



VICTIMS OF CRIME RESEARCH DIGEST

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Canadians' Awareness of Victim Issues:
A Benchmarking Study

Domestic Violence in Rural Canada

Practice Based Perspectives:
Victimization and Substance Use

**Understanding the Community Impact
of Hate Crimes:** A Case Study

**The 2009 General Social Survey
on Victimization in the Territories:**
Lessons Learned

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MANY VOICES, MANY PATHS

“Many Voices, Many Paths” is the theme of the 2011 National Victims of Crime Awareness Week. This theme recognizes that victims of crime all define their experiences differently and have different ways of working through the aftermath of their victimization.

Social science research plays an important role in recognizing the many voices of victims of crime and the many paths that they may take. Research about victims of crime emanates from a wide range of disciplines and from an even greater variety of methods and data sources. This diversity helps us to understand the uniqueness of each crime, each victim, each reaction, and each path taken. While this uniqueness brings challenges, it also reminds us—whether we are researchers, policy makers, or criminal justice professionals working directly with victims of crime—that victims come from all walks of life and from all regions of the country. They all deserve to be treated with compassion, respect, and fairness.

In this, our fourth issue of the *Victims of Crime Research Digest*, we are pleased to present a number of articles that speak to these different experiences. Susan McDonald and Katie Scrim present data from a benchmarking study undertaken in the fall of 2010 on Canadians’ awareness of victim issues such as available services and needs of victims. Melissa Northcott presents police-reported data on family violence in rural vs. non-rural areas of the country. Our invited contributors, Bill Morrison, Cynthia Doucet, Brenda Thomas, and Patricia Peterson, provide a short synthesis of their work looking at assisting victims with drug and alcohol addictions. Sidikat Fashola takes a look at the findings from a case study on the community impact of hate crimes. And in the final article, Luke Pelot, Catherine Allan, Jodi-Anne Brzozowski, and Patrick St-Cyr from Statistics Canada describe the method used in the collection of data in the territories for the 2009 General Social Survey on Victimization.

As always, we hope you enjoy the articles in this issue. Your comments and ideas are welcome.

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VICTIMS OF CRIME
RESEARCH DIGEST NO. 4

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CANADIANS' AWARENESS OF VICTIM ISSUES: A BENCHMARKING STUDY

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INTRODUCTION

How much do Canadians know about victims of crime? Are they aware that specific services exist in every jurisdiction to assist victims? Do levels of awareness differ among jurisdictions and age groups or between men and women? Interesting questions! And we now have some answers.

In Canada, victim services have been growing over the past two decades. These agencies provide a range of services to assist victims of crime through different delivery models (e.g., police-based, community-based, system-based). We know from the national Victim Services Survey that 686 victim service providers helped almost 406,000 victims between April 1, 2007, and March 31, 2008. The types of assistance that

were most often provided directly by the agencies included:

- general information (95%);
- emotional support (93%);
- liaising with other agencies on behalf of clients (91%);
- information on the criminal justice system (91%); and
- public awareness and prevention (90%) (Sauvé 2009).

According to the 2009 General Social Survey (GSS) on Victimization, about 7.4 million Canadians aged 15 and older reported being a victim of a crime that year (Perreault and Brennan 2010, 6). We also know from the 2009 GSS that only 1.5% of victims used victim services following the crime incident; this increases to 2.5% if we look at violent incidents only.¹ While many of the victims may not

have wanted to seek assistance from an agency, it is certainly possible that some victims might have sought assistance had they been aware that services existed.

In the fall of 2010, the Government of Canada undertook an awareness campaign on the availability of services for victims of crime. The Department of Justice Canada led this endeavour working closely with other federal departments and agencies. To assist with the media strategy for this campaign, a benchmark study was undertaken prior to the campaign to gauge Canadians' awareness of victim issues. This article presents some of the results from that study.

¹ The 2.5% figure should be used with caution. This question was specific to victim services or victim witness assistance programs. Other choices included shelters or sexual assault centres or other types of assistance.



BACKGROUND

This research is important for a number of reasons. First of all, it supports and builds on other research findings regarding how Canadians learn about criminal justice issues and where they turn to for assistance. Research over the past two decades in Canada and elsewhere shows that victims of crime want information. Specifically, they want:

- information about their specific case such as notification of hearings and release;
- general information about the criminal justice system; and
- practical information about services such as housing and financial support (see for example Meredith and Paquette 2000; Prairie Research Associates 2006; Sims et al. 2006; Wemmers 1999; Wemmers and Canuto 2002).

Research also shows that Canadians learn about the criminal justice system primarily through the media, that is television, radio, and newspapers (see McDonald et al. 2007). The benchmarking study asked specifically how Canadians learned about victim services. We will be able to use these results to help inform additional research, policy and program directions.

Second, with the results from the present study, we now have representative data about Canadians' awareness of victim issues, including representation from those who have identified themselves as victims of crime. In Canada, there are two primary sources of data on victims of crime: self-reported data from the General Social Survey (GSS) on Victimization and police-reported

data from the Incident-based Uniform Crime Reporting Survey (UCR2). In addition, studies of varying sizes with differing capacities to generalize to the population may be undertaken. For example, there are studies that include interviews with sexual assault survivors from a particular area in the country or with clients from a particular program. As anyone doing research in the area knows, recruitment of a representative sample of victims as research participants poses many challenges and is often not feasible (Lauritsen and Archakova 2008). Because the data are representative, we are able to make general statements about Canadians' awareness of victim issues.

METHODOLOGY

The Department of Justice Canada contracted Ekos Research Associates Inc. (Ekos) to undertake the data collection using a ten-minute telephone and online² survey. The survey instrument was designed by Justice officials and finalized in consultation with Ekos.

Respondents to the telephone survey were 18 years of age and older and

were randomly selected (through random-digit dialing). The sample included all provinces and territories, and the survey was administered in both English and French. The sample distribution for this study is provided in Table 1.

The survey was conducted from September 7 to 23, 2010. Survey results were weighted based on Statistics Canada data according to age, gender, and region to ensure the sample was representative of the general public aged 18 years and older. The response rate was 20.9% which is very reasonable for a public opinion survey.

RESULTS

Knowledge of Victim Issues and Services

All respondents were asked about their level of knowledge about compensation for victims of crime, restitution, victim services, testimonial supports, and victim impact statements. A four-point scale was used, with 1 meaning "no knowledge at all," 2 meaning "a little knowledge," 3 meaning "some knowledge," and 4 meaning "a lot of knowledge." The results are displayed in Figure 1.

Table 1: Sample Distribution

| Province/Territory | Sample Size | Margin of Error (19 times out of 20) |
|-----------------------|--------------|--------------------------------------|
| Atlantic Provinces | 176 | 3 7.4% |
| Quebec | 450 | 3 4.6% |
| Ontario | 700 | 3 3.7% |
| Manitoba/Saskatchewan | 173 | 3 7.4% |
| Alberta | 200 | 3 6.9% |
| British Columbia | 251 | 3 6.2% |
| Territories | 56 | 3 14.0% |
| Total | 2,006 | ± 2.2% |

2 Only the results of the telephone survey will be presented here.



Approximately 42% of respondents had no knowledge at all of victim services in Canada. Approximately the same proportion said they had no knowledge at all of other programs/services available to victims of crime, such as compensation and restitution.

