



Pergamon

Library & Information Science Research
23 (2001) 123–141

**Library &
Information
Science
Research**

Searching for help and information Abused women speak out

Roma Harris*, Judy Stickney, Carolyn Grasley, Gail Hutchinson,
Lorraine Greaves, Terry Boyd

*The Centre for Research on Violence Against Women and Children: a collaborative venture of The University of Western Ontario, Fanshawe College of Applied Arts and Technology, and the London Coordinating to End Woman Abuse, 101-254 Pall Mall Street, London, Ontario N6A 5P6, Canada.
E-mail address: harris@uwo.ca (R. Harris).*

Abstract

One hundred and five women who were abused by their intimate partners described their experiences in searching for help and the outcome of their interactions with different services that comprise the formal help network in a city with an international reputation for its coordinated response to woman abuse. In the aftermath of violent incidents, the women most frequently sought protection, safe shelter, removal of their abusive partners, advice about managing their situations, a criminal charge against their partners, and medical treatment for their injuries. The women tended to use help-seeking pathways that led them first to the police or a hospital emergency department. In turn, these services often directed them toward community agencies with a specific mandate to assist abused women. The abuse-specific agencies then referred the women to a wide range of services in the community. Regardless of the type of assistance they were seeking, the women repeatedly mentioned the importance of the personal demeanor of service providers when they assessed the outcomes of their encounters with the formal help system. The findings are discussed with respect to designing community coordination mechanisms that overcome common barriers to seeking help and information.
© 2001 Elsevier Science Inc. All rights reserved.

In her analysis of the literature on information use, Dervin (1983) reported the following: situational variables repeatedly are found to be more powerful predictors of information use than are differences in help seekers' personal characteristics; help seekers prize most highly

* Corresponding author. Faculty of Information and Media Studies, The University of Western Ontario, London, Ontario N6A 5B7, Canada.

“personalized” information that makes sense in the context of their particular circumstances; and most people “stick close to home for their information seeking” (p. 172). Recent research that reaffirms Dervin’s observations tests the assumption that citizens “underutilize” professional services to preserve their self-esteem, an idea based on the notion that “seeking help exacts a psychological price in the form of reduced self-esteem, so people with high self-esteem generally seek help less, because they have more to lose than those with low self-esteem” (Savaya, 1998, p. 445). In a study of the use of formal help services by Arab women living in Israel, Savaya found that “when economic need was entered into the calculations, the influence of self-esteem became insignificant, and only need indicators were found to be associated with help seeking. On the whole, those with greater economic need, as indicated by their self-reports of the economic status and their main source of family income, made greater use of professional services than those less pressed economically” (p. 451). In other words, the women’s economic circumstances were more relevant to help seeking than was their level of self-esteem.

Dervin’s (1983) analysis and studies such as Savaya’s (1998) point to the importance of knowing the situational contexts in which people find themselves if we are to understand how they seek and use information. Dewdney and Harris (1992) described a study in which the information-seeking expectations of community members were matched against the responses of community service providers. Randomly selected householders were asked what they would do if approached by a neighbor who was assaulted by her husband. The 543 study participants identified dozens of potential help sources for abused women. The researchers contacted the professional service providers and community agencies named by the respondents to determine whether the types of help expected by members of the community were likely to be provided by the sources they identified. The results revealed frequent mismatches between what was sought and the help likely to be found, as well as serious roadblocks to information seeking, such as the householders’ confusion over the organization of telephone directories, as well as difficulties posed by obscure naming of potentially relevant helping agencies. Many of the participants expected types of help not actually provided by the agencies they identified. Even members of the service network “were not always aware of appropriate sources of help, and did not routinely assess the severity of the presenting situation or the kind of help wanted” (Dewdney & Harris, 1992, p. 5).

Based on these findings, Dewdney and Harris (1992) concluded that “social service delivery systems have much to gain by attending to the ways in which people actually search for information and articulate their needs” (p. 28). Although their research provided useful insights into the ways in which citizens look for help, Dewdney and Harris’ study was based on a hypothetical scenario. Consequently, it is not clear how well the results reflect the ways in which help seeking actually occurs when women are abused. In an earlier study, Harris (1988) developed a typology of the information needs of battered women. Although the study was based on real cases, the sample included only 40 women, all of whom had been successful in locating help from a shelter for abused women. The current study describes how a considerably larger and more diverse sample of abused women go about seeking information and help and the consequences of their efforts to deal with the violence in their lives.

1. Information and help seeking

The importance of understanding help seeking is increasingly recognized by service providers across sectors. In health care, for example, understanding “how individuals use and access either social network or professionally based supports . . . may inform health care providers in planning for services that maximize multiple supports” (Dickerson & King, 1998, p. 6). In a comprehensive study of information seeking in the United Kingdom, Marcella and Baxter (1999) reported that citizens find information provided by government departments difficult to use and that the most frequently occurring difficulties in finding help arise in connection with legal issues, education, welfare benefits, health care, and employment. Dickerson and King also noted the importance of the relationship between help seekers and help providers and reported that helpers are judged most positively if they are readily available, knowledgeable in areas important to the help seeker, and good listeners who are willing to spend time with the person in need of assistance.

