictor variables. Predictor variables that are highly correlated with each other (above .80) are an indication that the assumption of independence has been violated (Field, 2005). It was more thoroughly assessed using tolerance and variance inflation factor (VIF), two scores that are provided by SPSS. Multicolinearity may be present if VIF values are above 10, or if tolerance values are below 0.2 (Field, 2005).

Variables included in the first block of predictors were age, previous abusive relationships, ever had sex against will, ever physically forced to have sex, total CAS scores (chronicity), total satisfaction with emotional and practical support, and total childhood abuse experiences. Frequency counts for previous abusive relationships and sexual assault variables are provided in Table 4. A total of 76 women (41.1%) did not have prior abusive relationships, 42 women (22.7%) had some previous abusive relationships, and 67 women (36.2%) reported that all of their previous long-term relationships had been abusive. For the sexual assault variables, 134 women (72.4%)

Table 4

Frequency counts for prior abusive relationships and sexual assault variables

Parameter		N (% of total sample)
Previous abusive relationships	No	76 (41.1%)
	Yes, some of them	42 (22.7%)
	Yes, all of them	67 (36.2%)
Sexual assault	Had sex against will	134 (72.4%)
	Physically forced to have sex	109 (58.9%)

reported that they have had sex against their will, and 109 women (58.9%) reported that they have been physically forced to have sex.

Chronicity scores on the Composite Abuse Scale ranged from 3 to 139, and the mean score was 51.9 (SD = 28.64). Prevalence scores, though not included in the multiple regression analysis, are used to establish the presence of different types of abuse in a given sample. The severe combined and physical abuse subscales have a cut-off score of 1, and the emotional abuse and harassment subscales have a cut-off score of 2 (Hegarty, 2005). Prevalence scores for severe combined abuse, physical abuse, psychological abuse, and stalking are included in Table 5. A total of 152 women (82.1%) met cut-off criteria for severe combined abuse, 177 women (95.7%) met cut-off criteria for physical abuse, 181 women (97.8%) met cut-off criteria for emotional abuse, and 166 women (89.7%) met cut-off criteria for harassment.

The procedure for creating the total childhood abuse experiences variable was outlined in the methods section (see page 44). Frequency counts for childhood abuse experiences are included in Table 6. The first set of counts is for the dichotomous variables as they appeared on the questionnaire. Forty-nine women (26.5%) reported that they had not been abused as children, 65 women (35.1%) reported that they had been neglected as children, 99 women (53.5%) reported that they had witnessed violence between parents, 109 (58.9%) reported that they had been psychologically abused as children, 100 women (54.1%) reported experiencing physical abuse as children, and 87 women (47.0%) reported experiencing sexual abuse as children.

The second set of frequencies is for when four of these variables (physical abuse, sexual abuse, psychological abuse, and witnessing violence) are combined. Forty-nine

Table 5

Frequency counts for prevalence of different types of IPV, as measured by the CAS

Parameter		N (% of total sample)
Type of IPV	Severe combined	152 (82.1%)
	Physical	177 (95.7%)
	Emotional	181 (97.8%)
	Harassment	166 (89.7%)

Table 6

Frequency counts for childhood abuse experiences

Parameter		*N* (% of total sample)
Childhood abuse experiences	Not abused	49 (26.5%)
	Neglect	65 (35.1%)
	Witnessed violence between parents	99 (53.5)
	Psychological Abuse	109 (58.9)
	Physical Abuse	100 (54.1%)
	Sexual Abuse	87 (47.0%)
Total childhood abuse scores (physical/sexual/emotional/witnessed violence)	None of these types of abuse	49 (26.5%)
	One of these types of abuse	18 (9.7%)
	Two of these types of abuse	25 (13.5%)
	Three of these types of abuse	45 (24.3%)
	All four of these types of abuse	48 (25.9%)

women (26.5%) reported that they had not experienced any of these four types of abuse, 18 women (9.7%) indicated that they had experienced one of these types of abuse, 25 women (13.5%) indicated that they had experienced two of these types of abuse, 45 women (24.3%) indicated that they had experienced three of these types of abuse, and 48 women (25.9%) indicated that they had experienced all four types of abuse. A correlation matrix showing the intercorrelations between physical abuse, sexual abuse, psychological abuse, and witnessing violence between parents is provided in Table 7. All correlation values shown are Pearson r, and all are statistically significant ($p < .01$). In the second block of the hierarchical regression, two more variables were added. These included how many times the participant herself had called police due to IPV, and how many times someone else had called police due to the participant's IPV. Frequency counts for these two variables are included in Table 3 as "self-initiated police contact" and "someone else called police".

The police response variables were entered at blocks two and three. All of these were dichotomous yes/no variables. Frequency counts showing how many women had experienced each type of police response are included in Table 8. Sixteen women (8.6%) reported that police did not respond when they called. Seven women (3.8%) reported that they were arrested as well as their ex-partner or current partner. Thirty women (16.2%) reported that the police had discouraged them from wanting charges laid, and 23 women (12.4%) reported that the police said it was not a criminal matter. Seventy-one women (38.4%) reported that the police had arrested their ex-partner or current partner, and 16 women (8.6%) reported that the police had confiscated weapons. Sixteen women (8.6%)

Table 7

Correlation matrix pertaining to childhood abuse experiences

	Physical	Sexual	Psychological	Witnessed violence
Physical	1			
Sexual	.304**	1		
Psychological	.685**	.391**	1	
Witnessed violence	.489**	.422**	.610**	1

Note. Physical = physical abuse; Sexual = sexual abuse; Psychological = psychological, verbal and/or emotional abuse; Witnessed violence = witnessed violence between parents

**$p < .001$, two-tailed

Table 8

Frequency counts for police response experiences

Parameter		N (% of total sample)
Police responses inconsistent with wish list generated in study by Wolf et al. (2003)	Police did not respond	16 (8.6%)
	Arrested both me and my ex/partner	7 (3.8%)
	Tried to discourage you from wanting him/her charged	30 (16.2%)
	Said it wasn't a criminal matter	23 (12.4%)
Responses consistent with wish list generated in study by Wolf et al. (2003)	Arrested ex/partner	71 (38.4%)
	Confiscated weapons	16 (8.6%)
	Escorted you to a shelter	16 (8.6%)
	Asked you if you wanted charges laid	75 (40.5%)

reported that police had escorted them to a shelter, and 75 women (40.5%) reported that police had asked them if they wanted charges laid.

All of the above responses were divided into two groups, based on literature review. In particular, responses that were clearly consistent or inconsistent with the helpful responses identified by Wolf and colleagues (2003) were grouped together. Responses that were inconsistent with the preferences indicated by participants in the study by Wolf and colleagues (2003) were entered into the third block and include: "police did not respond," "arrested both you and ex/partner," "tried to discourage you from wanting him/her charged," and "said it wasn't a criminal matter." As negative support experiences may have more of an impact on psychological well-being than positive support experiences, these responses were entered before the responses that are consistent with the helpful responses identified in Wolf and colleagues (2003) (Rook, 1984). The responses that were consistent with the wish list were entered into the fourth block and include: "arrested ex/partner," "confiscated weapons," "escorted you to a shelter," and "asked you if you wanted charges laid." The response of "just talked to you" was not included in these analyses, as there is no clear evidence that this would be seen as helpful or unhelpful for the majority of victims. Its relative helpfulness was probably more dependent on the individual woman's situation and needs.

A correlation matrix pertaining to the multiple regression predicting scores on the PTSD Checklist from all 18 predictor variables is shown in Table 9. All predictors from blocks one and two are significantly correlated with the outcome variable (PTSD Checklist scores). Total CAS scores, total satisfaction with social support, and total child abuse are the most highly correlated to the PTSD Checklist scores (total CAS, $r = .368$,

Table 9

Correlation matrix pertaining to regression equation predicting PTSD Checklist scores

	PTSD CL	Age	Previous abuser	Against will	Phys. Forced	Total CAS	Social support	Child abuse	Call police	Other call	No response	Dual arrest	Discouraged	Not criminal	Arrest partner	Confiscate	Escort shelter	Ask charge
PTSD CL	1																	
Age	- 005	1																
Previous abuser	183*	057	1															
Against will	212**	130	241**	1														
Phys. forced	170*	024	217**	690**	1													
Total CAS	368**	- 032	032	231**	302**	1												
Social support	- 268**	156*	- 082	- 063	- 133	- 004	1											
Child abuse	263**	- 254**	226**	302**	320**	110	- 280**	1										
Call police	151*	- 007	162*	104	116	289**	- 154*	078	1									
Other call	191**	- 066	062	149*	204**	326**	- 140	070	538**	1								
No response	078	- 062	017	147*	140	269**	- 022	035	369**	392**	1							
Dual arrest	090	- 028	011	059	166*	068	- 220**	110	139	281**	141	1						

Discouraged	168*	- 012	108	075	039	232**	- 091	009	265**	159*	230**	143	1					
Not criminal	099	- 021	021	049	015	177*	049	052	284**	256**	292**	355**	501**	1				
Arrest partner	- 071	- 171*	- 020	014	- 041	076	037	067	401**	223**	074	135	015	107	1			
Confiscate	051	- 026	039	- 025	022	222**	- 059	- 002	223**	204**	316**	040	021	001	271**	1		
Escort shelter	026	- 084	083	018	101	038	005	134	207**	261**	179*	141	178	175*	271**	179*	1	
Ask charge	000	- 166*	021	115	063	210**	- 004	027	455**	331**	255**	125	085	223**	390**	216**	216**	1

Note. previous abuser = previous abusive relationship(s); Against will = sex against will; Phys. forced = physically forced to have sex; Total CAS = total Composite Abuse Scale score (Chronicity); Social support = total satisfaction with social support; Child abuse = total child abuse; Call police = self-initiated police contact; Other call = other-initiated police contact; No response = police did not respond; Dual arrest = arrested both you and ex/partner; Discouraged = tried to discourage you from wanting him/her charged; Not criminal = said it wasn't a criminal matter; Arrest partner = arrested ex/partner; Confiscate = confiscated weapons, Escort shelter = escorted you to a shelter; Ask charge = asked you if you wanted charges laid

$^{*}p < .05$, $^{**}p < .01$

$p < .01$; social support, $r = -.268$, $p < .01$; child abuse, $r = .263$, $p < .01$) and are therefore the most likely to be predictive of scores on the PTSD Checklist. Only one of the predictors from blocks three and four is significantly correlated with the PTSD Checklist ("tried to discourage you from wanting him/her charged", $r = .168$, $p < .05$), and is therefore likely to be the only predictor that may be predictive of scores on the PTSD Checklist. As displayed in Table 9, none of the predictor variables are highly correlated with one another. The highest correlation is between "ever had sex against will" and "ever physically forced to have sex" ($r = .690$, $p < .01$). However, many of the predictors are significantly correlated with one another, which can be problematic for a multiple regression analysis (Field, 2005).