The knowledge Canadians reported having of victim services varied by demographic factors. Respondents in western Canada reported greater levels of awareness than those from central/eastern Canada (see Figure 2). In addition, those who identified themselves as victims of crime were slightly more likely to report “a lot of knowledge” of victim services compared to those who had not been the victim of a crime (10% versus 5%, respectively).

When we examined knowledge by age, 91% of those under 25 years reported no knowledge at all (51%) or very little knowledge (40%). This younger age group (18-24) had the lowest reported knowledge of victim services of all age groups. Looking at gender, females reported slightly higher levels of knowledge of victim services than males: 24% of females reported either “some” or “a lot” of knowledge of victim services compared to 17% of males. This finding is understandable given that we know from previous studies that more women use victim services; for example, the Victim Services Survey³ showed that on snapshot day (May 28, 2008), victim services across the country served 9,808 people of which 61% were female and 20% were male (for 19%, the gender was not recorded) (Sauvé 2009).

Victims of Crime and Assistance

From adult learning theory and research, we know that people learn through personal experience (see, for example, McDonald 2001). It was therefore important to know whether respondents had personal experience with victimization. When we asked respondents if they had been a victim of crime in the preceding twelve months,⁴ approximately one fifth (19%) indicated “yes,” and out of those, more than half (57%) said that the incident had been reported to the police.

Among respondents who had been victims of a crime, 25% sought help from victim services as a result of being victimized, while a greater proportion of victims sought help from family members or friends/co-workers (39% and 37%,

Figure 1: Knowledge of Services/Programs Available for Victims of Crime

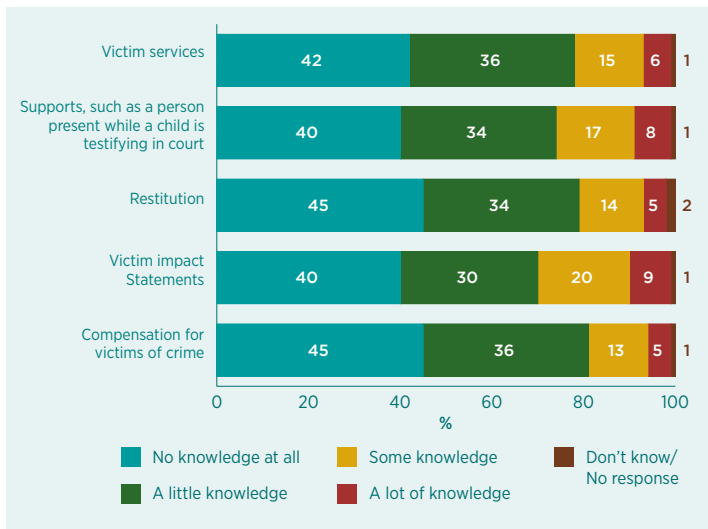
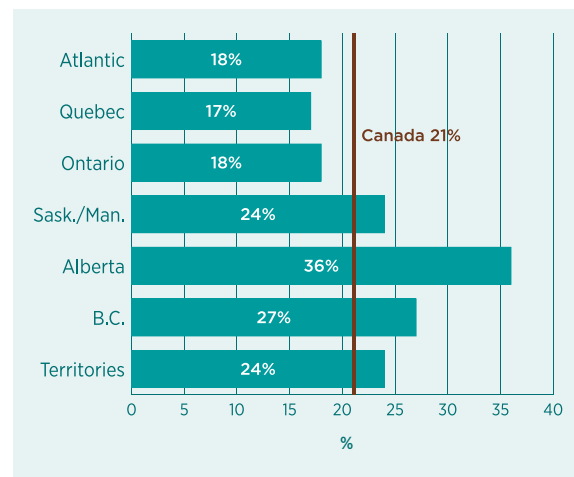


Figure 2: Some/A lot of Knowledge of Victim Services by Region



3 The national Victim Services Survey is funded by the Department of Justice Canada and is undertaken every three years by the Canadian Centre for Justice Statistics. The survey collects data for a twelve-month period on agencies that provide services to both primary and secondary victims of crime. It also provides a snapshot of the clientele served on a given day, called “snapshot day.” For the full publication, see <http://www.statcan.gc.ca/pub/85-002-x/2009004/article/10932-eng.pdf>.

4 The wording for this question was the same as that used on the General Social Survey for Victimization. This includes respondents who were the victim of either a violent or non-violent crime. Non-violent crime includes crimes against property, including theft of personal property and vandalism, for which victims may be less likely to seek help from an outside agency or police due to the potentially less serious nature of the incident. Violent crime includes robbery, physical assault, and sexual assault.



respectively) (see Figure 3).

The quarter who sought help from victim services were asked how they had learned about these services. Referrals from other victim services (31%), friends/co-workers (28%), family (19%), and a pamphlet/brochure (19%) were the primary ways identified.

These results support other research that has found that victims rate natural supports as more useful than professional supports (Leymann and Lindell 1992). Research from small, qualitative studies with victims has also shown that people learn about the law and other relevant information from one another, but often this information is “inaccurate, incomplete, or out-of-date” (McDonald 2001); hence the importance of formal services being available particularly for information around the highly complex criminal justice system.

Respondents who had been the victim of a crime but did *not* seek help (n=268) were asked why. More than half (54%) said that it was because they did not want/need help, and 29% said it was because they felt the incident was too minor. Importantly, a small proportion (6%) noted that it was because they did not know of any services available.

Canadians in General

Among those who did *not* identify as a victim of crime, the largest proportion found out about victim services through media such as radio/television (36%) and newspapers (27%). A lesser proportion found out about victim services through friends/co-workers (15%) and through victim services referrals (6%).