In the case of abused women, information and help seeking can be affected by societal attitudes toward what, until relatively recently, has been regarded as a private family matter. Although some people assume that battered women are unwilling to disclose their abuse, even a single incident of physical violence is often sufficient to motivate a woman to seek assistance. Grayson and Smith (1981) found that after the first incident of abuse, nearly 60% of the women in their study sought help, most often from family members and friends. Coonrod et al. (2000) pointed out that every year, as a result of acts of abuse in the United States, “women make approximately 800,000 visits to physicians and clinics seeking medical care” (p. 55). Nevertheless, although many abused women do reach out, some do not seek outside assistance to deal with their partners’ violence. According to a 1993 Statistics Canada survey of 12,300 randomly selected adult women, 22% of those in violent marriages had never contacted anyone about the abuse prior to disclosing it to a Statistics Canada interviewer (Rodgers, 1994).

Some effort has been made to predict those who are most likely to look for help and the circumstances under which they will seek outside assistance, although Hutchison and Hirschel (1998) suggested that the literature on help seeking by abused women “defies conclusive synthesis” (p. 445). The lack of clarity in the results of help-seeking studies may be due to an overreliance by researchers on the predictive value of demographic characteristics. As Harris and Dewdney (1994) pointed out, help seeking is affected by factors unique to each person’s situation and the decision to seek or not seek help is affected by a number of variables. Therefore, it may be of limited use to rely on demographic variables to predict which abused women will seek help and how they will do so. Instead, when help seeking is understood in a situational context, what becomes clear is that abused women are like other information seekers in that they generally turn first to informal sources for assistance and later to formal helping agencies (see, e.g., Gondolf & Fisher, 1988; Harris, 1988).

A British study, based on the reports of battered women who sought help from shelters or transition homes, revealed that women made, on average, five different attempts to obtain assistance before reaching a shelter. Repeated failure to get the type of help they needed left the women feeling demoralized, leading the authors to conclude that “if appropriate help is not

found early, the (abused) woman tends to give up the search until there is an emergency” (Borkowski, Murch, & Walker, 1983, p. 186). Even in emergencies, abused women’s search efforts may be thwarted. Evidence gathered from hospital emergency departments suggests that although women may disclose abuse, they may encounter service providers who are unwilling or unable to acknowledge or follow up on what they have been told (Randall, 1990).

Because the situations faced by battered women are often complex and multifaceted, locating all the different types of help needed may involve them in interactions with several parts of the formal service system, including the courts, medical services, welfare agencies, and housing authorities. As the number of possible help sources increases, the potential for communication problems is compounded. Five factors that discourage successful help seeking are as follows:

- *Help seekers cannot find the service they need because it does not exist where they live.* According to a Statistics Canada survey, 14% of women in violent marriages reported that there are no social service agencies available in their area. This number is probably higher in smaller and remote communities (Rodgers, 1994).
- *Help seekers do not know which agency to contact.* Sixteen percent of women in violent marriages said they were unaware of any appropriate social service agencies to call for help (Rodgers, 1994).
- *Help seekers do not reach an appropriate service agency because of language difficulties or other forms of social isolation resulting from cultural differences, literacy problems, and physical or developmental disabilities.* Despite extensive attempts of social service agencies and information centers to reach out to disadvantaged populations, the users of such services still tend to be predominantly White, middle class, and educated (see, e.g., Carlson, Martinez, Curtis, Coles, & Valenzuela, 1990). Women who have access to greater economic resources often find it easier to pay for temporary shelter, such as hotel rooms, and obtain other services through private means, such as individual counseling (Crowell & Burgess, 1996). Additional barriers may exist for those with physical or developmental disabilities: for example, police departments may not have interpreters to respond to emergency calls from hearing-impaired or non-English-speaking people (Grigsby & Hartman, 1997).¹
- *Help seekers who succeed in reaching appropriate service agencies encounter obstacles that are deliberately or inadvertently constructed by the agencies.* The application process, inconvenient hours of operation, restricted admissions, and long waiting lists (Levinson, 1988), as well as service fees or other costs, such as transportation and child care, are all potential barriers to service use. Agencies may also give preferred service to clients with the greatest potential for achieving successful outcomes (Ferraro, 1981). In a study of “colliding expectations,” Tracey (1996) described the trouble people encounter when they call 911 for emergency assistance if their understanding of appropriate emergency-requesting behavior differs from the expectations of the person

¹ See also Huisman (1996), Sorenson (1996), and Womendez and Schneiderman (1991).

taking the calls. Tracey's work suggests that communications break down when help seekers do not sufficiently accommodate institutional requirements when they make requests for assistance.