Results of the regression analysis are presented in Tables 10 and 11. All tolerance and VIF values appear to be within acceptable parameters, and are shown in Table 11. Age, previous abusive relationships, sex against will, physically forced to have sex, total CAS scores, total satisfaction with social support, and total child abuse were entered at Block 1 and accounted for 25.9% of the variance in the model, a statistically significant result ($R^2 = .259$; $F(7, 177) = 8.860$, $p < .01$). Self-initiated and other-initiated police contact were entered at Block Two, and the resulting change in R^2 was not statistically significant. The police response variables, entered in Blocks 3 and 4, also did not produce a statistically significant change in R^2.

In the first model, total CAS scores, total satisfaction with social support, and total child abuse were statistically significant predictors of PTSD Checklist scores. Total CAS score had a beta weight of .360 ($p < .01$), where higher total CAS scores were

Table 10

Regression analysis for dependent variable (PTSD-Checklist)

Model	R^2	Std Error of the estimate	R^2 Change	F statistics for the model
1 (Age, previous abuser, against will, phys. forced, total CAS, social support, child abuse)	.259	12.204	.259	$F_{7, 177} = 8.860^{**}$
2 (Age, previous abuser, against will, phys. forced, total CAS, social support, child abuse, call police, other call)	.263	12.247	.003	$F_{2, 175} = .380$
3 (Age, previous abuser, against will, phys. forced, total CAS, social support, child abuse, call police, other call, no response, dual arrest, discouraged, not criminal)	.268	12.347	.005	$F_{4, 171} = .299$
4 (Age, previous abuser, against will, phys. forced, total CAS, social support, child abuse, call police, other call, no response, dual arrest, discouraged, not criminal, arrest partner, confiscate, escort shelter, ask charge)	.282	12.369	.015	$F_{4, 167} = .847$

Note. previous abuser = previous abusive relationship(s); Against will = sex against will; Phys. forced = physically forced to have sex; Total CAS = total Composite Abuse Scale score (Chronicity); Social support = total satisfaction with social support; Child abuse = total child abuse; Call police = self-initiated police contact; Other call = other-initiated police contact; No response = police did not respond; Dual arrest = arrested both you and ex/partner; Discouraged = tried to discourage you from wanting him/her charged; Not criminal = said it wasn't a criminal matter; Arrest partner = arrested ex/partner; Confiscate = confiscated weapons, Escort shelter = escorted you to a shelter; Ask charge = asked you if you wanted charges laid

$^{*}p < .05$, $^{**}p < .01$

Table 11

Regression coefficients for PTSD-Checklist

	B	Std. Error	Beta	Part correlation	Tolerance	VIF
Block 1:						
Constant	19.727	4.904				
Age	.071	.079	.063	.059	.872	1.147
Previous abuser	1.778	1.074	.113	.107	.905	1.105
Against will	3.750	2.869	.121	.085	.490	2.042
Phys. forced	-3.613	2.619	-.128	-.089	.485	2.062
Total CAS	.175	.033	.360**	.342	.903	1.108
Social support	-1.537	.488	-.233**	-.222	.906	1.104
Child abuse	1.370	.669	.154*	.132	.743	1.346
Block 2:						
Constant	19.554	5.306				
Age	.076	.079	.067	.063	.867	1.153
Previous abuser	1.861	1.091	.118	.111	.884	1.132
Against will	3.724	2.880	.120	.084	.490	2.043
Phys. forced	-3.827	2.640	-.136	-.094	.481	2.080
Total CAS	.172	.035	.355**	.318	.805	1.242
Social support	-1.530	.456	-.232**	-.218	.881	1.135
Child abuse	1.394	.673	.156*	.135	.741	1.350
Call police	-.587	.929	-.050	-.041	.669	1.494
Other call	.900	1.084	.066	.054	.661	1.513

Block 3:						
Constant	19.276	5.492				
Age	.074	.080	.066	.061	.861	1.161
Previous abuser	1.754	1.108	.111	.104	.871	1.148
Against will	3.696	2.930	.119	.083	.481	2.080
Phys. forced	-3.581	2.705	-.127	-.087	.465	2.150
Total CAS	.169	.036	.348**	.305	.769	1.300
Social support	-1.513	.479	-.229**	-.206	.810	1.234
Child abuse	1.401	.683	.157*	.134	.730	1.370
Call police	-.635	.972	-.054	-.043	.621	1.609
Other call	1.070	1.147	.079	.061	.600	1.667
No response	-2.601	3.712	-.053	-.046	.757	1.321
Dual arrest	-.709	5.467	-.010	-.008	.757	1.320
Discouraged	2.031	2.974	.054	.045	.686	1.458
Not criminal	.947	3.558	.023	.017	.598	1.673
Block 4:						
Constant	19.374	5.524				
Age	.034	.083	.030	.026	.795	1.258
Previous abuser	1.590	1.118	.101	.093	.859	1.164
Against will	4.661	3.022	.150	.101	.454	2.205
Phys. forced	-4.374	2.762	-.155	-.104	.448	2.234
Total CAS	.171	.037	.353**	.302	.730	1.371
Social support	-1.379	.491	-.209**	-.184	.776	1.289

Child abuse	1.371	.693	.154	.130	.711	1.406
Call police	.315	1.102	.027	.019	.485	2.063
Other call	1.101	1.166	.081	.062	.583	1.716
No response	-3.106	3.921	-.063	-.052	.681	1.469
Dual arrest	.631	5.539	.009	.007	.740	1.351
Discouraged	1.297	3.039	.034	.028	.659	1.518
Not criminal	1.165	3.604	.028	.021	.585	1.710
Arrest partner	-3.007	2.325	-.105	-.085	.647	1.545
Confiscate	.195	3.687	.004	.003	.770	1.299
Escort shelter	.889	3.616	.018	.016	.800	1.249
Ask charge	-2.267	2.258	-.080	-.066	.673	1.487

Note. previous abuser = previous abusive relationship(s); Against will = sex against will; Phys. forced = physically forced to have sex; Total CAS = total Composite Abuse Scale score (Chronicity); Social support = total satisfaction with social support; Child abuse = total child abuse; Call police = self-initiated police contact; Other call = other-initiated police contact; No response = police did not respond; Dual arrest = arrested both you and ex/partner; Discouraged = tried to discourage you from wanting him/her charged; Not criminal = said it wasn't a criminal matter; Arrest partner = arrested ex/partner; Confiscate = confiscated weapons, Escort shelter = escorted you to a shelter; Ask charge = asked you if you wanted charges laid

$^{*}p < .05$, $^{**}p < .01$

associated with higher scores on the PTSD Checklist. Total satisfaction with social support had a beta weight of -.233 ($p < .01$), where lower satisfaction with social support was associated with higher scores on the PTSD Checklist. Finally, total child abuse had a beta weight of .154 ($p < .05$), where more types of child abuse experienced was associated with higher scores on the PTSD Checklist. All other predictors did not have statistically significant beta weights.

In the second model, the same three predictors (total CAS score, total satisfaction with social support, and total child abuse) were statistically significant, with beta weights of .348 ($p < .01$), -.232 ($p < .01$), and .156 ($p < .05$) respectively. No other predictors were statistically significant. In the third model, the same three predictors (total CAS score, total satisfaction with social support, and total child abuse) were statistically significant, with beta weights of .355 ($p < .01$), -.229 ($p < .01$), and .157 ($p < .05$) respectively. No other predictors were statistically significant.

In the fourth model, total CAS score and total satisfaction with social support were statistically significant, with beta weights of .353 ($p < .01$) and -.209 ($p < .01$) respectively. Total child abuse fell just below statistical significance (beta = .154, p = .05). No other predictors were statistically significant.

3.3 Hypothesis #3 – The nature and frequency of police contact will be a significant predictor of scores on the CES-D 10, above and beyond other risk factors for IPV.

In order to assess whether or not the nature and frequency of police contact would be associated with symptoms of depression in the sample, the same predictor variables that were tested in Hypothesis #2 were tested again, this time using total CES-D 10 scores as the outcome variable. A correlation matrix pertaining to the multiple regression

predicting scores on the CES-D 10 from all 18 predictor variables is shown in Table 12. In block one sex against will, total CAS scores, total satisfaction with social support, and total child abuse are correlated with the outcome variable. In block two, other-initiated police contact is correlated with the outcome variable. Total satisfaction with social support is the most highly correlated with the outcome variable ($r = .228$, $p < .01$), making it the most likely variable to be predictive of scores on the CES-D 10. As previously noted, none of the predictor variables are highly correlated with one another. Results of the regression analysis are presented in Tables 13 and 14. All tolerance and VIF values appear to be within acceptable parameters, and are shown in Table 13. Age, previous abusive relationships, sex against will, physically forced to have sex, total CAS scores, total satisfaction with social support, and total child abuse were entered at Block 1 and accounted for 12.0% of the variance in the model, a statistically significant result ($R^2 = .120$; $F(7, 177) = 3.443$, $p < .01$). Self-initiated and other-initiated police contact were entered at Block Two, and the resulting change in R^2 was not statistically significant. The police response variables, entered in Blocks 3 and 4, also did not produce a statistically significant change in R^2.

In the first model, total CAS score and total satisfaction with social support were statistically significant predictors of CES-D 10 scores. Total CAS score had a beta weight of .150 ($p < .05$), where higher total CAS scores were associated with higher scores on the CES-D 10. Total satisfaction with social support had a beta weight of -.191 ($p < .05$), where lower satisfaction with social support was associated with higher scores on the CES-D 10. All other predictors did not have statistically significant beta weights.

Table 12

Correlation matrix pertaining to regression equation predicting CES-D 10 scores

	CES-D 10	Age	Previous abuser	Against will	Phys. Forced	Total CAS	Social support	Child abuse	Call police	Other call	No response	Dual arrest	Discouraged	Not criminal	Arrest partner	Confiscate	Escort shelter	Ask charge
CES-D 10	1																	
Age	- 134	1																
Previous abuser	131	057	1															
Against will	167*	130	241**	1														
Phys. forced	128	024	217**	690**	1													
Total CAS	174*	- 032	032	231**	302**	1												
Social support	- 228**	156*	- 082	- 063	- 133	- 004	1											
Child abuse	184*	- 254**	226**	302**	320**	110	- 280**	1										
Call police	041	- 007	162*	104	116	289**	- 154*	078	1									
Other call	151*	- 066	062	149*	204**	326**	- 140	070	538**	1								
No response	- 025	- 062	017	147*	140	269**	- 022	035	369**	392**	1							
Dual arrest	060	- 028	011	059	166*	068	- 220**	110	139	281**	141	1						

Discouraged	009	- 012	108	075	039	232**	- 091	009	265**	159*	230**	143	1					
Not criminal	- 037	- 021	021	049	015	177*	049	052	284**	256**	292**	355**	501**	1				
Arrest partner	- 109	- 171*	- 020	014	- 041	076	037	067	401**	223**	074	135	015	107	1			
Confiscate	016	- 026	039	- 025	022	222**	- 059	- 002	223**	204**	316**	040	021	001	271**	1		
Escort shelter	- 060	- 084	083	018	101	038	005	134	207**	261**	179*	141	178	175*	271**	179*	1	
Ask charge	- 005	- 166*	021	115	063	210**	- 004	027	455**	331**	255**	125	085	223**	390**	216**	216**	1