Almost all respondents (94%) said that *if* they, or a close friend or family member, were the victim of a violent crime, they would contact

Figure 3: Sources of Help Sought by Victims of Crime

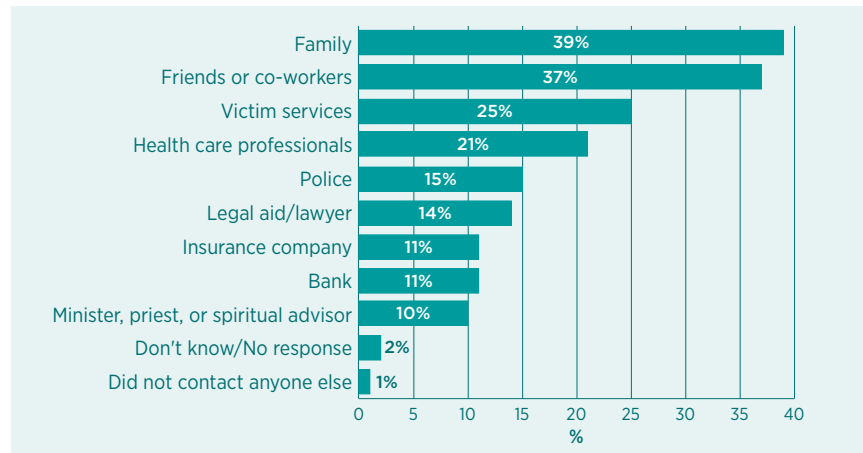
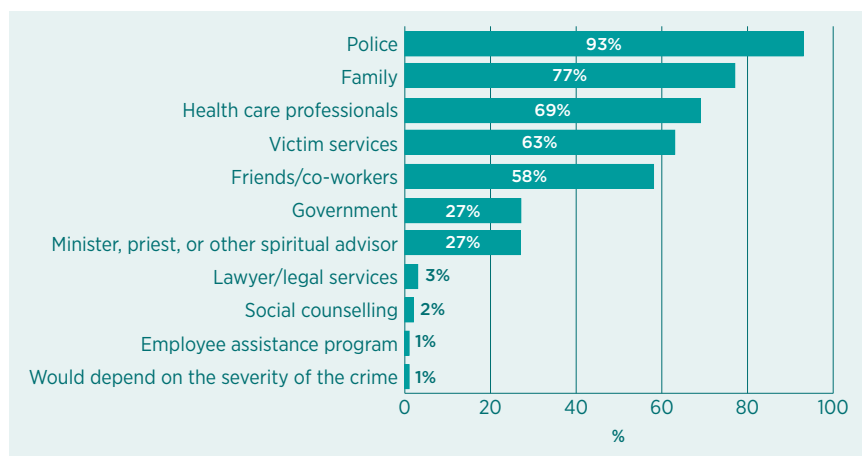


Figure 4: Where Canadians Would Seek Help if Victimized



someone for help. Of these respondents, well over half (63%) said they would contact victim services for help. This is less than the proportion who said they would contact police (93%), family members (77%), and health care professionals (69%). More than one quarter (27%) said they would contact the government for help. Figure 4 illustrates these results.

Needs of Victims

When asked what they thought a victim of crime would need after being victimized, over half (53%) of respondents said professional counselling, 28% said support/

someone to talk to, 19% said medical help, and 16% each said financial help and justice (e.g., a response from the system) (Figure 5).

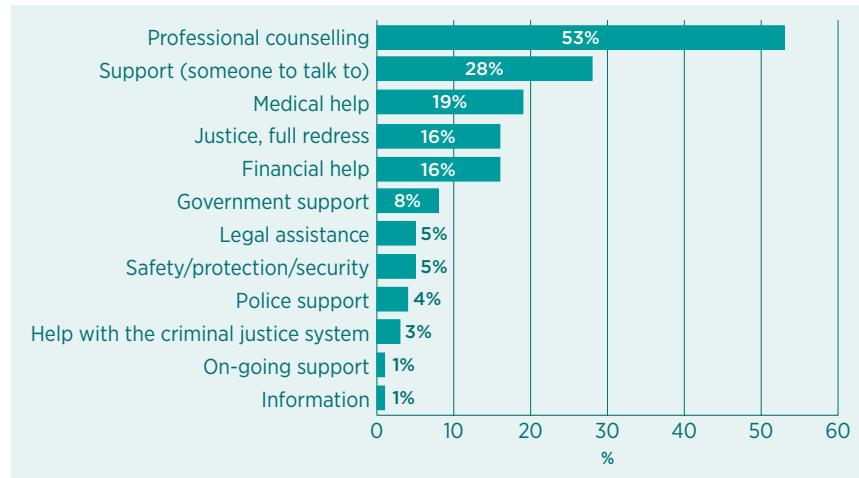
Final Thoughts

Overall, these results suggest that there are a significant number of Canadians who are not aware of the services available and that over half of younger Canadians (aged 18-24) have no knowledge at all. The results also confirm that the reasons why victims do not access these services are varied.



As noted earlier in this short article, the results from this study are important not only for the media strategy of the 2010 awareness campaign but also in terms of future research and policy directions. For example, if victims of crime are aware of victim services but are not accessing them because they prefer natural supports (e.g., family and friends), do those natural supports have the resources and support necessary? Or if victims are not accessing services because they are afraid or ashamed, what responses are possible? This research has answered some questions, but it has also raised many interesting new ones.

Figure 5: Canadians' Perceptions of the Needs of Victims of Crime



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DOMESTIC VIOLENCE IN RURAL CANADA

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INTRODUCTION

In June 2008, the Standing Senate Committee on Agriculture and Forestry released its report entitled *Beyond Freefall: Halting Rural Poverty*. The report discussed a wide range of issues impacting rural Canada and noted, in the chapter on crime, the lack of empirical data on specific crimes in rural areas, including domestic violence. The report cited anecdotal evidence suggesting that “stresses caused by rising unemployment, declining populations and seasonal work are leading to an increase in the reported incidence of family violence in some parts of rural Canada” (Senate of Canada 2008, 235).

Given the cited anecdotal evidence as well as the limited research on domestic violence in rural areas, this research sought to determine if there has been an increase in incidents of domestic violence in rural areas.

AVAILABLE RESEARCH

While some of the limited existing literature indicates that there are no conclusive numbers regarding the incidence of domestic violence in rural Canada (Brookbank 1995), Statistics Canada has found that rates of spousal violence in rural areas may be similar to those in urban areas (e.g., Mihorean 2005; Pottie Bunge and Levett 1998). Other research on this topic has focused on the challenges faced in providing services to victims of domestic violence in rural areas, such as issues relating to lack of services and transportation, as well as isolation and difficulties relating to communication (Kasdorff and Erb 2010). Responses to these challenges by various organizations and by all levels of government have also been documented and include the creation of more shelters and social services, implementation

of domestic violence courts, and provincial legislation to facilitate a better response to issues of domestic violence.

Although there is very little information available regarding domestic violence in rural areas of Canada, much research has been conducted on the issue of domestic violence in Canada generally. For example, there are a number of national surveys which record the incidence of spousal violence, such as the General Social Survey on Victimization (GSS), which collects self-reported data on crime every 5 years (Statistics Canada), and the annual Incident-Based Uniform Crime Reporting Survey (UCR2), which collects police-reported incidents of crime (Statistics Canada).

Research using the 2004 GSS found that the overall level of self-reported spousal violence remained stable at 7% between 1999 and 2004 (Mihorean 2005), while the 2007



UCR2 data found that the percentage of police-reported spousal violence declined 15% between 1998 and 2007 (Taylor Butts 2009). These reports also examine other elements relating to spousal violence, such as information related to gender, age and provincial and territorial differences.