- *Help seekers fail to receive assistance because the services they contact are not adequately funded or staffed.* In New York City in March 1995, approximately 300 women and children per week were denied emergency shelter due to lack of space (O'Sullivan, Wise, & Douglass, 1995).

Given abused women's obvious need for a coordinated information response when they seek help, as well as ready access to knowledgeable and friendly people who are willing to listen, it is surprising that the potential helping role of libraries does not figure more prominently in the woman abuse literature. In Harris and Dewdney's (1994) study, some agency respondents suggested that abused women might benefit by being directed to an information and referral agency, and some praised the usefulness of local community services directories (usually published by a community information center). However, none of the community members or agency respondents mentioned libraries specifically, despite the presence of, in some cases, significant public library systems in the communities in which the study was conducted. Harris and Dewdney also pointed out that none of the "authors who advise practitioners in various professions of the importance of information for abused women made any mention of using the expertise of librarians or of the possibilities for disseminating this information through libraries and Information and Referral (I & R) centers, which already collect most of this type of information. . . . their notions of information dissemination tend to manifest in haphazard, intermittent programs of public education through which messages are sent that are, for the most part, based on what experts think the public ought to know rather than on what the consumers themselves are concerned about" (p. 117).

As indicated by the various services barriers described previously, success in help seeking depends to a large degree on the resources available and the manner in which these resources are deployed through the formal help system.

2. Method

This study determines how abused women actually go about seeking help and information and reports the types of outcomes they achieved, in the context of a community with an international reputation for its "integrated response" to violence against women. Detailed in-person interviews were conducted with 105 women who had been recently abused by their partners while living in or near London, Canada. London is a midsized city with a population of 340,000, located midway between Detroit, Michigan, and Toronto, Ontario. The target area for the study reflects the geographical region served by member agencies of the city's Coordinating Committee to End Woman Abuse (a group comprising more than 30 service providers representing the police, social services, legal, educational, and health sectors, as well as abuse-specific services, such as women's shelters).

To locate participants for the study, information notices were posted widely and ads were placed in community newspapers and bulletins. The researchers also made visits to key community leaders of various multicultural groups and the local First Nations to encourage broad participation in the study. Women who expressed interest were screened briefly on the telephone to ensure that they met the criteria for inclusion. Eligible women were aged 18 or older, had been abused by a partner within the last three years while living in the London area, and were willing to participate in a confidential one- to three-hour interview about how they coped with the abuse. Those who met the criteria were invited for an interview to be held in their homes, at the research office, or in a public location of their choosing. Most chose to be interviewed at home. Interviewees were reimbursed \$30.

The interview was designed to gather information about the women's experiences with formal and informal help systems. Each participant was asked to describe a situation that occurred during the previous three years in which her partner had been abusive toward her. She was asked to describe the nature of the abuse, where it took place, how she responded, whether she contacted anyone for help and, if so, what kind of help she sought, and what help, if any, she received. Those who reported any contact with formal help providers were asked to describe referrals they received, whether they consulted the agencies or services to which they had been directed, and, if so, with what results. They were also asked to identify the most helpful and the least helpful aspects of their experiences and to comment on whether anything else might have helped, had it been available. The women were also shown a list of local agencies and asked to identify any with which they had ever been in contact and what type of help, if any, they received. In addition, they were asked several brief questions about their age, number of children, education, first language, and employment status.

3. Results

One hundred and five women who met the eligibility criteria took part in the study. Their ages ranged from 20 to 70 years ($M = 35.6$ years, $SD = 9.40$). Population estimates for London indicate that 19% of its citizens are members of the multicultural community and 3.7% are aboriginal. Despite intensive efforts to encourage participation from diverse groups, 88% of the women who took part in the study described themselves as having a Western European background, and 90% identified English as their first language. Of the others who took part, 9% described their cultural heritage as African, East Indian, Eastern European, Mediterranean, Caribbean, or Middle Eastern, and 4% described themselves as members of the First Nations. Eight percent of the respondents reported that they had a disability. Most of the participants (98%) described abusive relationships with men. Only two women described abusive relationships with other women.

Sixty-three percent of the women had attended high school, and 35% had completed some postsecondary education. Only 2% of the women who participated had not attended high school. Ten percent of the participants worked in professional occupations. At the time of the study, 44% of the women were unemployed or receiving government assistance, 25% were

employed full-time, and 6% were employed part-time. The remaining participants were full-time or part-time students (22% and 4%, respectively).

3.1. Relationship status

The women's relationships with their abusive partners ranged in duration from 1 to 40 years ($M = 7.1$ years, $SD = 7.33$ years, mode = 3 years). Fifty-seven percent of the women reported that they had left their relationships (although 44% of these women still had some contact with their partners). Twenty-two percent reported that their partners had left the relationship (of these women, only 22% still had contact). Fifteen percent reported that their relationships with their abusive partners were ongoing, 3% reported that their partners were in jail, and 3% reported that their partners were no longer living (all had committed suicide).