Note. previous abuser = previous abusive relationship(s); Against will = sex against will; Phys. forced = physically forced to have sex; Total CAS = total Composite Abuse Scale score (Chronicity); Social support = total satisfaction with social support; Child abuse = total child abuse; Call police = self-initiated police contact; Other call = other-initiated police contact; No response = police did not respond; Dual arrest = arrested both you and ex/partner; Discouraged = tried to discourage you from wanting him/her charged; Not criminal = said it wasn't a criminal matter; Arrest partner = arrested ex/partner; Confiscate = confiscated weapons, Escort shelter = escorted you to a shelter; Ask charge = asked you if you wanted charges laid

$^{*}p < .05$, $^{**}p < .01$

Table 13

Regression analysis for dependent variable (CES-D 10)

Model	R^2	Std Error of the estimate	R^2 Change	F statistics for the model
1 (Age, previous abuser, against will, phys. forced, total CAS, social support, child abuse)	.120	6.282	.120	$F_{7, 177} = 3.443$**
2 (Age, previous abuser, against will, phys. forced, total CAS, social support, child abuse, call police, other call)	.133	6.269	.014	$F_{2, 175} = 1.365$
3 (Age, previous abuser, against will, phys. forced, total CAS, social support, child abuse, call police, other call, no response, dual arrest, discouraged, not criminal)	.147	6.292	.014	$F_{4, 171} = .681$
4 (Age, previous abuser, against will, phys. forced, total CAS, social support, child abuse, call police, other call, no response, dual arrest, discouraged, not criminal, arrest partner, confiscate, escort shelter, ask charge)	.173	6.268	.027	$F_{4, 167} = 1.340$

Note. previous abuser = previous abusive relationship(s); Against will = sex against will; Phys. forced = physically forced to have sex; Total CAS = total Composite Abuse Scale score (Chronicity); Social support = total satisfaction with social support; Child abuse = total child abuse; Call police = self-initiated police contact; Other call = other-initiated police contact; No response = police did not respond; Dual arrest = arrested both you and ex/partner; Discouraged = tried to discourage you from wanting him/her charged; Not criminal = said it wasn't a criminal matter; Arrest partner = arrested ex/partner; Confiscate = confiscated weapons, Escort shelter = escorted you to a shelter; Ask charge = asked you if you wanted charges laid

**$p < .01$

Table 14

Regression coefficients for CES-D 10

	B	Std. Error	Beta	Part correlation	Tolerance	VIF
Block 1:						
Constant	13.614	2.524				
Age	-.060	.040	-.112	-.104	.872	1.147
Previous abuser	.648	.553	.087	.083	.905	1.105
Against will	2.275	1.477	.155	.109	.490	2.042
Phys. forced	-1.069	1.348	-.080	-.056	.485	2.062
Total CAS	.034	.017	.150*	.143	.903	1.108
Social support	-.594	.231	-.191*	-.182	.906	1.104
Child abuse	.189	.344	.045	.039	.743	1.346
Block 2:						
Constant	13.858	2.716				
Age	-.055	.040	-.103	-.096	.867	1.153
Previous abuser	.755	.559	.101	.095	.884	1.132
Against will	2.260	1.474	.154	.108	.490	2.043
Phys. forced	-1.267	1.351	-.095	-.066	.481	2.080
Total CAS	.035	.018	.151	.135	.805	1.242
Social support	-.604	.234	-.194*	-.182	.881	1.135
Child abuse	.207	.344	.049	.042	.741	1.350
Call police	-.685	.475	-.124	-.101	.669	1.494
Other call	.780	.555	.122	.099	.661	1.513

Block 3:						
Constant	13.079	2.799				
Age	-.060	.041	-.112	-.104	.861	1.161
Previous abuser	.731	.565	.098	.091	.871	1.148
Against will	2.495	1.493	.170	.118	.481	2.080
Phys. forced	-1.399	1.379	-.105	-.072	.465	2.150
Total CAS	.039	.018	.171*	.150	.769	1.300
Social support	-.572	.244	-.184*	-.165	.810	1.234
Child abuse	.197	.348	.047	.040	.730	1.370
Call police	-.478	.495	-.086	-.068	.621	1.609
Other call	.050	.585	.149	.116	.600	1.667
No response	-2.453	1.892	-.105	-.092	.757	1.321
Dual arrest	.377	2.786	.011	.010	.757	1.320
Discouraged	-.403	1.515	-.023	-.019	.686	1.458
Not criminal	-.941	1.814	-.047	-.037	.598	1.673
Block 4:						
Constant	12.833	2.799				
Age	-.082	.042	-.153	-.136	.795	1.258
Previous abuser	.635	.566	.085	.079	.895	1.164
Against will	2.855	1.531	.195	.131	.454	2.205
Phys. forced	-1.708	1.400	-.128	-.086	.448	2.234
Total CAS	.036	.019	.157	.134	.730	1.371
Social support	-.458	.249	-.147	-.130	.776	1.289

Child abuse	.252	.351	.060	.050	.711	1.406
Call police	.030	.558	.005	.004	.485	2.063
Other call	1.043	.591	.163	.124	.583	1.716
No response	-3.014	1.987	-.129	-.107	.681	1.469
Dual arrest	1.326	2.807	.039	.033	.740	1.351
Discouraged	-.520	1.540	-.029	-.024	.659	1.518
Not criminal	-.874	1.826	-.044	-.034	.585	1.710
Arrest partner	-2.240	1.178	-.166	-.134	.647	1.545
Confiscate	.921	1.868	.040	.035	.770	1.299
Escort shelter	-1.221	1.832	-.054	-.047	.800	1.249
Ask charge	-.404	1.144	-.030	-.025	.673	1.487

Note. previous abuser = previous abusive relationship(s); Against will = sex against will; Phys. forced = physically forced to have sex; Total CAS = total Composite Abuse Scale score (Chronicity); Social support = total satisfaction with social support; Child abuse = total child abuse; Call police = self-initiated police contact; Other call = other-initiated police contact; No response = police did not respond; Dual arrest = arrested both you and ex/partner; Discouraged = tried to discourage you from wanting him/her charged; Not criminal = said it wasn't a criminal matter; Arrest partner = arrested ex/partner; Confiscate = confiscated weapons, Escort shelter = escorted you to a shelter; Ask charge = asked you if you wanted charges laid

*$p < .05$

In the second model, total satisfaction with social support remained a statistically significant predictor of CES-D 10 scores, with a beta weight of -.194 ($p < .05$). Total CAS score fell below statistical significance. No other predictors were statistically significant.

In the third model, total CAS score and total satisfaction with social support were statistically significant, with beta weights of .171 ($p < .05$) and -.184 ($p < .05$) respectively. No other predictors were statistically significant.

In the fourth model, total CAS score and total satisfaction with social support fell below statistical significance ($p > .05$). No other predictors were statistically significant.

4. DISCUSSION

4.1 Overview

In the literature on help-seeking due to IPV, there is a general consensus that help-seeking is one of the most important predictors of successful coping with the stress and trauma that is associated with IPV (Sullivan & Bybee, 1999). Canadian census data, as well as many other individual studies, show that female victims of IPV show a preference towards using counselling services, emergency shelters, and other services that fit the principles of respect for autonomy, concern for safety, anonymity, and that present multiple options that women can choose from. As IPV is generally shown to be under-reported to police, one explanation is that police assistance does not fit these principles. In most studies, women who have experienced IPV tend not to report it to police, even if the abuse results in physical injuries (Satistics Canada, 2001; Wolf et al., 2003).

Beginning in the 1980s, all Canadian police jurisdictions began implementing aggressive pro-arrest legislation. These changes were brought about, to some extent, by changing societal attitudes towards IPV. There were also aspirations, on the part of law enforcement agencies and the criminal justice system, to criminalize IPV, to prioritize the safety and security of victims, and to increase victims' confidence in the administration of justice. To date, a small number of studies have attempted to evaluate the outcome of the changes that have been made to the criminal justice system's response to IPV. Most existing studies focus on the perpetrators of IPV, looking at rates of arrest and subsequent IPV recidivism. Victim corroboration is occasionally used as a verification of rates of recidivism. However, direct study of the well-being of victims following the arrest of their partner has, in general, not been undertaken. It appears that there is an assumption

that removal of the abuser from the home is sufficient to ensure the safety of the victim. This assumption is challenged by the rates of violence being reported by women who have left abusive partners, as well as those studies which show an increase in violence following the arrest of IPV perpetrators.

In the current study, almost 70% of women reported that they had called police due to IPV at least once. This was the second most commonly used service, the most common being counselling programs, which were used by over 80% of the participants. Emergency shelters, second-stage housing, and crisis lines were used less often than police. Also in the current study, none of the specific police responses that were examined were able to predict the mental health outcomes of the participants. These results were not expected considering the theoretical basis of the hypotheses. Further interpretation of these findings is provided in the sections that follow. Although no causal inferences can be made based on these findings, it appears that the frequency and nature of police contact is unrelated to mental health outcomes in women who have experienced IPV. Also, it appears that police assistance may be accessed more frequently in certain subpopulations of victims of IPV. These findings leave us with more questions than answers, and so a significant portion of the following discussion will consider future directions, as well as the limitations of the current study.

4.2 Hypothesis #1 – Women will access police assistance less often than they will access other services in response to IPV.

In order to determine the rates of service usage, frequency counts were conducted using the questions pertaining to calling police, and using services such as counselling program and emergency shelters. It was expected that the rates of using counselling

programs, emergency shelters, second-stage transitional housing, and crisis lines, would be higher than the rates of calling police. This would have been in line with Canadian census data, as well as many other studies that have examined the help-seeking preferences of women who have experienced IPV (Chang et al, 2005; Du Mont et al., 2005, Sullivan & Bybee, 1999). This hypothesis was not supported by the data. In fact, 69.2% of the women in the sample reported that they had accessed police assistance. The only service that was accessed more often than police was counselling programs, which were reportedly used by 82.7% of the sample. Police assistance was reportedly accessed more often than emergency shelters (50.3%), crisis lines (37.3%), and second-stage transitional housing (10.8%).

It is unlikely that these findings are the result of flawed study design or biased procedures. However, rates of service usage are influenced by a number of factors, including availability of services and characteristics of the sample population (such as severity of abuse). Participants were also recruited from formal service agencies, so all participants had already been "in the system" and may have accessed police services at higher rates than participants recruited in other ways. As well, it has been noted that rates of service utilization can be an artefact of data collection methods, such as the study by Hutchinson and Hirschel (1998) that showed that police assistance was the most often used service in response to IPV, at least in part due to recruiting participants directly from a police department.

4.3 Hypothesis #2 – The nature and frequency of police contact will be a significant predictor of scores on the PTSD Checklist, above and beyond other risk factors for IPV.

In order to determine if PTSD symptoms were predicted by the nature and frequency of police contact while statistically controlling for other risk factors for PTSD, a multiple hierarchical regression procedure was used. It was expected that both the frequency and nature of police response would predict PTSD symptom severity, independent of the chronicity of IPV, experiences with child abuse, satisfaction with social support, age, experiencing multiple abusive relationships, and being sexually assaulted (either having sex against one's own will, or being physically forced to have sex). This hypothesis was not supported by the results of this analysis. The main findings are as follows.