METHODOLOGY

For this study, police-reported data on domestic violence was requested from the Canadian Centre for Justice Statistics (CCJS). Data from the Incident-Based Uniform Crime Reporting Survey (UCR2) was used to examine domestic violence incidents and rates of domestic violence per 100,000 in rural and urban Canada for the years 2004 until 2008. Due to issues with data coverage, however, incidents of domestic violence for only the years 2006 to 2008 were examined.¹

Incidents of domestic violence are specified in the UCR2 through documentation of the relationship between the victim and the individual charged. Although there are other terms used for domestic violence, including spousal abuse, intimate partner violence, and family violence (Alberta Justice and Attorney

General 2008), the term *domestic violence* was used in this study. Domestic violence was defined as incidents involving spouses and former spouses (common-law or married) or other family members. Other family members could include aunts, uncles, parents, step-parents, grandparents, siblings and cousins.

For the purposes of this study, areas with a population of 5,000 and less were defined as rural, while areas with a population of over 5,000 were considered urban.

RESULTS

The UCR2 data obtained from the CCJS were examined, and overall rates of police-reported incidents of domestic violence in rural and urban areas of Canada were determined. Data on specific domestic violence-related offences were also analyzed.

Overall Domestic Violence

As Table 1 shows, the total combined rate of domestic violence (in rural and urban areas) increased between 2006 and 2008. The rates of domestic violence perpetrated by both spouses/former spouses and family members were higher in rural

areas than in urban areas.

In rural areas, the rates of overall domestic violence perpetrated by both spouses/former spouses and family members fluctuated, with an increase between 2006 and 2007, followed by a decrease in 2008. This shift was also seen in both the rates of domestic violence perpetrated by spouses/former spouses and the rates of domestic violence perpetrated by family members. However, the increase in the rates of domestic violence perpetrated by family members was larger than the increase in the rates of domestic violence perpetrated by spouses/former spouses. Additionally, the rates of overall domestic violence perpetrated by family members were higher than the rates of overall domestic violence perpetrated by spouses/former spouses.

In urban areas, the rates of overall domestic violence perpetrated by both spouses/former spouses and family members also fluctuated, but with a decrease between 2006 and 2007, followed by an increase in 2008. While this shift was also seen in domestic violence perpetrated by spouses/former spouses, the rates of domestic violence perpetrated by family members remained the

Table 1: Domestic Violence Violations, Rates per 100,000 Population, 2006-2008

| | Rural | | | Urban | | | Total (Rural and Urban) |
|------|-----------------------|--------|-------------|-----------------------|--------|-------------|-------------------------|
| | Spouse/ Former Spouse | Family | Total Rural | Spouse/ Former Spouse | Family | Total Urban | |
| 2006 | 330 | 461 | 791 | 131 | 103 | 234 | 247 |
| 2007 | 393 | 673 | 1066 | 125 | 103 | 229 | 248 |
| 2008 | 392 | 670 | 1062 | 129 | 111 | 240 | 259 |

Source: Statistics Canada, UCR2 Survey, 2006-2008.

¹ Note that the RCMP began using the UCR2 in 2006, which resulted in an increase in incident reporting among rural police that year. As such, only data for the years 2006 to 2008 are reported in order to ensure a more comprehensive portrayal of domestic violence in rural and urban areas.



Table 2: Common Assault–Level 1, Rates per 100,000 Population, 2006–2008

| | Rural | | | Urban | | | Total (Rural and Urban) |
|------|-----------------------|--------|-------------|-----------------------|--------|-------------|-------------------------|
| | Spouse/ Former Spouse | Family | Total Rural | Spouse/ Former Spouse | Family | Total Urban | |
| 2006 | 238 | 279 | 517 | 80 | 52 | 132 | 141 |
| 2007 | 286 | 418 | 704 | 78 | 53 | 131 | 144 |
| 2008 | 281 | 411 | 692 | 80 | 58 | 138 | 151 |

Source: Statistics Canada, *UCR2 Survey, 2006–2008*.

Table 3: Sexual Assault–Level 1, Rates per 100,000 Population, 2006–2008

| | Rural | | | Urban | | | Total (Rural and Urban) |
|------|-----------------------|--------|-------------|-----------------------|--------|-------------|-------------------------|
| | Spouse/ Former Spouse | Family | Total Rural | Spouse/ Former Spouse | Family | Total Urban | |
| 2006 | 5 | 38 | 43 | 2 | 13 | 15 | 16 |
| 2007 | 6 | 53 | 59 | 2 | 12 | 14 | 15 |
| 2008 | 4 | 49 | 53 | 2 | 13 | 15 | 16 |

Source: Statistics Canada, *UCR2 Survey, 2006–2008*.

same between 2006 and 2007, then increased in 2008. The rates of overall domestic violence perpetrated by spouses/former spouses were higher than the rates of domestic violence perpetrated by family members. This is the opposite of what was seen in rural areas.

Common Assault

Common assault was the most common form of domestic violence in both rural and urban areas in Canada between 2006 and 2008. As shown in Table 2, the total combined rate of common assault (rural and urban) increased during this time period. The rates of common assault perpetrated by both spouses/former spouses and family members were higher in rural areas than in urban areas.

In rural areas, the total rate of common assault fluctuated, with an increase between 2006 and 2007, followed by a slight decrease in 2008. This shift was also seen in the rates of common assault perpetrated by both spouses/former spouses and family members. However, there was a larger increase in the rates of common assault perpetrated by family members. In rural areas, the rates of common assault perpetrated by family members were greater than the rates of common assault perpetrated by spouses/former spouses. The opposite was seen in urban areas.

Sexual Assault

Table 3 shows that the total combined rate of sexual assault remained stable between 2006 and 2008. The rates of sexual assault perpetrated by both spouses/former spouses and family members were higher in rural areas than in urban areas. In both rural and urban areas, the rates of sexual assault perpetrated by family

members were higher than the rates of sexual assault perpetrated by spouses/former spouses.

Criminal Harassment

As Table 4 indicates, the total combined rate of criminal harassment decreased slightly between 2006 and 2008. The rates of criminal harassment perpetrated by family members between 2006 and 2008 were slightly higher in rural areas than in urban areas, while the rates of criminal harassment perpetrated by spouses/former spouses were higher in urban areas. In rural areas, the total rates of criminal harassment remained fairly stable, while in urban areas the rate decreased slightly. In rural areas, the rates of criminal harassment perpetrated by spouses/former spouses and family members were similar; in urban areas, the rates of criminal harassment perpetrated by spouses/former spouses were higher than the rates of criminal harassment perpetrated by family members.



Table 4: Criminal Harassment, Rates per 100,000 Population, 2006-2008

| | Rural | | | Urban | | | Total (Rural and Urban) |
|------|-----------------------|--------|-------------|-----------------------|--------|-------------|-------------------------|
| | Spouse/ Former Spouse | Family | Total Rural | Spouse/ Former Spouse | Family | Total Urban | |
| 2006 | 4 | 2 | 7 | 11 | 2 | 13 | 13 |
| 2007 | 4 | 4 | 8 | 10 | 2 | 12 | 12 |
| 2008 | 5 | 4 | 8 | 9 | 2 | 11 | 11 |

Source: Statistics Canada, UCR2 Survey, 2006-2008.