3.2. Abuse

Most of the women (91%) described incidents involving physical abuse by their partners. Nearly all (97%) reported verbal/emotional/psychological abuse,² and 42% described incidents involving sexual abuse.³ Many of the violent attacks the women described were severe and resulted in serious injuries. Many of the women described incidents that involved all three types of abuse as follows:

In the last year, I have required over 100 stitches to repair knife wounds and I had broken bones and acid burns. All of these injuries have occurred after an evening of drinking.

My ex-husband was very controlling, often accused me of having relationships with other men, never allowed me to express opinions, hit me on many occasions, was very demanding about sex, often raped me, was verbally abusive, and threatened to kill me and the children if I attempted to leave. I had many black eyes and split lips over the years. I was always made to feel that the abuse was my fault. I kept hoping that things would get better. I was working three jobs throughout the last few years of our marriage attempting to make ends meet. Sometimes he would keep me up all night fighting. He threw me across the room on several occasions. Even after I left, he continued to harass and threaten me. I would receive 50 to 60 calls a day. He would often come to the house and threaten me. I had to call the police several times.

The experiences of the women in this study closely resemble those described by women in Bergen's (1996) study of wife rape.

² Verbal/emotional/psychological abuse is defined here as follows: any abuse involving verbal harassment and denigration; threats of harm to the participant or others; attempts to isolate or control the woman's activities; accusations of romantic involvement with others; destruction of meaningful personal property, such as photographs; threats to take or harm children; and attempts to manipulate children.

³ Sexual abuse is defined here as any abuse involving unwanted sexual contact, ranging from kissing to rape.

3.3. *Help sought*

When asked if they contacted anyone for help, during or after the particular incident of abuse they described, all the women indicated that they sought some form of assistance (see Table 1).⁴ During or after the incident, half the women sought help from a general crisis service, such as the police or a hospital emergency department, and a significant number turned to family or friends for assistance.

The women received more assistance than they anticipated. They described 125 specific goals in seeking help and, in response to their efforts, they received 183 specific instances of assistance, although the type of help they received did not always match the type of help they sought. Only 9% of the women reported that they did not receive help.

The women's goals in seeking help were grouped into the 11 categories shown in Table 2. Many sought protection and other types of assistance normally available only from the police, including removal of their partners, charges against their partners, and threatening their partners with the legal consequences of violence. Although only 10 women initially involved the police so their partners would be charged, the police actually laid charges in 29 separate instances. The women were less successful when they tried to have their abusers removed. Of the 19 who sought this remedy, only 11 reported success.

Counseling and emotional support were the most frequently sought types of assistance. All the women who wanted this help were looking for ways to better manage or cope with the abuse. As the following examples illustrate, they hoped that counseling and emotional support would lead them to a better understanding of themselves, their situations, and, ultimately, better coping strategies;

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

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

3.4. *Referrals*

Most women who contacted formal service agencies for help were encouraged to use other services in the community network (70% of the 93 women who sought help from a formal

⁴ Help sources are categorized as follows: crisis services for abused women (e.g., woman-abuse telephone crisis lines and sexual assault crisis lines); general crisis services (services available on a 24-hour basis that are designed to provide immediate assistance, such as police and hospital emergency departments); noncrisis services for abused women (e.g., second-stage housing, programs for abusive men, or the family consultants division of police services); general counseling services (e.g., clergy, therapists, counseling agencies, family physicians, or public health units); child-focused services (e.g., child protective services, child care centers, or child-oriented counseling services); noncounseling support services (e.g., Salvation Army); and informal sources (e.g., family, friends, and employers).

Table 1

Where Women Seek Help (help sources contacted in response to violent incidents)

	Percentage of Respondents*
General Crisis Services	50
Informal help sources	29
Woman Abuse Shelters	17
General Counseling Services	14
Non-Crisis Services for Abused Women	9
Crisis Services for Abused Women	5
Child-Focused Services	1
Non-Counseling Aid Services	1

* Total exceeds 100% because women may have identified more than one help source.

help source received at least one referral). Of those who received referrals, 83% contacted at least one of the agencies to which they had been referred and all but three women found the referrals helpful.

The women received proportionately more referrals from crisis services that are specific to abused women. Of the 23 who sought assistance from a shelter or crisis telephone service for abused women, 87% were given information about other services. However, of the 67 who turned either to a general crisis service (the police or a hospital emergency department) or general counseling services, only 50% were given information about other agencies or programs.