Abuse chronicity, satisfaction with social support, and experiences with child abuse were the only significant predictors of variance in PTSD symptoms. These findings were expected, although they do not support the hypothesis. None of the police response variables were found to significantly contribute to variance in PTSD symptoms. Also, the number of times that the participant herself had called police due to IPV, and the number of times someone else had called police on her behalf, made no significant contribution to the variance in PTSD scores. These results were unexpected.

It is possible that, in the myriad of other factors that mediate IPV and PTSD symptoms, as well as the abuse itself, far outweigh any positive or negative experiences with police assistance. However, given the number of predictor variables compared to the number of participants, it is also possible that the statistical power to detect the existing effect sizes of the police response variables was not achieved. When the last block of predictors was entered into the multiple regression, child abuse experiences were no longer a statistically significant predictor of PTSD symptoms. This may have

happened due to the low statistical power of the regression model when all 18 predictors were included.

4.4 Hypothesis #3 – The nature and frequency of police contact will be a significant predictor of scores on the CES-D 10, above and beyond other risk factors for IPV.

In order to determine if symptoms of depression were predicted by the nature and frequency of police contact while statistically controlling for other risk factors for depression, a multiple hierarchical regression procedure was used, identical to the procedure described above that was used to predict PTSD symptoms. Again, it was expected that the nature and frequency of police response would predict the severity of depression symptoms above and beyond the IPV itself, as well as other risk factors for depression. This hypothesis was not supported by the results of the analysis.

Once again, police response and the frequency of police contact (self-initiated and other-initiated) did not significantly contribute to the variance in symptoms of depression. IPV chronicity and social support were significant predictors of symptoms of depression when only the first block of predictors was entered into the multiple regression model. This was expected, given what is known about the association between IPV and depression, and the benefits of social support. Social support was the only significant predictor of depression symptoms in the second block. Abuse chronicity appeared once again, alongside social support, as a significant predictor of symptoms of depression in the third block. Once the final block was added to the multiple regression model, there were no statistically significant predictors of depression symptoms.

4.5 Possible explanation of findings

While the specific estimates of service usage vary widely across populations, recent estimates in Canada suggest that around 48% of women who have experienced IPV access a formal social service, and about 35% access a legal service (Statistics Canada, 2001). Researchers in this area have shown that the services that are used more often by women in response to IPV are those that consider their safety, their autonomy, and allow for them to remain anonymous (Chang et al., 2005). Services that present multiple options that women can choose from, and that are accommodating of various stages of "readiness" to receive help, are also often shown to be preferred over those that do not allow the victims to decide what to do (Chang et al., 2005).

One factor that may explain variability in service use patterns is the availability of services in a particular area. Police services may be used more when emergency shelters, counselling services, and crisis lines are not available (Shannon et al., 2006). However, as suggested by Shannon and colleagues (2006), increased service usage does not necessarily mean increased perceived helpfulness of that service. Also, some researchers suggested that women who have fewer friends and family to turn to may access police assistance more often than women who have a strong social network (Du Mont et al., 2005; Petersen et al., 2005). However, social support has actually been found to predict increased police utilization in response to IPV (Dobash & Dobash, 1980; Du Mont et al., 2005).

As noted by Hutchinson and Hirschel (1998), different service utilization patterns can be an artefact of participant recruitment methods. Although the Healing Journey Project team did not recruit directly from police departments, many participants were recruited from local shelters, second-stage transitional housing, and women's centres that

offer counselling programs and services for women who have experienced IPV. The fact that these women were engaged in help-seeking due to IPV, and that there was a relatively high prevalence of severe combined abuse and physical abuse in this sample, could explain the high usage of police assistance. Greater severity of abuse, especially physical and sexual violence, may be associated with greater police utilization (Henning & Klesges, 2002). Also, involvement with one help-seeking resource is also sometimes associated with using other resources (DuMont et al., 2005). Overall, it is also not uncommon for women to use a wide variety of helping resources in response to IPV (Hutchinson & Hirschel, 1998).

Although police assistance was accessed more often than shelters, second-stage housing, and crisis lines in the current study, there is no way to know if the greater service utilization is in any way associated with increased satisfaction with police assistance, nor with increased perceived helpfulness of that service. The actual effectiveness of a service is also not always indicated by how often it is used. Specifically, Donato and Bowker (1984) found that some services, such as battered women's groups, were used less frequently than traditional social services (such as counselling agencies), but that some of these lesser-used services produced greater long-lasting positive effects.

The hypotheses that were tested through the hierarchical multiple regression analyses were not supported by the results. It appears that symptoms of PTSD and depression can not be predicted by the number of times police are called to assist an IPV victim, and that it does not matter whether or not the victim has called for police assistance herself. It also appears that specific police responses do not predict symptoms

of PTSD and depression. Even the more extensively studied police responses, such as arresting the perpetrator, which may deter future violent episodes, were not shown to be correlated with mental health outcomes in female victims of IPV (Maxwell et al., 2001). The only indication that some mediation effects may be present is that slightly different predictors were statistically significant in predicting each outcome variable, and the pattern in which some of the predictors eventually lost their statistical significance also showed a slight difference between outcome variables.

In the absence of any statistically significant predictors in the second, third, and fourth blocks of the multiple regression analyses, there is no way to know if perhaps one or more of the predictors entered in those blocks was influencing the variance accounted for by the statistically significant predictors in the first block. At this point, it is more prudent to assume that the predictor variables that fell below statistical significance as more predictors were entered into the multiple regression model did so due to lowered statistical power of the overall model once more than the initial seven predictors were entered.

4.6 Clinical relevance of findings

It was hoped that the findings of the current study would add to the literature on risk factors for mental health consequences following IPV. In particular, I was interested in the nature and frequency of police contact, and any possible relationship to scores on the CES-D 10 or the PTSD Checklist. However, frequency of police contact and specific police responses were not significant predictors of either indicator of psychopathology. Therefore, at this time there is insufficient evidence to suggest that seeking police

assistance is in any way predictive of clinical outcomes for women who have experienced IPV.

Satisfaction with practical and emotional social support was predictive of better mental health outcomes, above and beyond the severity of IPV, as well as other risk factors, such as being abused as a child, or experiencing physically forced sexual intercourse. This finding is consistent with the existing body of literature on social support, and also with the specific studies of social support for women who have experienced IPV (Coker et al. 2002; Kessler et al, 1985; Lee et al., 2007; Mitchell, & Hodson, 1983). Although no causal relationships can be inferred from the findings of this study, social support provided in experimental studies has shown to reduce stress and facilitate successful coping, suggesting that social support is beneficial in times of adversity (Sarason & Sarason, 1986). It may also be that people who are more resourceful, have more agreeable personalities, or are otherwise better able to garner support from their friends and family, experience fewer negative mental health consequences (Varkovitzky et al., 2004). In any case, the bulk of the evidence supports interventions that work towards mobilizing the support networks of women who have experienced IPV, and the findings of this thesis are no exception.

4.7 Limitations

There are many limitations to the current study that will need to be addressed in order to further the research into police response to IPV. Some of these limitations are inherent to the methodologies that were used, and were considered to be unavoidable in the initial cost-benefit analysis that was undertaken when the study was designed. Other limitations may be overcome in future research projects. The following sections describe

the limitations of the current study, and suggestions for overcoming these limitations are made where appropriate.

4.7.1 Measuring police response

The police response variables that were available for use in this thesis were not designed specifically to answer the hypotheses posed. This is, perhaps, the single most important limitation to the current study. While useful in terms of describing the experiences of the sample of women who participated in the Healing Journey Project, these items have limited utility beyond simple description. Specific theoretical and methodological challenges are detailed in the following sections.

4.7.1.1 Dichotomous responses

The police response items were all dichotomous yes/no variables. As such, the variability on these items was severely limited. Furthermore, even though the instructions on the questionnaire were for participants to check off all responses that applied to their situation, it appears that many women only checked off one of the police response items. The small number of response items, and the fact that only one item was checked off for most of the participants, made it infeasible to convert the police response measure into a scale. One change that might remedy this situation would be to include more items, to increase the likelihood that multiple responses will apply to each respondent's individual situation. Another approach that would produce more variance would be to include follow-up questions for each item asking how many times the respondent experienced a particular police response.

4.7.1.2 Types of experiences examined

The police responses that were included in the questionnaire represent only a small sampling of possible police responses. The very basic set of items that were included provide only limited information about police response to IPV. Some of the items, such as "police did not respond", were too vague to be able to determine the surrounding circumstances. One item, "just talked to you" could not be included in the analyses, because it was too vague to ascribe even a tentative positive or negative connotation to it. Other items, such as "escorted you to a shelter" were too specific, as it may also be possible that police would assist by escorting a victim to the home of a friend or relative. There are many more experiences with police response that could be investigated. Please see the future directions section of this thesis for more specific suggestions as to what might be included.

4.7.1.3 Helpfulness versus unhelpfulness

This is perhaps the most important missing piece from the police response items. In the absence of the participants' own thoughts and feelings regarding the police response that they experienced, the items were grouped, based on literature review, into items that have been identified as helpful or unhelpful by participants in other research studies on police response to IPV. However, the unique situation of each participant would have dictated whether or not a specific police response was helpful and appreciated, or not. Some of the items, such as "arrested ex/partner" have been identified as helpful by the majority of participants in other studies. The Department of Justice in Canada (2009) has noted that approximately 85% of women who call police are in support of their partner or ex-partner being arrested, leaving 15% who are not in support of arrest. It is also likely, based on what is known about abusive relationships, that

ambivalence is a common reaction to seeing one's abuser in handcuffs. A particular response may be helpful to a victim at one point in time, and not helpful in another circumstance. The only way to know if a police response was perceived as being helpful is to ask the individual involved. This can be accomplished by asking how helpful she felt the police response was, or by asking how satisfied she was with the police's response to her IPV.

4.7.2 Measuring child abuse

Participants were asked to self-identify as either being abused, or not being abused, in the following ways: physically, sexually, emotionally, through witnessing violence between parents, or by being neglected. An empirically validated measure of child abuse was not used, and data on abuse severity was not collected. As such, there is no way to tell how severely any of the participants were abused as children. While all experiences with abuse are unacceptable, having information on abuse severity does assist in determining the degree of association between abuse and other variables. The method used in this thesis of combining dichotomous variables into a scaled measure was not empirically validated, and relied upon the assumption that the number of different types of child abuse experienced by a single individual may serve as a proxy for child abuse severity. While this may be a reasonable assumption, including a more thorough assessment of child abuse experiences would be a preferable solution.

4.7.3 Measuring social support

An empirically-validated measure of social support was not included in the Healing Journey Project questionnaires. However, the two items regarding satisfaction with practical and emotional support from friends and family were combined to create a

10-point Likert-type scale. As many empirically-validated measures of social support include both practical and emotional support subscales, this was thought to be a reasonable step to take. Also, satisfaction with social support is perhaps more important than the availability of support, as social networks can also be a source of stress and hassles. Even so, using an existing measure of social support would have made it easier to compare the Healing Journey sample with samples from other studies that made use of such measures.