Table 5: Uttering Threats, Rates per 100,000 Population, 2006-2008

| | Rural | | | Urban | | | Total (Rural and Urban) |
|------|-----------------------|--------|-------------|-----------------------|--------|-------------|-------------------------|
| | Spouse/ Former Spouse | Family | Total Rural | Spouse/ Former Spouse | Family | Total Urban | |
| 2006 | 15 | 34 | 49 | 15 | 16 | 31 | 31 |
| 2007 | 20 | 58 | 77 | 14 | 15 | 29 | 30 |
| 2008 | 19 | 63 | 81 | 14 | 16 | 29 | 31 |

Source: Statistics Canada, UCR2 Survey, 2006-2008.

Uttering Threats

As indicated in Table 5, the total combined rates of uttering threats remained stable between 2006 and 2008. The rates of uttering threats perpetrated by both spouses/former spouses and family members were higher in rural areas than in urban areas.

In rural areas, the total rate of uttering threats increased between 2006 and 2008. While the rates of uttering threats perpetrated by spouses/former spouses fluctuated, with an increase between 2006 and 2007, followed by a slight decrease in 2008, the rates of uttering threats perpetrated by family members saw a larger increase between 2006 and 2007, followed by a further slight increase in 2008. In addition, the rates of uttering threats perpetrated by family members were higher than the rates of uttering threats by spouses/former spouses.

In urban areas, the total rate as well as the rates of uttering threats

perpetrated by both spouses/former spouses and family members remained stable.

Murder (First Degree, Second Degree and Manslaughter)

For the rates of murder, three murder offences are combined: first degree murder, second degree murder and manslaughter. As shown in Table 6, the total combined rates of murder (rural and urban) declined slightly between 2006 and 2008. There was a decrease in the total number (n) of homicides between 2006 and 2007, followed by a small increase in 2008. The rates of murder perpetrated by spouses/former spouses and family members were higher in rural areas than in urban areas. In rural areas, the number of murders and the rates of murder perpetrated by family members were higher than the number of murders and the rates of murder perpetrated by spouses/former spouses. In urban areas, the number of murders per-

petrated by spouses/former spouses in 2006 was higher than the number perpetrated by family members, while in 2007 and 2008, the number of murders perpetrated by family members was higher. The rates of murder perpetrated by spouses/former spouses and family members were fairly similar in urban areas.

CONCLUSION

The findings of this study provide information on the nature and the incidence of domestic violence in rural and urban areas of Canada. First, the findings indicate that for the majority of the offences explored, the perpetrator was most commonly a family member in rural areas, while the perpetrator tended to be a spouse/former spouse in urban areas. The study also found that the rates of police-reported incidents of domestic violence perpetrated by spouses/former spouses and by family members were higher in



Table 6: Murder (1st Degree, 2nd Degree and Manslaughter), Rates per 100,000 Population, 2006-2008

| | Rural | | | | | | Urban | | | | | | Total (Rural and Urban) | |
|------|-----------------------------|------|--------|------|-------------|------|-----------------------------|------|--------|------|-------------|------|-------------------------|------|
| | Spouse/ Former Spouse | | Family | | Total Rural | | Spouse/ Former Spouse | | Family | | Total Urban | | n | rate |
| | n | rate | n | rate | n | rate | n | rate | n | rate | n | rate | | |
| 2006 | 4 | 0.59 | 9 | 1.33 | 13 | 1.92 | 67 | 0.23 | 62 | 0.22 | 129 | 0.45 | 142 | 0.48 |
| 2007 | 4 | 0.57 | 8 | 1.14 | 12 | 1.71 | 52 | 0.17 | 61 | 0.20 | 113 | 0.38 | 125 | 0.41 |
| 2008 | 7 | 0.90 | 13 | 1.67 | 20 | 2.57 | 51 | 0.16 | 60 | 0.19 | 111 | 0.35 | 131 | 0.40 |

Source: Statistics Canada, *UCR2 Survey, 2006-2008*.

rural versus urban areas during the period between 2006 and 2008, as were the majority of the specific offences considered. As the Standing Senate Committee on Agriculture and Forestry suggests in its report, the higher rates of domestic violence in rural areas may be a reflection of the stressors associated with living in rural communities, such as seasonal employment and unemployment (Senate of Canada 2008).

Although the rates of some specific offences increased and others decreased or remained stable, the total combined rate of police-reported domestic violence incidents in Canada increased between 2006 and 2008. The rates of domestic violence perpetrated by both spouses/former spouses and family members in rural areas also increased during this time period. Statistics Canada reports indicated that the percentage of self-reported incidents of spousal violence remained stable at 7% between 1999 and 2004 (Mihorean 2005) and that police-reported incidents of spousal violence declined 15% between 1998 and 2007 (Taylor-Butts 2009). However, the findings of this study indicate that when family-related domestic violence is included, an increase in the overall combined

rate of domestic violence between 2006 and 2008 is seen. Nevertheless, this study has certain limitations that should be borne in mind when interpreting the findings.

As the data used in the study are limited to a three-year time frame, they cannot speak to trends in the incidents of domestic violence. Furthermore, the violations included in the definition of domestic violence used in this study and those included in the definition used in other studies are not identical; therefore, a direct comparison of overall domestic violence rates among studies is not possible.² Another factor which must be considered is population size. Even small changes in the number of incidents can have a large impact on crime rates in areas with a small population size. Although the reported rates of domestic violence in rural areas may have increased between 2006 and 2008, these rates are based on a small increase in the number of incidents of domestic violence. The impact of the incidents on rural communities, however, is felt throughout the community.

There are also issues related to underreporting that must be considered. For a number of reasons,

domestic violence in rural areas is likely underreported. These reasons include factors associated with a culture of self-sufficiency, which leads to hesitation in seeking help; community denial and victim blaming, which are common in smaller communities; and geographical remoteness, which leads to difficulties in seeking services (Biesenthal et al. 2000; Hornosty and Doherty 2002; Jiwani et al. 1998; Kasdorff and Erb 2010; Lunn 2001).

Although this research adds to what we know, more work is needed to further improve our understanding of domestic violence in rural areas. Given the difficulties associated with underreporting, the picture we have of domestic violence in both rural and urban areas remains unclear. The rates of domestic violence in rural areas need to continue to be monitored so a pattern can be established. Furthermore, information should continue to be compiled and to be shared among those working directly with victims of domestic violence in rural areas in order to identify and establish best practices and strategies.

² For example, other studies have included violations such as kidnapping, hostage taking and arson, which were not included in this study.