3.5. Helpful and unhelpful responses

When reflecting on their most and least helpful experiences, more women (46%) found counseling and/or emotional support to be of greater value than any other type of help

Table 2

Help Sought and Help Received: Abused Women's Goals in Seeking Assistance and Service Providers' Response

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

received. It is important to note that, as has been shown in other studies (see, e.g., Harris, 1988), the women appreciated emotional support from all service providers, regardless of their mandate. The following examples illustrate how this type of support enhanced women's sense of self-worth and ability to cope with the violence:

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

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

The women's least helpful experiences were encounters with service providers who they perceived to have a negative attitude toward them (reported by 25%) or who denied or minimized the severity of the abuse (reported by 19%). As the following example suggests, such responses may have a chilling effect on help-seeking efforts, exacerbating a woman's sense of isolation, and potentially exposing her to more risk:

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

3.6. Contact with service providers

When asked to review a list of local service providers, the women identified 54 different services or professionals with whom they ever had contact for help with abuse. On average, each woman reported contact with four member agencies of the city's Coordinating Committee (range, 0–11) and two nonmember agencies (range, 0–7).

At some time during their abusive relationships, 71% of the women had contact with police services, 61% had contact with a local advocacy center for abused women, 44% had contact with a shelter or transition home, and 25% had visited a hospital emergency department as a result of abuse. With the exception of hospital emergency departments, these rates of use are high in comparison with those reported in other studies in which only one in four abused women sought help from the police, hospital emergency departments, or social services, including transition houses and crisis centers (see, e.g., Rodgers, 1994).

3.6.1. Police services

Seventy-five percent of the women who had contact with the police reported at least one positive experience, and 50% reported some dissatisfaction with police responses. These findings are consistent with those reported in other studies (e.g., Harris, 1988; Rodgers,

1994). Women who reported mixed experiences with the police described inconsistencies in the responses of different officers, suggesting that the quality of help received was largely dependent on the communication style of particular officers. The following comments describe the wide variability of police responses:

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

I called 911. I actually called twice as it was taking time for them to respond and my partner was . . . screaming and yelling and threatening me. The police were not helpful that night. Despite my statement about what happened and my insistence that they charge him with assault, they refused to do so. They said they would not charge him because he was drunk and not responsible for his actions. They agreed to take him down to the station to sober him up, but brought him back an hour later. I realized at that point the police could not be depended upon to protect me. . . . It has been my overall experience that the police cannot be relied on to help abused women in this city.

Fourteen percent of the women who had contact with the police reported that they had lost confidence in the ability of the police to offer any kind of effective assistance. Similar results have been reported in other studies. For example, Bergen (1996) found that “women did not think the police treated their complaints of wife rape seriously. Therefore, many stopped calling the police for help” (p. 57).

3.7. The legal system

Although a number of women reported that they were satisfied with their encounters with the legal system, in some instances, the system’s responses may have increased their risk for further abuse. Women living in this jurisdiction are no longer burdened with pressing charges because officers are required to lay charges when they observe evidence of abuse. Nevertheless, several women commented on the insensitivity of police officers, prosecutors, and judges about their fears of retaliation if they signed a witness statement. The women also expressed concern about the following: absence of protection against harassment from their abusers after separation, difficulty in obtaining peace bonds or restraining orders, absence of monitoring when abusive partners are released from custody, long process delays in the system, and child custody decisions that force contact with abusers.

3.7.1. Counseling and therapy

Most of the women who sought assistance from a counselor or therapist felt they had been helped (67%), although eight of the nine women who underwent marital therapy reported that they were not helped, either because their partners were unwilling to participate truthfully or

because they felt the counselor held them responsible for the abuse. Their observations are consistent with results reported in other studies in which traditional couple counseling appears to be ineffective or even dangerous for abused women (Bograd, 1984; Grigsby & Hartman, 1997). In this study, counselors and therapists provided the women with relatively few referrals. Of those who visited counselors, only 16% received referrals to other support services in the community.

3.7.2. *Clergy*

Eighteen percent of the women sought help from a clergy member. Of these, 58% reported a positive experience. However, 32% reported that they were not helped at all because clergy members did not offer support or seemed unwilling to be involved. Clergy members also provided few referrals. Of the 19 women who sought help from pastors, only one received a referral to any other service in the community. Again, these experiences are comparable to those reported in other studies. For instance, Bergen (1996) found that most women who consulted with religious advisers about wife rape were dissatisfied with the responses they received.

3.7.3. *Health care*

Approximately half of the study participants had discussed the abuse with a family physician, and most (83%) were very satisfied with the response they received. Indeed, physicians were mentioned frequently as sources of emotional support (75%), although they offered women only limited assistance in gaining access to help available in other sectors of the formal help network. Fewer than half of the women who talked with their doctors about the abuse were referred to other community services. If referrals were made, most (70%) were to counseling services or therapists rather than to abuse-specific services, such as women's shelters (19%).

As with police services, the quality of the women's experiences with hospital emergency units was largely dependent on the responses of the particular nurses or doctors assigned to their care. One third of those who had contact with emergency departments as a result of the abuse described very helpful experiences and one quarter described their experiences as entirely negative. Twenty percent of the women who visited hospital emergency departments were not asked about the source of their injuries, a pattern similar to that reported in other studies (see, e.g., Kurz & Stark, 1988; Randall, 1990).