4.7.4 Other methodological issues

The following methodological issues represent limitations inherent to the type of methodology that was chosen for this particular study. For example, the data that were gathered are correlational in nature, and therefore can not be used to make causal inferences. However, these methods are often chosen to study phenomenon that can not, for ethical or logistical reasons, be studied through experimentation. Other methodological limitations are detailed in the following sections.

4.7.4.1 Self-report data

This thesis relies exclusively on self-report data. Self-report data are subject to individual biases, as well as occasional deception. However, this is considered an acceptable cost when considering the benefits of tapping rich descriptions and interpretations of individual experiences. Furthermore, participants may sometimes withhold information that they are not willing to share, for personal reasons. This issue was addressed by using trained interviewers, and an effort was made to have participants talk to the same interviewer over the course of the study.

4.7.4.2 Sample characteristics

One sample characteristic that was problematic was the sample size. Although the overall number of participants in the current study should have created sufficient power for the multiple regression analyses, not all participants had contacted police due to their IPV. Therefore, the required statistical power to detect the associations between the police response variables and the outcome variables was not achieved. A larger sample size, with a greater number of participants reporting that they had experienced at least one of the eight police responses included in the analyses, may have been able to detect even a small effect size.

The Healing Journey Project participants were a diverse community sample. The diversity of the sample, in terms of cultural group, level of education, disability status, sexual orientation, and so on, is a strength that will allow for considerable generalizability of the findings yielded from analyses using this data set. However, there are some unique characteristics of the sample that should be noted. The Healing Journey Participants were mainly help-seekers. That is, they were recruited from various helping agencies in their communities. However, a snowball effect was also noted, where some of the participants told others in their social network about the Healing Journey Project, and this led to some of those people enrolling in the study. Overall, the sample is one of convenience, as random sampling methods were in no way utilized.

4.7.4.3 Confounding experiences and memory decay

One of the screening criteria for the Healing Journey Project was that women had to have experienced an incident of physical violence at some point in time since January, 2000. However, as data collection started in 2006, a significant period of time may have elapsed between the time of data collection, and the last experience of physical violence.

A protocol for asking for the approximate date of the last incident of physical violence that was experienced was not developed until later waves of data collection. Therefore, memory decay may limit the veracity of the data that was collected.

Although experiences with sexual assault, child abuse, social support, and so on, were statistically controlled for in the multiple regression analyses, this is not the same as controlling for these variables in a more experimental fashion. Such control over real-world circumstances is not possible, and therefore these variables, as well as many others that were not included in the analyses, are naturally confounded with the outcome variables. Another possible confound in these analyses is the attitudinal orientation of the researchers and interviewers in the Healing Journey team. The focus of the interview questions for the Healing Journey Project were on the resourcefulness, resiliency, and agency of victims of IPV. Therefore, the questions that were asked, and how they were asked, may also be confounded with the outcome variables.

4.8 Future directions

A major limitation of this thesis is that the way in which the police response variables were used did not necessarily match their intended use. Therefore, one of the products of this thesis is a series of recommendations for items that may be included in a scale of police response. The purpose of this scale would be to further examine the details of police response to IPV, from the perspective of female victims. A more versatile and empirically sound measure will also allow for further, and perhaps more successful, testing of hypotheses. The following recommendations are based on research by Wolf and colleagues (2003), Jordan (2004), Rigakos (1995), and others, as well as my

own observations about what was missing from the police response items used for this thesis.

4.8.1 Arrest possibilities

The items available from the Healing Journey data included "arrested ex/partner" and "arrested both me and my ex/partner." The rate of arrests in cases of IPV will likely continue to be of interest to researchers, to examine both the possible benefits of arrest of the perpetrator, as well as the preferences of victims. The incidence of both partners being arrested when police are called out to a domestic disturbance, also known as dual arrest, has increased due to aggressive mandatory arrest policies. It remains important to monitor the phenomenon of dual arrest and to understand the conditions under which victims are at risk of being taken into custody, as well as the potential impact that being arrested has on their lives. Similarly, a third arrest possibility, "arrested only me" could be added. While the likelihood of only the victim being arrested is unusual, including this item would provide further information. The questionnaire will need to specify that the victim was arrested after being assaulted by her intimate partner, to rule out an arrest that was due to the victim's own criminal activity. There were approximately two incidents of victim-only arrest mentioned by participants in the "other" category of the police response items.

4.8.2 Police attitude towards IPV

Societal attitudes undoubtedly have shaped police response to IPV globally in terms of policies and legislation. On the level of the individual officer making judgements in complex social situations, less is known about how individual attitudes may be associated with particular police responses. Rigakos (1995) noted that police

subculture, which is characterized by hypermasculinity and conservative views of women's gender roles, can amplify societal attitudes towards violence against women. The resulting attitudes of individual police officers are victim-blaming, and construe "battered" women as deceitful, manipulative, and unreliable. It also appears that relatively few negative experiences with victims of IPV tend to colour an officer's view of all women who have abusive partners (Rigakos, 1995). That is, if they have one case where a woman chooses not to appear in court, the officer not only judges her decision to be wrong, but then expects all women who have abusive partners to be equally as "uncooperative" with court proceedings. This belief is maintained, even in the presence of overwhelming evidence that most women do come to court to testify, as shown in the official court records (Rigakos, 1995). Rigakos (1995) notes that female victims of IPV are right to be distrustful of police, who so often fail to provide them the protection that they seek.

It appears that there is room for further exploration of this important issue. In particular, the above attitudes are associated with a belief that some women are deserving of protection from abuse, while others are not (Rigakos, 1995). In particular, women who violate traditional gender norms (examples cited are women who verbally protest being abused, or who do not keep their homes neat and tidy) are more likely to be blamed for their abuse, and the police express sympathy for the men who abuse these women (Rigakos, 1995). Furthermore, the excuses frequently used by men who abuse their intimate partners, such as stress due to work or finances, or alcohol, were often affirmed by the officers who participated in the Rigakos (1995) study.

Taking a closer look at some of these attitudinal determinants of police response may reveal an important starting point for further training that is truly informative of the dynamics of violence and abuse in families. Also, as the study conducted by Rigakos (1995) was an examination of police attitudes at only one small municipal detachment in Canada, it would be important to conduct broader investigations to confirm that the attitudes expressed by the police officers in that study actually represent a norm amongst all police officers in Canada.

The Healing Journey Project police response items did not ask about police attitudes towards IPV, but some possibilities to include, based on the above literature, might be "blamed me for causing the abuse by provoking my partner," "blamed me for causing the abuse by not completing the housework adequately," "the officer expressed that he or she did not believe that I would testify against my partner in court," and finally, "agreed with my partner that he or she was abusive towards me because of something out of his or her control, such as finances or alcohol." These items would indicate whether or not the victim-blaming attitudes found by Rigakos (1995) are present and being expressed by police officers to victims of IPV.

4.8.3 Concern for safety

One of the main objectives of the aggressive pro-arrest policies that were legislated in Canada beginning in the 1980s was to prioritize the safety and security of victims of IPV. Policy documents often make reference to increasing the confidence of women who have experienced IPV in the administration of justice. However, researchers have continued to find that women are more often reluctant to put their faith in the justice system, often by choosing not to report IPV to police, and that this is sometimes due to

the system failing to provide the protection that was promised (Chang et al., 2005; Moe, 2007).

There are certain circumstances that may cue police to the increased risk of violence, such as the presence of a no contact order, or enrolment in a Domestic Violence Emergency Response System (DVERS) program. Willingness and dedication towards enforcing no-contact orders may be one indicator of police concern for the safety of victims of IPV. Another potentially dangerous situation occurs when a victim is questioned about IPV when her abusive partner is present (Wolf et al, 2003). Including items in a police response measure such as "enforced my no-contact order," "acknowledged that my ex/partner poses a serious threat to my safety," "did not ask me about IPV when my partner could hear what I was saying," and "asked me to call them out again if my ex/partner bothered me again" would allow for an assessment of how often police officers show concern for the safety of victims of IPV.

4.8.4 Respect for autonomy

The aggressive pro-arrest policies that were adopted by police departments across Canada, beginning in the 1980s, removed much of the discretion that police previously had in deciding whether or not to make an arrest when an intimate partner assault had occurred. As a result, it is less common for police officers to be able to consider the victim's wishes when a crime has been committed, as the perpetrator must be arrested. On the surface, it may seem then that officers are not able to respect the autonomy of women who have been abused by their intimate partners. However, it is still possible to show respect for the decisions that women make. Including items such as "respected my decision to not testify in court against my ex/partner," "understood that I wanted to keep

my family together," and "understood that I just wanted my partner to get help" would show how the decisions of female victims are received by police officers.

4.8.5 Concern for children

Women have reported that officers have questioned them about their IPV when their children were present in the room (Wolf et al. 2003). In the study by Wolf and colleagues (2003), women requested that officers show concern for children by having them leave the room before questioning their mother about their IPV. An item that could be added to a measure of police response to address concern for children are "had my children leave the room before asking me about IPV."

4.8.6 Sex of the responding officers

The victim-blaming views of police officers, as observed by Rigakos (1995), were expressed by both male and female officers alike. Therefore, the presence of a female on scene at a call that was made due to IPV does not guarantee that the victim will receive fair treatment. However, many of the abused women who participated in the study by Wolf and colleagues (2003) expressed that they would like to have a female officer to talk to when they call the police due to IPV. The main reason for this is that sometimes the injuries are to private areas of the body, such as the breasts or the vaginal area, and women would prefer to show these injuries to a female officer. Including an item such as "asked if I needed to speak with a female officer about my injuries" would assess the willingness of police to accommodate the preferences of female victims to disclose injuries to private parts of the body to female officers. The sex of the responding officer(s) should also be asked, for clarification, or to allow for gender-specific analysis of police response.

4.8.7 Choosing appropriate outcome measures

The current study used two mental health questionnaires, the PTSD Checklist and the CES-D 10, as outcome measures. Similar indicators of mental health are often used in IPV research, as PTSD and depression are the two most common mental health conditions that are associated with IPV (Coker et al. 2000; Mechanic et al., 2008). When studying the helpfulness of social support or IPV interventions, indicators of mental health may be appropriate outcome variables (Coker et al., 2002; Coker et al, 2005). Other outcome variables to consider would be general well-being, self-esteem, and self-efficacy, as IPV may affect these aspects of psychological health as well (Coker et al. 2000; Mechanic et al., 2008). Also, for police response in particular, faith in the justice system and feelings of safety may also be appropriate outcome measures, as these have been identified by the Canadian Department of Justice as important reasons for making changes to the justice system's response to IPV (2009).