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PRACTICE-BASED PERSPECTIVES: VICTIMIZATION AND SUBSTANCE USE

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INTRODUCTION

Recent literature supports a positive and frequently-cited association between victimization and substance use. A major hypothesis for this relationship is that substance use is a coping strategy for dealing with the physical or emotional discomfort associated with the trauma of victimization (Danielson et al. 2006; Office for Victims of Crime 2005). This includes using substances as a means for “avoiding, escaping or distracting from the overwhelming distress associated with trauma-related memories” (Danielson et al. 2006, 2). Research indicates that trauma associated with victimization contributes to increased vulnerability to both mental health conditions and problem substance use behaviours (Jacobsen et al. 2001; Logan et al. 2002). Problem substance use has also been associated with a host of other concurrent risk issues

related to the health, safety, and security of victims. These may include conflict with the law, exposure to communicable diseases, involvement in unhealthy and violent relationships, self-harm, disruptions in education and career functioning, and homelessness. Consequently, problem substance use by victims may also increase potential vulnerability to further areas of risk and to victimization.

In January 2008, the New Brunswick Department of Public Safety Victim Services undertook a research study to investigate better practice considerations related to supporting and intervening with victims of crime with substance use problems. The overall study consisted of five phases. One component involved the completion of a series of key informant interviews with health and treatment professionals who have extensive knowledge and experience in the design and delivery of

problem substance use intervention services for victims of crime.

METHODOLOGY

Key informants were identified in consultation with the members of the Project Advisory Committee and research team. Initial contact was subsequently made with the key informants to review the purpose of the initiative and their potential participation in this aspect of the project. Upon obtaining their consent, individual interview times were arranged. Interviewed key informants had on average 17 years of direct work or clinical experience with populations involving victimized individuals with problem substance use. Interviews were completed with 18 key informants from Eastern, Central, Western, and Pacific regions of Canada.

A semi-structured interview guide was developed with a range of



open-ended and more focused questions intended to provide essential information relating to understanding the needs profile and treatment strategies for victims of crime who experience substance use problems. For these interviews, areas of inquiry included

- key client considerations (circumstances, gender, specific populations);
- early intervention (screening, early intervention support, and service provider preparedness);
- key roles in intervention services (family, victim services, mental health/addictions, community-based services, criminal justice services);
- service delivery considerations (theoretic stance/philosophy, treatment implications, support strategies, integrative case management, follow-up, and evaluation); and
- potential service developments and elaboration (screening tool for problem substance, multi-disciplinary training sessions, common service protocols).

Responses from key informants were recorded and merged for each area of inquiry. Content analysis was used to analyze the key themes emerging from the outcomes of the interviews. Specific theme categories were included based on endorsement of a minimum of three informants.

CLIENT CONSIDERATIONS: CIRCUMSTANCES AND GENDER

Circumstances Faced by Victims Experiencing Substance Use Problems

Risks and consequences: Key informants were asked to describe the unique circumstances facing victims of crime who have substance use problems. All key informants identified that incidents of victimization were associated with trauma both during and following the event. They indicated that problem substance use often occurs following victimization as a coping response to deal with trauma.

Key informants noted that trauma may be accompanied by feelings of shame or social stigma. It is this social stigma that contributes to risks associated with development or exacerbation of problem substance use. Additional personal distress may also be experienced by clients as a result of fear associated with the possible repercussions of problem substance use, including

- removal of children from the home by the child welfare system;
- legal ramifications associated with the use or possession of substances;
- rejection and alienation from family members;
- loss of credibility with respect to their reports of victimization;
- blame for the actual occurrence of victimization; and
- loss of financial resources to address basic need concerns or family-focused responsibilities.

It was also noted that continued problem substance use may place clients at increased risk of being re-victimized. In this regard, clients who had experienced past victimization and problem substance use within their own home or family context were identified as having the greatest vulnerability for repeated occurrences of victimization.

System-related factors: Key informants also reported that victims of crime may not have sufficient knowledge of the available services that address problem substance use. A few key informants indicated that clients may mistrust formal service systems if they have experienced a “history of inappropriate responses” from service providers. For example, clients may not be considered eligible for mental health counselling to deal with trauma because of service protocols which require them to first seek treatment for substance use problems. The opposite situation may also occur in which addiction service providers require clients to initially address mental health issues prior to receiving substance use treatment. Other reported system-related barriers include prolonged wait times, multiple and/or complex intake procedures.

Personal and family factors: In addition to system factors, victims of crime may also experience a range of other personal circumstances that limit or impede their access to needed services. These may include parenting responsibilities, fixed work schedules, inadequate financial resources to be released from work, and lack of transportation. Such personal factors may also be accompanied by interpersonal or relationship stressors when family members are not supportive of client decisions to access needed support or treatment. Key



informants underscored that such family dynamics may be evident in situations when victimization has occurred in the family context or when family members do not have adequate understanding of the recovery process or of the relationship of problem substance use to trauma experienced by victims. In other instances, cultural family values may discourage disclosure of victimization or help-seeking behaviours outside of family relationships. Families in rural areas may also be reluctant to disclose issues related to victimization or problem substance use because of perceived lack of privacy or confidentiality in smaller community settings.

Gender Needs and Differences

Key informants were asked to describe the experiences and needs of both female and male victims with substance use problems. With respect to female victims, key informants indicated that women often have family responsibilities and care giving roles. For example, women may be required to arrange and coordinate child care to facilitate their attendance at health or treatment appointments.

Key informants underscored that female clients are often alone or do not have social support to assist in addressing concurrent family or treatment concerns. This may be particularly evident in social and cultural contexts in which there is pronounced disapproval or stigma associated with women's substance

use. According to various informants, women's perceived stigmatization may decrease their likelihood of sharing areas of personal concern or actively pursuing accessible supports or treatment options. It was also noted that women may be at risk for developing unhealthy relationships in treatment contexts which include both male and female clients.

For both female and male clients, the sensitivity and trauma associated with incidents of victimization may impede their openness to sharing potential problem substance use concerns. Male clients were identified as particularly reluctant to describe past incidences of victimization. As one informant indicated, male clients may be hesitant to disclose their past experiences of trauma (e.g., sexual abuse) because of perceptions of weakness, vulnerability or the notion that "men should be able to look after themselves." Others noted that crimes experienced by male victims tended to be more violent and that younger men are often overrepresented among populations of male crime victims. Overall, key informants asserted the need for increased research and investigation into the needs of male victims with potential substance use issues.

EARLY INTERVENTION

Key informants regarded early intervention as specific actions or interventions undertaken for individuals identified as being at risk for, or currently engaging in, harmful

behaviours. With respect to victims of crime with problem substance use, early intervention was noted as critical for preventing the progression and severity of problem substance use patterns. Such efforts were viewed as beneficial for decreasing and eliminating the range of risk factors (e.g., safety issues and re-victimization) and psycho-social consequences that accompany problem substance use (conflict with the law, loss of social supports, family relationships, poverty).

Screening

Early identification or screening of problem substance use behaviours was regarded as an important aspect of intervention for victims of crime. The majority of key informants highlighted the value of screening for problem substance use as part of initial intake processes for victims. For those currently employing screening approaches, both structured and informal methods were identified. With respect to standardized measures, the CAGE, the MAST, the DAST, and the OQ45¹ were mentioned as instruments currently in use.