3.7.4. *Services specific to abused women*

At some time during their abusive relationships, 61% of the women had contact with an advocacy service for abused women and 44% sought help from at least one of the women's shelters in the region. Assistance received from these sources included safe shelter, counseling and emotional support, referrals and information about community resources, the opportunity to talk openly about the abuse, and connections with other abused women. The types of help the women reported are consistent with findings described in other studies of shelter use (see, e.g., Davis & Srinivasan, 1995).

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

[My stay at the shelter] was helpful in that it provided a safe refuge against the threats and the violence. I knew that I was safe behind locked doors, and there is police protection for the shelter should problems arise. It was also helpful to be with other women who understood my situation because they had experienced it themselves, and also to talk to the workers at [the shelter]. Speaking with the staff, other women, and attending the group sessions helped me to see that there are other choices one can make toward having a life without violence. The practical advice and the emotional support . . . made a large contribution to the decision never to return to the relationship.

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

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

Unlike those who were unhappy with services provided by the police or hospital emergency departments, women who reported mixed or negative experiences with shelters or advocacy services expressed little concern about their interactions with staff. Rather, they were dissatisfied because of access and structural problems arising from insufficient funding to the agencies. The women were particularly disturbed by long waiting lists, lack of space, overcrowding, limited hours of operating, and lack of staff availability for initial appointments.

3.7.5. Libraries

Only one woman specifically mentioned visiting a library for assistance in coping with the abuse. She attended a self-esteem group offered in a neighborhood branch of the public library system and reported that she found it very helpful. Although libraries per se did not figure prominently in the help networks of these women, 10 of the respondents (9.5%) commented on the importance of reading and learning as a means of coping with the abuse. Some of the help afforded by reading came from an increased level of self-knowledge as shown in the following example:

One of the workers [at the women's shelter] gave me a copy of the book, *Courage to Heal*. I read this book and it was a turning point. After I read it, I decided to leave the relationship permanently. I was empowered by the reading of this book and realized that I did not want the cycle of violence that I have experienced as a child and as an adult to be repeated in my children.

Another woman commented on the importance of continuing her education to cope with her situation:

During the time I lived within this abusive marriage, I felt very trapped. Taking [college correspondence] courses helped me to cope with my situation. It helped to have something positive to focus on as well as offering reassurance that furthering my education could be a "way out" for me in the future. I would recommend this to other abused women.

3.8. Cultural issues

As noted previously, considerable effort was made to include women from diverse populations. Of the 105 women who took part, 9% were from multicultural communities, 4% were from the First Nations, 8% described themselves as having a disability, and 2% reported relationships in which they were abused by another woman. Although it is difficult to generalize from groups of this size, these women's help-seeking experiences offer some useful insights into the responsiveness of the helping network.

Women from the multicultural communities described how their cultural backgrounds contributed to their isolation in the following examples:

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

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

There was no evidence that women from any of these groups were any more or less likely to use the formal network of help services in the community. However, together, they more often reported negative experiences with the police than the women in the total sample. Approximately 20% of all the study participants reported that they received no help at all from the police, whereas 56% of those from this minority subgroup described their experiences with the police as entirely negative. Some women believed that race was an important element in their encounters with the police as shown in the following examples:

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

I felt that I was being stereotyped by the police. I felt that I was not treated with respect because I am Native and my partner is White. . . . Not only was my call to the police not helpful, but in fact it made things worse. When I did return home, my partner felt that he could get away with more abuse and that the police would do nothing. He laughed about the

incident and said to me, "Who is going to believe you? It is your word against mine and you are Indian."

Only two women reported that their abusive partners were women. Although they had positive experiences with service providers, these women also gave examples of ways in which their sexual orientation had hindered their attempts to seek assistance. One example is as follows:

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

4. Discussion

Studies of abuse survivors often rely on information obtained through written questionnaires (see, e.g., Hamilton & Coates, 1993; Horton & Johnson, 1993). By comparison, the findings in this study are rich in detail because they are based on face-to-face interviews with a large sample of battered women.⁵ The experiences relayed during the interviews reaffirm Dervin's (1983) observations about information use. The women sought help and information that made sense in their particular circumstances; they wanted assistance from people who demonstrated a caring attitude toward them; and they sought help close to home, often looking to friends and family members for support. Ultimately, to cope with the violence of their partners, the women relied on their own resourcefulness, including teaching themselves through reading, as well as reaching out to a combination of services within the criminal justice, health care, and social service systems.

When searching for assistance following violent incidents, the women wanted the following (in descending order of frequency): protection, safe shelter, removal of their abusive partners, advice about managing their situations, criminal charges brought against their partners, and medical care for their injuries. They often turned first to the police or a hospital emergency department and were typically directed from these services to community agencies with a specific mandate to assist abused women. The abuse-specific agencies then directed them toward a wide range of services available in the community. Regardless of the type of assistance sought, the women repeatedly mentioned the importance of the personal demeanor of service providers when they assessed the outcomes of their encounters with the formal help system, even when they didn't necessarily achieve the outcomes they had been seeking.