4.9 Conclusions

It was hoped that the results of the analyses carried out in this thesis would connect the preferences of women who have experienced IPV when it comes to police response with real world outcomes. However, the complexity of the phenomenon of IPV does not lend itself well to getting a straightforward answer. There are many risk factors for IPV, such as age, cultural group, and gender, and there are just as many, and perhaps more, intervening factors that influence the mental health outcomes of victims of IPV. The unique circumstances of each survivor of IPV are difficult to quantify. Police responses that work well for one woman in a particular circumstance may not be as helpful to another person, or for the same person in another circumstance.

It was also hoped that the results of this thesis would be useful in informing further research into the association between of police response and the psychological health of women who have experienced intimate partner violence. However, as the results were not supportive of the hypotheses, it seems that very little ground has been gained. Perhaps, if given a chance to address some of the theoretical gaps in the existing literature, and the methodological limitations of this thesis, a clearer picture would emerge.

REFERENCES

American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.

Andresen, E. M., Carter, W. B., Malmgren, J. A., & Patrick, D. L (1994). Screening for depression in well older adults: evaluation of a short form of the CES-D. *American Journal of Preventive Medicine, 10*(2), 77-84.

Bent-Goodley, T. B., & Fowler, D. N. (2006). Spiritual and religious abuse: Expanding what is known about domestic violence. *Affilia, 21*, 282-295. doi: 10.1177/0886109906288901.

Blanchard, E. B., Jones-Alexander, J., Buckley, T. C., & Forneris, C. A. (1996). Psychometric properties of the PTSD checklist. *Behavior Research Therapy, 34*, 669-673.

Bolger, N., DeLongis, A., Kessler, R. C., & Schilling, E. A. (1989). Effects of daily stress on negative mood. *Journal of Personality and Social Psychology, 57,* 808-818.

Campbell, J. C. (2002). Health consequences of intimate partner violence. *Lancet, 359*, 1331-1336.

Chang, J. C., Cluss, P. A., Ranieri, L., Hawker, L., Buranosky, R., Dado, D., McNeil, M., & Scholle, S. H. (2005). Health care interventions for intimate partner violence: What women want. *Women's Health Issues, 15*, 21-30. doi: 10.1016/j.whi.2004.08.007.

Coker, A. L., Derrick, C., Lumpkin, J. L., Aldrich, T. E., Oldendick, R. (2000). Help-seeking for intimate partner violence and forced sex in South Carolina. *American Journal of Preventative Medicine, 19,* 316-320.

Coker, A. L., Smith, P. H., Bethea, L., King, M. R., & McKeown, R. E. (2000). Physical health consequences of physical and psychological intimate partner violence. *Archives of Family Medicine, 9,* 451-457.

Coker, A. L., Smith, P. H., McKeown, R. E., King, M. J. (2000). Frequency and correlates of intimate partner violence by type: Physical, sexual, and psychological battering. *American Journal of Public Health, 90, 553-559.*

Coker, A. L., Smith, P. H., Thompson, M. P., McKeown, R. E., Bethea, L., & Davis, K. E. (2002). Social support protects against the negative effects of partner violence on mental health. *Journal of Women's Health and Gender-Based Medicine, 11,* 465-475.

Coker, A. L., Watkins, K. W., Smith, P. H. & Brandt, H. M. (2003). Social support reduces the impact of partner violence on health: application of structural equation models. *Preventative Medicine, 37,* 259-267.

Coker, A. L.,Weston, R., Creson, D. L., Justice, B., & Blakeney, P. (2005). PTSD symptoms among men and women survivors of intimate partner violence: The role of risk and protective factors. *Violence & Victims, 20,* 625-643.

Coyne, J. C. & DeLongis, A. (1986). Going beyond social support: The role of social relationships in adaptation. *Journal of Consulting and Clinical Psychology, 54,* 454-460.

Crenshaw, K. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review, 43,* 1241-1299.

Dawson, M. & Dinovitzer, R. (2001). Victim cooperation and the prosecution of domestic violence in a specialized court. *Justice Quarterly, 18,* 593-622.

Dauvergne, M., & Johnson, H. (2001). Children witnessing family violence. *Juristat – Canadian Centre for Justice Statistics, 21.* (Catalogue no. 85-002-XIE).

DeLongis, A., Folkman, S., & Lazarus, R. S. (1988). The impact of daily stress on health and mood: Psychological and social resources as mediators. *Journal of Personality and Social Psychology, 54,* 486-495.

Department of Justice Canada. (2009). *Final Report of the Ad Hoc Federal-Provincial-Territorial Working Group Reviewing Spousal Abuse Policies and Legislation.* Ottawa: Statistics Canada. Retrieved from: http://www.justice.gc.ca/eng/pi/fv-vf/rep-rap/spo_e-con_a.pdf.

Dobash, R.E. & Dobash, R.P. (1980). *Violence Against Wives: A Case Against the Patriarchy.* London: Open Books.

Donato, K. M., & Bowker, L. H. (1984). Understanding the help-seeking behaviour of battered women: A comparison of traditional service agencies and women's groups. *International Journal of Women's Studies, 7,* 99-109.

Dugan, L., Rosenfeld, R., & Nagin, D. S. (2003). Exposure reduction or retaliation? The effects of domestic violence resources on intimate-partner homicide. *Law and Society Review, 37,* 169-198.

Du Mont, J., Forte, T., Cohen, M. M., Hyman, I., & Romans, S. (2005). Changing help-seeking rates for intimate partner violence in Canada. *Women & Health, 41,* 1-19.

Federal-Provincial-Territorial Ministers Responsible for the Status of Women (2002). *Assessing Violence Against Women: A Statistical Profile.* Ottawa: Author.

Fiore, J., Becker, J., & Coppel, D. B. (1983). Social network interactions: A buffer or a stress. *American Journal of Community Psychology, 11,* 423-439.

Field, A. (2005). *Discovering Statistics Using SPSS (2nd Ed.).* London: Sage.

Golding, J. M. (1999). Intimate partner violence as a risk factor for mental disorders: A meta-analysis. *Journal of Family Violence, 14,* 99-132. doi: 0885-7482/99/0600-0099.

Greaves, L., Hankivsky, O., & Kingston-Riechers, J. (1995) *Selected Estimates of the Costs of Violence Against Women.* London, Ontario: Centre for Research on Violence Against Women and Children.

Gillum, T. L. (2008a). Community response and needs of African American female survivors of domestic violence. *Journal of Interpersonal Violence, 23,* 39-57.

Hampton, M.R., Smith, P., Jeffery, B., & McWatters, B. (2001). Sexual experience, contraception, and STI prevention among high school students: Results from a Canadian urban centre. *Canadian Journal of Human Sexuality, 3* (4), 111-126.

Henning, K. R., & Klesges, L. M. (2002). Utilization of counseling and supportive services by female victims of domestic abuse. *Violence and Victims, 17*, 623-636.

Hare, S. C. (2006). What do battered women want? Victims' opinions on prosecution. *Violence and Victims, 21*, 611-628.

Hegarty, K. (2005). Coding of missing responses for the composite abuse scale (CAS). *Unpublished manuscript.*

Hegarty, K., Bush, R., & Sheehan, M. (2005). The Composite Abuse Scale: Further development and assessment of reliability and validity of a multidimensional partner abuse measure in clinical settings. *Violence and Victims, 20*, 529-547.

Hannawa, A. F., Spitzberg, B. H., Wiering, L., & Teranishi, C. (2006). "If I can't have you, no one can": Development of a relational entitlement and proprietariness scale (REPS). *Violence and Victims, 21*, 539-560.

Hellmuth, J. C., & McNulty, J. K. (2008). Neuroticism, marital violence, and the moderating role of stress and behavioural skills. *Journal of Personality and Social Psychology, 95,* 166-180. doi: 10.1037/0022-3514.95.1.166.

Herrenkohl, T. I., Mason, W. A., Kosterman, R., Lengua, L. J. Hawkins, J. D., Abbott, R. D. (2004). Pathways from physical childhood abuse to partner violence in young adulthood. *Violence and Victims, 19*, 123-136.

Hirshel, J. D., Hutchinson, I. W., Dean, C., Kelley, J. J., & Pesackis, C. E. (1990). *Charlotte Spouse Assault Replication Project: Final Report.* Washington DC: National Institute of Justice.

Holtzworth-Munroe, A. (2005). Male versus female intimate partner violence: Putting controversial findings into context. *Journal of Marriage and Family, 67*, 1120-1125.

Hutchinson, I. W. & Hirschel, J. D. (1998). Abused women: Help-seeking strategies and police utilization. *Violence Against Women, 4,* 436-456.

Jaffee, P., Wolfe, D., & Wilson, S. (1990). *Children of Battered Women.* London: Sage.

Johnson, M. P., & Ferraro, K. J. (2000). Research on Domestic Violence in the 1990s: Making distinctions. *Journal of Marriage and the Family, 62,* 948-963.

Jordan, C. E. (2004). Intimate partner violence and the justice system: An examination of the interface. *Journal of Interpersonal Violence, 19*, 1412-1434. doi: 10.1177/0886260504269697.

Krugman, S. D., Witting, M. D., Furuno, J. P., Hirshon, J. M. Limcangco, R., Périssé & Rasch, E. K. (2004). Perceptions of help resources for victims of intimate partner violence. *Journal of Interpersonal Violence, 19*, 766-777. doi: 10.1177/0886260504265621.

Kessler, R. C., DuPont, R. L., Berglund, P, & Wittchen, H. (1999). Impairment in pure and comorbid generalized anxiety disorder and major depression at 12 months in two national surveys. *American Journal of Psychiatry, 156,* 1915-1923.

Kessler, R. C., Price, R. H., & Wortman, C. B. (1985). Social factors in psychopathology: Stress, social support, and coping processes. *Annual Review of Psychology, 36,* 531-572.

Krause, E. D., Kaltman, S., Goodman, L, & Dutton, M. A. (2006). Role of distinct PTSD symptoms in intimate partner reabuse: A prospective study. *Journal of Traumatic Stress, 19,* 507-516.

LaViolette, A. (2009). Assessing intimate partner violence: A context sensitive aggression scale. *Journal of Child Custody, 6*, 219-231. doi: 10.1080/15379410903084665.

Lee, J., Pomeroy, E. C., & Bohman, T. M. (2007). Intimate partner violence and psychological health in a sample of Asian and Caucasian women: The roles of social support and coping. *Journal of Family Violence, 22,* 709-720.

Lempert, L. B. (1997). The other side of help: negative effects in the help-seeking process of abused women. *Qualitative Sociology, 20,* 289-309.

Liang, B., Goodman, L., Tummala-Narra, P., & Weintraub, S. (2005). A theoretical

framework for understanding help-seeking processes among survivors of intimate partner abuse. *American Journal of Community Psychology, 36,* 71-84.

Maxwell, C. D., Garner, J. H., & Fagan, J. A. (2001). The effects of arrest on intimate partner violence: New evidence from the spouse assault replication program. *National Institute of Justice: Research in Brief.* Retrieved from: http://www.ncjrs.gov/pdffiles1/nij/188199.pdf.

McClennen, J. C. (2005). Domestic violence between same-gender partners: Recent findings and future research. *Journal of Interpersonal Violence, 20,* 149-154. doi:10.1177/0886260504268762.