With regards to informal screening formats, key informants highlighted the use of conversational or narrative approaches for exploring potential problem substance use. In using such formats, specific questions pertaining to substance use were often introduced as a result of discussion of themes related to current or past methods of coping or seeking support. One key informant also mentioned

¹ The name of the CAGE instrument is a mnemonic for four key questions containing the words "cut down, annoyed, guilty, and eye-opener." The CAGE is designed to assess for problem alcohol use. Similar to the CAGE, the MAST (Michigan Alcohol Screening Test) is composed of question items which provide an indication of possible alcohol abuse and dependency. In contrast to the CAGE, the DAST (Drug Abuse Screening Test) is a scale intended to screen for problem drug use. The OQ45 is a comprehensive screening instrument which includes a number of core questions intended to screen for alcohol and drug misuse. This instrument is also applied following treatment to measure changes in client functioning and overall treatment gains.



the use of a semi-structured narrative approach using “story webs” to explore clients’ perceptions of their needs and circumstances. Informal conversational screening formats were regarded as beneficial in that they were particularly helpful for decreasing clients’ anxiety and for creating an environment conducive to the development of a collaborative relationship. As one key informant noted, it is important in conversational approaches “not to make it sound like a screening questionnaire.”

Key informants highlighted a range of key areas of inquiry that could be included as part of informal or structured screening processes to identify potential concerns related to substance use. These included

- current stressors and concerns;
- types of coping strategies;
- nature of social supports;
- sleeping patterns;
- physical and emotional health concerns;
- use of prescription medications;
- family history of substance use;
- partner substance use;
- previous use or problems with substances; and
- previous treatment for substance use.

In exploring such areas of inquiry, more specific questions related to substance use might also be subsequently introduced as part of screening interactions with the clients if deemed appropriate. These might include areas of inquiry and discussion related to awareness of potential substance use concerns, patterns of use, intentions for future use, and openness to receiving support or treatment.

Key informants highlighted that

screening methods may be embedded in pre-existing health intake or assessment processes. Others indicated that screening for substance use could also be included as part of victim screening or assessment protocols. In the application of structured or informal screening approaches, key informants underscored the importance of being sensitive to the unique needs and circumstances of victims and ensuring the use of a non-judgmental approach. A few key informants expressed concern that information gleaned from such screening processes might be used to exclude clients from specific essential services. In this regard, they asserted that client information should only be used to plan appropriate treatment strategies and to facilitate clients’ access to needed services.

Early Intervention Support and Service Provider Preparedness

Key informants highlighted that victims of crime with substance use problems may seek support from diverse professionals and community service providers to address a range of personal and basic needs. Interactions with these individuals provide unique opportunities for initial identification of potential concerns related to victimization and problem substance use, as well as for facilitating linkages with appropriate sources of support or treatment. Potential service provider contacts might include

- family physicians;
- emergency health personnel;
- financial aid or income assistance case managers;
- employee assistance program providers;
- public mental health clinical services;

- pharmacists;
- employers and union representatives;
- school or community counsellors;
- community social workers;
- shelter or transition agency staff; police and other justice personnel (e.g., probation workers);
- victim service workers;
- community outreach workers; and
- clergy.

Key informants underscored that the settings in which clients meet helping professionals should ideally be comfortable and place clients at ease in sharing concerns they may have regarding victimization or problem substance use. Office type settings or contexts that involved prolonged wait times or distractions because of external work activities (people arriving and leaving) were characterized as less conducive for disclosure of areas of significant concern.

Key informants were also invited to describe the essential helper knowledge, attitudes, and skills that would support early interventions with victims who have substance use problems. They highlighted a range of professional competencies, including

- effective use of active listening, reflection, and clarification skills;
- demonstration of accepting and respectful attitudes towards victims;
- awareness of social perceptions and stigma regarding substance use;
- sufficient knowledge about victimization, trauma, and its link with substance use;



- adequate knowledge of community resources, their services, referral and intake processes; and
- ability to link clients with needed services or to be an advocate for them.

With respect to the preceding competencies, informants described the value of providing community service providers with targeted training to support their participation in reaching out to victims who may be experiencing substance use problems. The following specific content might be included in either training or orientation sessions:

- awareness sessions on the potential link between victimization, trauma/mental health concerns, and problem substance use;
- educational workshops on types of substances, their effects, and typical patterns of use;
- training in nonjudgmental methods for reaching out, engaging and supporting victims of crime (e.g., effective listening and communication skills); and
- information sessions on the range of support and treatment services that may be accessible to victims and how to initiate appropriate referrals.

In discussing early intervention and screening approaches, several key informants highlighted the potential of adopting common protocols for service collaboration among helping professionals in local and regional areas. Others suggested the use of common screening methods or questions that could be applied by community service providers.

KEY ROLES IN INTERVENTION SERVICES

Key informants also described the potential roles that various individuals could play in supporting early intervention efforts for victims with problem substance use. They highlighted potential contributions that could be made by family members, victim services personnel, and mental health and addiction therapists.

Family Members

Key informants highlighted that family relationships can provide a viable source of ongoing support for clients as they seek out and engage services and treatment. Family efforts may include providing tangible assistance to address basic need or transportation concerns or extending support through listening “without judgement or blaming.”

It was also recognized that the dynamics of various family situations may not be conducive to enhancing clients’ well-being or supporting treatment plans. This may be particularly evident in family or home situations in which there are concerns regarding client safety (e.g., intimate partner abuse) or ongoing problem substance use by close family members or partners. In such cases, specific changes in family relationships or interactions may be a key consideration in realizing and sustaining positive changes for clients.

Victim Services’ Coordinators/Workers

Key informants emphasized that victim services workers have a responsibility to be knowledgeable about community resources and the referral processes required for

clients to engage needed services or treatment supports. Their primary role includes assessment of clients’ needs and ensuring clients’ access to essential support services through coordination of referrals, collaboration with community service providers, and provision of supportive client contacts and follow-up sessions.

Key informants highlighted that victim services workers could benefit from educational sessions on themes related to the link between victimization and substance use. Identification of screening questions for substance use was identified as an area for future development and possible training for victim service workers. Some concerns were also expressed regarding the inclusion of questions in existing screening processes and the potential for the use of such areas of inquiry to impede development of an initial collaborative relationship with clients. Other key informants commented on the benefits of exploring problem substance use concerns through informal discussion of clients’ current and past coping approaches.

Mental Health and Addiction Service Providers

Mental health clinicians and addiction workers were identified as key treatment providers in supporting the recovery process of victims with substance use problems. Key informants reported that mental health and addiction services are particularly helpful to clients when they are accessed in a timely manner and when treatment services are coordinated or integrated. Several informants highlighted the importance of applying concurrent treatment approaches, harm reduction perspectives, and strength-focused interventions in the delivery of treatment services for



victims. Key informants also asserted that mental health and addictions service providers could benefit from educational sessions focusing on the victimization recovery process, issues relating to client safety, and the relationship of coping with trauma and problem substance use.

Other informants highlighted the potential consultation role that mental health and addictions personnel could provide to both victim services workers as well as to other community service providers on the provision of screening and support services for victims with substance use problems. In this regard, they asserted the need for enhanced collaborative and joint case planning activities among service providers who serve victims of crime in the community setting.