When the women's experiences are considered in relation to factors that can discourage help seeking (outlined at the beginning of this article), it is clear that community context is

⁵ Other interview studies often relied on considerably smaller samples (see, e.g., Davis & Srinivasan, 1995).

extremely important. The women in this study had all experienced abuse within the previous 3 years while living in the same geographic area. When they looked for help, none had been blocked because the services they needed didn't exist. They knew where to go for help, and they were not prevented from reaching appropriate services because of language difficulties or other forms of social isolation. Although successful in reaching appropriate agencies, some of the women did encounter obstacles as a result of the ways in which services were delivered. For instance, some felt they were judged negatively by service providers because of their race or ability level. Others simply did not receive appropriate responses from prospective helpers. For instance, several women who visited hospital emergency departments were treated for their injuries but not asked about the source of their injuries or referred to relevant services. Others failed to receive assistance because the agencies to which they turned were not adequately funded. For instance, the local women's shelter was often crowded and, in some instances, had no available beds. Many women became more vulnerable to their abusers because of delays in the processing of their cases through the legal system or because the remedies available were insufficient to provide them with appropriate safeguards.

It is important to recognize that of the five factors that can prevent successful help seeking, at least three are the responsibility of the service provider rather than the help seeker. The women in the study fulfilled their responsibilities by actively pursuing help and following up on the referrals they received. As a group, the women who took part in this study had a high level of involvement with the formal help system. One reason for this may be that studies in which participants refer themselves tend to attract a higher proportion of active help seekers (see, e.g., Bowker & Maurer, 1987). Also, because many of the women had been seriously injured as a result of severe incidents of physical violence, they were more likely to have reached out to the formal help system. In addition, the women's reliance on formal services may reflect the success of this community's efforts to develop a coordinated response to family violence. Not only is a comprehensive range of services available to the abused women who live in the area, but the interagency referral network appears to have succeeded in facilitating their movement through the various local help network systems. In other words, the community's integrated model of service appears to be working. Overall consumer satisfaction with many aspects of the formal service network is high, and many of the people who work in the network are knowledgeable about the activities and services of different community organizations and were able to make appropriate, helpful referrals to abused women. Nevertheless, the results revealed variability in service quality and provision of referrals across the help network.

To sustain an effective community response to woman abuse, the results of this research demonstrate the importance of ensuring that appropriate services are available and, once such services are in place, creating mechanisms that bring together all sectors of the formal help system. It is in the building of these mechanisms that library and information service providers have a role. According to Dewdney and Harris (1992), "if libraries do not develop specialized I & R services, then they should at least encourage and work with other community information services to do so" (p. 28). By working with other providers to understand the specific barriers to service that exist in a community and addressing means by

which these barriers might be overcome, library and information service specialists can provide some of the glue necessary to bind the service networks together. The unique role of information specialists is to understand how best to locate and provide access to prospective help seekers and to assist both helpers and service users to recognize and overcome blocks to effective communication. Creating and maintaining readily accessible, up-to-date information on local agencies, including information on how they can help, is an essential piece of the coordination mechanism in any community. As Hamilton and Coates (1993) pointed out,

Even though service providers may not have a statutory obligation to provide service, or if services to abused women are a "peripheral" element in their work, it is important for all professionals to be aware that when they hear a woman's concern and fail to help (if only with a referral to another more appropriate professional), they may contribute to her continuing victimization. Inappropriate (or lack of) responding may result in a woman losing what may be a very loose foothold on her ability to take action on her own behalf. (p. 322)

The women in this study teach us that survivors of abuse are more than ready to take the necessary steps to assist themselves and their children. The challenge in every community is to ensure that the necessary services exist so that women can take these steps, and that the flow of communication between service providers and help seekers is unimpeded. It is with respect to the communication flow that Harris and Dewdney's (1994) observations about information professionals' lack of involvement in the design of the help system continue to ring true:

Despite repeated indications, from our study and others, that battered women need information and referrals in order to cope with their situations, the role of information agencies in the formal help network is basically unknown, ignored, or considered to be irrelevant by both the public and those who work in the helping professions. If information is, indeed, the key to bridging the gap between help-seekers and -providers, one wonders what might happen if libraries and/or I&R agencies were to take on a higher profile as information "advocates" for those in search of help from the formal network. (p. 117).

Acknowledgments

The authors thank the Social Sciences and Humanities Research Council of Canada for its generous support (grant 816-95-0006).

References

- Bergen, R. K. (1996). *Wife rape: Understanding the response of survivors and service providers*. London: Sage.
- Bograd, M. (1984, October). *Family systems approach to wife beating: A feminist critique*. Paper presented at the annual meeting of the American Orthopsychiatric Association, Toronto, Canada.
- Borkowski, M., Murch, M., & Walker, V. (1983). *Marital violence: The community response*. London, UK: Tavistock.
- Bowker, L., & Maurer, L. (1987). The medical treatment of battered wives. *Women and Health*, 12, 25–45.