McClure, F. H., Chavez, D. V., Agars, M. D., Peacock, M. J., & Matosian, A. (2008). Resilience in sexually abused women: Risk and protective factors. *Journal of Family Violence, 23*, 81-88. doi: 10.1007/s10896-007-9129-4.

Mechanic, M. B., Weaver, T. L., & Resick, P. A. (2008). Mental health consequences of intimate partner abuse: A multidimensional assessment of four different forms of abuse. *Violence Against Women, 14,* 634-654.

Mitchell, R. E., & Hodson, C. A. (1983). Coping with domestic violence: Social support and psychological health among battered women. *American Journal of Community Psychology, 11,* 629-654.

Moe, A. M. (2007). Silenced voices and structured survival: Battered women's help-seeking. *Violence Against Women, 13,* 676-699. doi: 10.1177/1077801207302041.

National Population and Health Survey (NPHS), Cycle 6. (2004-2005). Statistics Canada.

Pence, E., & Paymar, M. (1993) *Education Groups For Men Who Batter: The Duluth Model.* New York: Springer Publishing.

Petersen, R., Moracco, K. E., Goldstein, K. M., & Clark, K. A. (2005). Moving beyond disclosure: Women's perspectives on barriers and motivators to seek assistance for intimate partner violence. *Women and Health, 40*, 63-76. doi: 10.1300/J013v40n03_05.

Perez, S., & Johnson, D. M. (2008). PTSD compromises battered women's future safety. *Journal of Interpersonal Violence, 23*, 635-651. doi: 10.1177/0886260507313528.

Pico-Alfonso, M. A. (2005). Psychological intimate partner violence: The major predictor of posttraumatic stress disorder in abuse women. *Neuroscience and Behavioural Reviews, 29*, 181-193. doi:10.1016/j.neubiorev.2004.08.010.

Radloff, L. S. (1977). The CES-D Scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement, 1*, 385-401.

Rook, K. S. (1984). The negative side of social interaction: impact on psychological well-being. *Journal of Personality and Social Psychology, 46,* 1097-1108.

Sarason, I. G., & Sarason, B. R. (1986). Experimentally-provided social support. *Journal of Personality and Social Psychology, 50,* 1222-1225.

Shalev, A. Y., Freedman, S., Peri, T., Brandes, D., Sahar, T., Orr, S. P., & Pitman, R. K. (1998). Prospective study of posttraumatic stress disorder and depression following trauma. *American Journal of Psychiatry, 155*, 630-637.

Shannon, L., Logan, T. K., Cole, J., & Medley, K. (2006). Help-Seeking and coping strategies for intimate partner violence in rural and urban women. *Violence and Victims, 21*, 167-181.

Sherman, L.W., & Berk, R. A. (1984). *The Minneapolis Domestic Violence Experiment.* Washington: Police Foundation Reports.

Sherman, L. W., Schmidt, J. D., Rogan, D. P., Smith, D. A., Gartin, P. R., Cohn, E. G., Collins, D. J., & Bacich, A. R. (1992). The variable effects of arrest on crime control: The Milwaukee Domestic Violence Experiment. *Journal of Criminal Law and Criminology*, 83, 137 - 169.

Statistics Canada. (2009). *Family Violence in Canada: A Statistical Profile.* (Catalogue no. 85-224-X). Ottawa: Statistics Canada.

Statistics Canada. (2007). *National Occupational Classification – Statistics (NOC-S) 2006.* Retrieved from: http://www.statcan.ca/english/Subjects/Standard/soc/2006/nocs06-menu.htm

Statistics Canada. (2004). *Family Violence in Canada: A Statistical Profile.* (Catalogue no. 85-224-XIE). Ottawa: Statistics Canada.

Statistics Canada. (2001). *Family Violence in Canada: A Statistical Profile.* (Catalogue no. 85-224-XIE). Ottawa: Statistics Canada.

Statistics Canada. (2000). *Family Violence in Canada: A Statistical Profile.* (Catalogue no. 85-224-XIE). Ottawa: Statistics Canada.

Sullivan, C. M. & Bybee, D. I. (1999). Reducing violence using community-based advocacy for women with abusive partners. *Jounral of Consulting and Clinical Psychology, 67,* 43-53.

Swanberg, J. E., Macke, C., & Logan, T. K. (2006). Intimate partner violence, women, and work: Coping on the job. *Violence and Victims, 21*, 561-578.

Walker, L. E. A. (2000). *The Battered Women's Syndrome.* New York: Harper & Row.

Waultermaurer, E. (2005). Measuring intimate partner violence (IPV): You may only get what you ask for. *Journal of Interpersonal Violence, 20*, 501-506. doi: 10.1177/0886260504267760.

Wauchope, B. A. (1988). Help-seeking decisions of battered women: A test of learned helplessness and two stress theories. *Paper presented at the 58th annual meeting of the Eastern Sociological Society.* Philadelphia, PA.

Wolf, M. E., Ly, U., Hobart, M. A., & Kernic, M. A. (2003). Barriers to seeking police help for intimate partner violence. *Journal of Family Violence, 18,* 121-129.

Wong, C. M. (2002). Post-traumatic stress disorder: Advances in psychoneuroimmunology. *Psychiatric Clinics of North America, 25,* 369-383.

Ursel, J, Tutty, L. M., & leMaistre, J. (2008). The justice system response to domestic violence: Debates, discussions, and dialogues. In J. Ursel, L. M. Tutty, & J. leMaistre (Eds.), *What's law got to do with it? The law, specialized courts, and domestic violence in Canada* (pp. 1-17). Toronto, ON: Cormorant Books Inc.

Varkovitsky, R., Cort, N., & Aubé, J. (2004). Agency, depression, and social support in residents of a domestic violence shelter. *Journal of Undergraduate Research, 3*, 42-47.

Vatnar, S. K. B., & Bjørkly, S. (2008). An interactional perspective of intimate partner violence: An in-depth semi-structured interview of a representative sample of help-seeking women. *Journal of Family Violence, 23*, 265-279. doi: 10.1007/s10896-007-9150-7.

APPENDIX A: ETHICS APPROVAL

UNIVERSITY OF REGINA

OFFICE OF RESEARCH SERVICES

MEMORANDUM

DATE: July 14, 2009

TO: Dr. Mary Hampton
Luther College

FROM: Dr. Bruce Plouffe
Research Ethics Board

RE: **Annual Research Status Report**

Thank you for submitting the required Annual Research Status Report on your project entitled, **"The Healing Journey: A Longitudinal Study of Women Affected by Intimate Partner Violence."** ***File # 01R0506.***

This memo confirms ethical clearance for an additional 12 months, beginning August 15, 2009.

Sincerely,

O. Bruce Plouffe

Dr. Bruce Plouffe
Research Ethics Board

Research and Innovation Centre, Room 109
Phone: (306) 585-4775
Fax: (306) 585-4893
www.uregina.ca/research

APPENDIX B: QUESTIONS FOR THE CURRENT STUDY

Demographics

1. How old are you?

2. Are you currently working?
    1. Yes, full-time
    2. Yes, part-time
    3. Yes, casual
    4. No [If no, skip to 12]

3. What is the highest level of education you have completed? _____

4. What is the current relationship that you have with your most recent abusive partner? (What is the status of the relationship?)
    1. Married
    2. Separated
    3. Divorced
    4. Common-law
    5. Ex common-law
    6. Boyfriend/girlfriend
    7. Ex boyfriend/girlfriend
    8. Other

5. How long has/had the relationship been abusive? _____

Service Utilization

1. Have you ever stayed at a battered women's shelter?
   1. Yes 2. No

2. Have you ever stayed at a residential second stage housing?
   1. Yes 2. No

3. Have you ever participated in any counselling programs?
   1. Yes 2. No

4. Have you ever used a crisis line service related to intimate partner abuse (as an adult only)?
   1. Yes 2. No

5. Have you ever been involved in the legal system as a result of your intimate ex/partner abuse? (Circle ALL that apply)
   1. No
   2. Yes, family law system
   3. Yes, police
   4. Yes, criminal courts
   5. Yes, had order/s preventing contact by abusive ex/partner
   6. Yes, all of the above

Composite Abuse Scale

I would like to know if you experienced any of the actions/threats below and how often it happened in the last 12 months that you were with your abusive ex/partner. The following items are worded as if you were directly responding to them. Please indicate the number that matches the frequency over the 12 month period.

Never	Only Once	Several times	Once a month	Once a week	Daily
0	1	2	3	4	5

		Never	Only Once	Several Times	Once a month	Once a week	Daily
1.	Told me that I wasn't good enough.	0	1	2	3	4	5
2.	Kept me from medical care.	0	1	2	3	4	5
3.	Followed me.	0	1	2	3	4	5
4.	Tried to turn my family, friends and children against me.	0	1	2	3	4	5
5.	Locked me in the bedroom.	0	1	2	3	4	5
6.	Slapped me.	0	1	2	3	4	5
7.	Raped me. (definition: physically forced sexual act)	0	1	2	3	4	5
8.	Told me that I was ugly.	0	1	2	3	4	5
9.	Tried to keep me from seeing or talking to my family.	0	1	2	3	4	5
10.	Threw me.	0	1	2	3	4	5
11.	Hung around outside my house.	0	1	2	3	4	5
12.	Blamed me for causing their violent behaviour.	0	1	2	3	4	5
13.	Harassed me over the telephone.	0	1	2	3	4	5
14.	Shook me.	0	1	2	3	4	5
15.	Tried to rape me.	0	1	2	3	4	5
16.	Harassed me at work.	0	1	2	3	4	5
17.	Pushed, grabbed or shoved me.	0	1	2	3	4	5
18.	Used a knife or gun or other weapon.	0	1	2	3	4	5

		Never	Only Once	Several Times	Once a month	Once a week	Daily
19.	Became upset if dinner/housework wasn't done when they thought it should be.	0	1	2	3	4	5
20.	Told me I was crazy.	0	1	2	3	4	5
21.	Told me no one would ever want me.	0	1	2	3	4	5
22.	Took my wallet and left me stranded.	0	1	2	3	4	5
23.	Hit or tried to hit me with something.	0	1	2	3	4	5
24.	Did not want me to socialize with my female friends.	0	1	2	3	4	5
25.	Put foreign objects in my vagina.	0	1	2	3	4	5
26.	Refused to let me work outside the home.	0	1	2	3	4	5
27.	Kicked me, bit me or hit me with a fist.	0	1	2	3	4	5
28.	Tried to convince my family, friends, or children that I was crazy.	0	1	2	3	4	5
29.	Told me that I was stupid.	0	1	2	3	4	5
30.	Beat me up.	0	1	2	3	4	5

Other Risk Factors for PTSD and Depression

1. Were you abused as a child or adolescent? (Check ALL that apply)
    1. Physical abuse
    2. Sexual abuse
    3. Emotional/psychological/verbal abuse
    4. Witnessed violence between parents or other family members
    5. Neglect
    6. Not abused

2. Have you ever had sex against your will?
    1. Yes 2. No

3. Have you ever been physically forced to have sex?
    1. Yes 2. No

3. How many long-term relationships have you been in prior to this one?
    (Prompt: the definition of long-term is what the woman considers it to be; and 'this one' refers to the partner at the time of the index incident)

4. Was/were the relationship(s) abusive?
    1. Yes, all of them
    2. Yes, some of them
    3. No

Social Support

1. Do you get emotional support from friends/relatives?
   1. Yes 2. No

2. How satisfied are you with the emotional support from friends/relatives you now have in your day to day life?

Not at all satisfied	A little satisfied	Somewhat satisfied	Satisfied	Extremely satisfied
1	2	3	4	5

3. Do you get practical support from friends/relatives?
   1. Yes 2. No

4. How satisfied are you with the practical support from friends/relatives you now have in your day to day life?

Not at all satisfied	A little satisfied	Somewhat satisfied	Satisfied	Extremely satisfied
1	2	3	4	5

Police Called and Police Response

1. Have you ever called the police because of partner abuse?
    1. Yes, once
    2. Yes, 2 - 3 times
    3. Yes, many times
    4. No

2. Have other people ever called the police because of your partner abuse?
    1. Yes, once
    2. Yes, 2 - 3 times
    3. Yes, many times
    4. No

3. How did the police respond? (Circle ALL that apply)
    1. Police did not respond
    2. Arrested ex/partner
    3. Arrested both you and ex/partner
    4. Confiscated weapons
    5. Escorted you to a shelter
    6. Tried to discourage you from wanting him/her charged
    7. Just talked to you
    8. Said it wasn't a criminal matter
    9. Asked you if you wanted charges laid
    10. Other_____

CES-D

Below is a list of some of the ways you may have felt or behaved. Please indicate how often you have felt this way during the PAST WEEK. (Interviewer, use Scale Package #2-HP)

0- Rarely or none of the time (less than 1 day)
1- Some or a little of the time (1-2 days)
2- Occasionally or a moderate amount of time (3-4 days)
3- All of the time (5-7 days)

During the past week……
52. I was bothered by things that usually don't bother me.
53. I had trouble keeping my mind on what I was doing.
54. I felt depressed.
55. I felt that everything I did was an effort.
56. I felt hopeful about the future.
57. I felt fearful.
58. My sleep was restless.
59. I was happy.
60. I felt lonely.
61. I could not "get going".

PTSD Checklist

I will read a list of problems or difficulties that people sometimes have in response to stressful life experiences, such as being assaulted or abused. Please answer using the following 5-point scale with 0 being 'Not at all' and 4 being 'Extremely'.
(Interviewer, use Scale Package #1-HP)

0 – Not at all 1 - A little bit 2 – Moderately 3 - Quite a bit 4 - Extremely

In the past month how much have you . . . . . .
62. Been bothered by repeated, disturbing memories, thoughts, or images of abuse or violence?
63. Been bothered by repeated disturbing dreams about abuse?
64. Suddenly acted or felt as if abuse was happening again [as if you were reliving it]? Been bothered by feeling very upset when something reminded you of abuse?

In the past month how much have you . . . .
65. Been bothered by having physical reactions when something reminded you of abuse, (e.g., your heart pounding, trouble breathing, sweating)?
66. Avoided thinking about or talking about abuse?
67. Avoided activities or situations because they reminded you of abuse?
68. Had trouble remembering important parts of abuse?
69. Felt a loss of interest in activities that you used to enjoy?

In the past month how much have you . . . .
70. Experienced feeling distant or cut off from other people?
71. Felt emotionally numb or unable to have loving feelings for those close to you?
72. Experienced feeling as if your future will somehow be cut short?
73. Had trouble falling asleep or staying asleep?
74. Experienced feeling irritable or having angry outbursts?

In the past month how much have you . . . .
75. Had difficulty concentrating?
76. Experienced being "super-alert" or watchful or on guard?
77. Felt jumpy or easily startled?

APPENDIX C: RECRUITMENT FORM

Criteria

All participants must meet the following criteria to be considered for the study.

- ☐ *You experienced intimate partner violence and the last incident happened since January 2000.*
- ☐ *The last incident happened before 3 months ago and you don't feel like you are in crisis.*
- ☐ *You are willing to stay in the study for the next 3 1/2 years.*
- ☐ *You are not getting any treatment or on any medication that you feel might interfere with your ability to do a two-hour interview.*

Interest in Participating

If you are interested in participating in the study please print your name, a phone number and a time we can call you in the spaces below and return this form to agency staff or mail to the address listed below. If you would prefer we contact you some other way, please tell us how you would like to be contacted. Please print clearly.

_____

(print name)

_____

(phone number or other form of contact)

_____

(day and time when you can be reached)

_____

(agency where you heard about the project)

Mail to:

Dr. Mary Hampton
Professor of Psychology
Luther College, University of Regina
Regina, SK S4S OA2

Or call: 337-2629

Your participation is voluntary, so you may choose not to participate without any effect on the services you receive from any shelter or service provider agency. If you have any reservations at all about participating in this research process, please feel free to withdraw from the study. Furthermore, you are free to refrain from answering any questions.

APPENDIX D: FORM OF CONSENT AND CONFIDENTIALITY
The Healing Journey: A Long-Term Study of Women Affected by Intimate Partner Violence

PURPOSE OF THE STUDY: This fall community agencies like (name of agency recruited from) and researchers from the University of Regina will be doing a long-term study of women who have experienced violence in their intimate partner relationship. We are interested in women's health, wellbeing, support, self perceptions, parenting issues and service utilization of women who have experienced violence by an intimate partner. This study will help to inform services providers and policy makers about effective programming and gaps in services for these women. It will also help us to understand the factors involved in women's survival and healing from partner violence.

ROLE OF THE PARTICIPANTS: Participation involves a 2 hour interview twice a year over a period of 3 1/2 years. However, the first interview might be somewhat longer, about 2 ½ hours. Two different interviews will be done, each given once a year. The first interview will take place in the fall/winter of 2005. It will consist of questions about your employment, occupation, history of abuse, the services you have used and your satisfaction with them, your sources of support, coping strategies, and your perceptions of yourself and your life. The second interview will be conducted in the winter/spring of 2006. It will consist of questions on various aspects of physical and mental health, parenting issues, and an update on some of the questions asked in the first interview. Interviews will rotate along this pattern with questions on demography, revictimization in new relationships, service utilization, coping strategies, and support being done in the fall/winter of each year and the health and parenting questions being done in the

winter/spring of each year until 2008. Brief update questions on the previous set of interview questions will be done at each interview. Some of the women will also be chosen to participate in more open interviews that would take place at the beginning of the study and again at the end of the study. In these interviews we would ask you general questions about your experiences with intimate partner violence, its effect on your life and your journey in dealing with these experiences. Each interview would take about 2 hours. We would tape record these interviews to make sure we record your responses accurately without having to interrupt you as you talk. If you think you might be interested in participating in these more open interviews, you can indicate your interest at the end of this form. Not everyone who is interested will be chosen to take part in these interviews. We are looking for about 20 women from Saskatchewan. Also just because you indicate that you are interested, does not mean that you can't change your mind. If we contact you to take part in the interview, you can always decide not to do it.

POTENTIAL BENEFITS: You will be getting a $50 honorarium for every interview.

POTENTIAL RISKS AND DISCOMFORT: Your participation is voluntary, so you may choose not to participate without any effect on the services you receive from any shelter or service provider agency.

CONFIDENTIALITY OF THE DATA: The information in the interviews is personal. All of this information will be kept very confidential and your name will not be placed on your interviews. The interviews are number coded and placed in a computer file under a number code rather than your name. All of the taped open interviews will be transcribed into a locked computer file and these interviews will also be number coded. In the transcriptions we will remove any references to names so anyone reading the transcript

will not be able to identify the person by any names they mention. The tapes will be securely locked at the University of Regina offices. They will be sent to our colleagues in Alberta and Manitoba for analysis. We will send them via courier and they will be securely stored at the offices of our colleagues. These colleagues are situated at universities in these provinces and have to abide by the same ethical standards as we have so all the information will be kept very confidential. When they have completed their analysis, the tapes will be returned to the University of Regina where they will be kept locked in a cabinet and then destroyed at the end of the study along with the other interviews.

Other than the sharing of tapes of the open interviews with colleagues in other provinces, the information you give will be kept locked in a cabinet at the University of Regina offices and the interviews will be stored separately from this consent form. Service providers/probation officers will never have access to your specific responses. Tapes of open interviews will only be shared with academic colleagues and never with service providers in any of the provinces. We will also be asking you for the best method and procedure for contacting you. The contact information you have given us will also be kept in a locked computer file and only myself, the principal investigator and the person supervising my interviews will have access to this information. The interviews, tapes of the open interviews and contact information will be destroyed about 4 months after the end of the project. The tapes and interviews will be shredded and thus completely destroyed. This will be in August 2009 unless funding for the continuation of the study is obtained. If we do obtain funding but you do not want to continue with the project then your interviews and contact information will be destroyed in August 2009.

Please note that we are required by law to report current and past unreported child abuse or situations dangerous to children to the legal authorities. Also if you reveal to us that you are planning to harm yourself someone else we are obligated to report this to the authorities as well.

You are volunteering to participate so you may stop at any time and you are free not to answer any questions you don't want to.

WITHDRAWAL FROM THE STUDY: Your decision to participate in this research is completely voluntary. You are free to withdraw your consent at any time. If you have any reservations at all about participating in this research process, please feel free to withdraw from the study. Furthermore, you are free to refrain from answering any questions.

OFFER TO ANSWER QUESTIONS: This consent form may contain words or phrases that you do not understand. Please ask a member of the research team to explain the information that is not clear to you. If you have any questions regarding this research, the procedures and/or goals of this study, please feel free to ask before or during the interview. If you have any concerns or inquiries after the interview, please contact any of the research team members. After each interview period, research reports and presentations will be prepared, but your name will never be attached to any piece of information. If you like we will send you a copy of these progress reports and invitations to community presentations and conferences. If you do want the progress reports, we will be asking you about your preferred methods of obtaining this information and making notes of any changes to these instructions over time. Information about the study will be put into progress reports. Progress reports will be available about three to four months after each time we interview you. All of your preferred methods of contact

including contact between interviews will be respected.

This project was approved by the Research Ethics Board, University of Regina. If research subjects have any questions or concerns about their rights or treatment as subjects, they may contact the Chair of the Research Ethics Board at 585-4775 or by e-mail: research.ethics@uregina.ca.

Researchers: Dr. Mary Hampton (University of Regina ph: 585-4826), Darlene Juschka (University of Regina, 585-5280), Wendee Kubik (University of Regina, 585-4668); Bonnie Jeffery (University of Regina,), Stephanie Martin (University of Saskatchewan,)

If you agree to participate in this interview, please place your name and signature in the appropriate spaces below.

I _____ (print name) understand what the interview is about and what I will have to do and the signature below means that I agree to participate.

_____ _____

(Signature) (Date)

_____ _____

(Signature of interviewer) (Date)

I would like a copy of the progress report _____Yes _____No

I would like to receive the report in the following way:

I would like to be considered for the open interviews. _____Yes _____No