- Carlson, D., Martinez, A., Curtis, S., Coles, J., & Valenzuela, N. (1990). *Adrift in a sea of change: California's public libraries struggle to meet the information needs of multicultural communities*. Sacramento, CA: California State Library Foundation, Center for Policy Development.
- Coonrod, D. V., Bay, R. C., Rowley, B. D., Del Mar, N. B., Gabriele, L., Tessmon, T. D., & Chambliss, L. R. (2000). A randomized controlled study of brief interventions to teach residents about domestic violence. *Academic Medicine*, 75, 55–57.
- Crowell, N., & Burgess, A. (1996). *Understanding violence against women*. Washington, DC: National Academy Press.
- Davis, L. V., & Srinivasan, M. (1995). Listening to the voices of battered women: What helps them escape violence? *Affilia*, 10, 49–69.
- Dervin, B. (1983). Information as a user construct: The relevance of perceived information needs to synthesis and interpretation. In L. J. Reed (Ed.), *Knowledge structure and use: Implications for synthesis and interpretation* (pp. 155–183). Philadelphia, PA: Temple University Press.
- Dewdney, P., & Harris, R. M. (1992). Community information needs: The case of wife assault. *Library and Information Science Research*, 14, 5–29.
- Dickerson, S. S., & King, K. M. (1998). Cardiac spouses' help-seeking experiences. *Clinical Nursing Research*, 7, 6–29.
- Ferraro, K. J. (1981). Processing battered women. *Journal of Family Issues*, 2, 415–438.
- Gondolf, E. W., & Fisher, E. R. (1988). *Battered women as survivors: An alternative to treating learned helplessness*. Lexington, MA: Lexington Books.
- Grayson, J., & Smith, G. (1981). Marital violence and help seeking patterns in a micropolitan community. *Victimology. An International Journal*, 6, 188–197.
- Grigsby, N., & Hartman, B. (1997). The barriers model: An integrated strategy for intervention with battered women. *Psychotherapy*, 34, 485–497.
- Hamilton, B., & Coates, J. (1993). Perceived helpfulness and use of professional services by abused women. *Journal of Family Violence*, 8, 313–323.
- Harris, R. (1988). The information needs of battered women. *RQ*, 28, 62–70.
- Harris, R. M., & Dewdney, P. (1994). *Barriers to information: How formal help systems fail battered women*. Westport, CT: Greenwood Press.
- Horton, A. L., & Johnson, B. L. (1993). Profile and strategies of women who have ended abuse. *Families in Society. The Journal of Contemporary Human Services*, 74, 481–492.
- Huisman, K. (1996). Wife battering in Asian American communities. *Violence Against Women*, 2, 260–283.
- Hutchison, I. W., & Hirschel, J. D. (1998). Abused women: Help-seeking strategies and police utilization. *Violence Against Women*, 4, 436–456.
- Kurz, D., & Stark, E. (1988). Not-so-benign neglect: The medical response to battering. In K. Yllo, & M. Bograd (Eds.), *Feminist perspectives on wife abuse* (pp. 249–266). Newbury Park, CA: Sage.
- Levinson, R. W. (1988). Information and referral networks: Doorways to human services. In *Springer Series on Social Work* (No. 10). New York: Springer.
- Marcella, R., & Baxter, G. (1999). The information needs and the information seeking behaviour of a national sample of the population in the United Kingdom, with special reference to needs related to citizenship. *Journal of Documentation*, 55, 159–183.
- O'Sullivan, C., Wise, J., & Douglass, V. (1995, July). *Domestic violence shelter residents in New York City: Profile, needs and alternatives to shelter*. Paper presented at the Fourth International Family Violence Research Conference, Durham, NH.
- Randall, T. (1990). Domestic violence intervention calls for more than treating injuries. *Journal of the American Medical Association*, 264, 939–944.
- Rodgers, K. (1994). Wife assault: The findings of a national survey. In *Juristat Service Bulletin*. Ottawa, Canada: Canadian Centre for Justice Statistics.
- Savaya, R. (1998). Associations among economic need, self-esteem, and Israeli Arab women's attitudes toward and use of professional services. *Social Work*, 43, 445–455.

- Sorenson, S. (1996). Violence against women: Examining ethnic differences and commonalities. *Evaluation Review*, 20, 123–145.
- Tracey, K. (1996). *Requests for emergency help: Colliding expectations between citizens and the institution*. Paper presented to the Language and Social Interaction Division, Speech Communication Association, San Diego, CA.
- Womendez, C., & Schneiderman, K. (1991). Escaping from abuse: Unique issues for women with disabilities. *Sexuality and Disability*, 9, 273–279.