Community-Based Service Providers

Victims of crime with problem substance use may face other key needs related to health issues, family responsibilities, or basic living concerns. In addition to victim and treatment-related services, key informants recognized the value of the provision of available community supports offered by local volunteer groups, religious organizations, and non-governmental agencies. With respect to community-based services providers, key informants highlighted a range of key supports, including

- support services to single parents;
- sexual health centres;
- peer support groups;
- child care services;
- individual personal supports and counselling services;
- outreach services; and

- transportation services.

Key informants emphasized the importance of engaging and coordinating such services in conjunction with structured case management or treatment plans for victims with problem substance use. They also asserted that it was often necessary to have such services in place to ensure clients' engagement and sustained participation in needed treatment programs or services.

Other Justice Personnel

Other justice personnel who may interact with victims with problem substance use may include police, crown prosecutors, and judges. Key informants underscored that such justice personnel would benefit from awareness sessions on various key themes related to their work with victims, including the experience of victimization, supportive approaches for working with clients, and the relationship of trauma with problem substance use.

POTENTIAL SERVICE DEVELOPMENTS

In addition to sharing perspectives related to client needs and responsive service delivery, key informants also described potential areas of service elaboration or development that may be beneficial to initially consider for enhancing services to victims with problem use concerns. The potential areas described included the following.

Development or Identification of a Screening Tool for Problem Substance Use

Such an instrument would ideally be useful for victim services workers in assessing the potential of problem

substance use among victims of crime. This type of measure might involve the administration of a series of core question items that could be incorporated as part of existing community-based or victim service assessment processes.

Execution of Multidisciplinary Training Sessions

The majority of key informants asserted the value of delivering inter-professional training opportunities for clinicians and community service providers from diverse fields and areas of expertise. Possible training content should include the nature of victimization, victim typologies, client safety and coping, the recovery process, and trauma and its relationship to problem substance use.

Adoption of Common Service Protocols

Within each regional jurisdiction, efforts should be made to ensure the development of coordinated and integrative case plans for clients. The organization of awareness forums for service providers to gain increased mutual understanding of their respective roles, mandates, and services may be a preliminary step in encouraging greater cohesion in working collaboratively. A subsequent step would involve identification of common intake, screening, information sharing, and service delivery strategies that would ensure timely access to appropriate support and treatment services for clients and their families.

NEXT STEPS

This article has summarized part of the research undertaken with the New Brunswick Department of Public Safety – Victim Services



to investigate better practice considerations related to supporting and intervening with victims of crime with substance use problems. This research study consisted of five phases that will be completed by March 2011: a review of peer-reviewed literature and program delivery publications;

- interviews with key informants who were service providers involved in the delivery or coordination of programs for victims with problem substance use;
- interviews with victims of crime from a New Brunswick context;
- an analysis of convergent themes relating to promising practices for addressing concurrent substance use and victim-related issues; and
- the development of a tool to screen for problem substance use among victims of crime.

It is hoped that the findings from this research effort will assist Victim Services personnel, as well as other health and community professionals in the development of responsive strategies for working with victims.

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UNDERSTANDING THE COMMUNITY IMPACT OF HATE CRIMES: A CASE STUDY

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INTRODUCTION

The commission of a hate crime is against not only the individual but the entire community. As David Matas notes, “People live in community. Rights are exercised in community” (Matas 2000). With victims of hate crime, it is important to consider that the impact on the community is particularly devastating, as hate crimes are “message crimes in that the perpetrator is sending a message to the members of a certain group that they are despised, devalued, or unwelcome in a particular neighbourhood, community, school, or workplace” (American Psychological Association 1998). As well, it is important to consider that the impact on the individual victim may result in the victim rejecting “the aspect

of themselves that was the target of the attack or associating a core part of their identity with fear, loss, and vulnerability” (Cogan 2002, 178).

A 2007 Department of Justice Canada research report (McDonald and Hogue 2007) identified that there was a lack of empirical research, Canadian or otherwise, on the impact hate crimes have on different communities. The purpose of the present study is to empirically measure the community impact of hate-motivated crimes. This article summarizes some of the findings from this study.

METHODOLOGY

A case study design was employed for this study.¹ It involved the collection of data on the emotional,

psychological, and economic impact of hate crimes on two types of communities: the geographic community (i.e., individuals living in proximity to where the hate crime occurred) and the ethnic/racial identity community who were targeted by the hate crime perpetrators (i.e., individuals who self-identify as a member of the victim’s ethnic/racial community because of like characteristics).

The study focused on two specific incidents that had been classified as hate crimes by the police and were widely reported as hate crimes in the media. The first incident was a violent attack on a Sudanese refugee at Victoria Park in Kitchener, Ontario, in 2006. Kitchener is a mid-size urban centre located in the Region of Waterloo, a region

¹ A case study refers to the gathering and presentation of detailed information about a particular social phenomenon affecting a particular participant or small group, frequently including the narratives of subjects themselves. A form of qualitative descriptive research, the case study looks intensely at an individual or small participant pool, drawing conclusions only about that participant or group and only in that specific context (Yin 2008).



with a population of about 500,000. Kitchener is quickly growing in ethnic diversity, with 25% of its total population of about 200,000 made up of immigrants (Statistics Canada 2006). The second incident was one of a series of attacks against Asian anglers (fishermen) on Lake Simcoe in Georgina, Ontario, near Toronto. Georgina is a small rural community with a population of about 42,000 (Statistics Canada 2006). The majority of Asian anglers who fish in Lake Simcoe come from the Greater Toronto Area (GTA).

Data collection was carried out by the Centre for Community Based Research (CCBR).² A mixed methods approach was used to collect data for the study. The qualitative component consisted of four focus groups at the two sites that gathered data on the impact of the incidents on the communities identified. Additionally, a media search was conducted for articles on the two incidents to establish the extent to which they were reported as hate crimes. The quantitative component consisted of a survey of individuals drawn from the two postal code areas where the reference incidents occurred and individuals from the victims' ethnic or identity communities. The survey findings from the Kitchener-Waterloo case study are the focus of this article.

Two different sampling methods were utilized to recruit survey participants. These were respondent-driven sampling³ and stratified random sampling.

Overall, 607 adults aged 18 to 60 years and over participated in the survey.

The survey consisted of three modules. The first module contained items for assessing personal impact of the reference incident on individual members of each community using questions from the Horowitz "Impact of Event Scale" (Horowitz et al. 1979). The second module consisted of items for assessing perceived impact of the incident on the community (identity or geographic) as a whole. The third module contained items for gathering demographic information about participants.

SUMMARY OF SURVEY FINDINGS

The Kitchener Case Study

There was a total of 196 survey respondents from the Kitchener African Identity Community (KAIC) and a total of 411 survey respondents from the Kitchener Geographic Community (KGC).

A comparison between survey respondents from the KAIC and survey respondents from the KGC on selected demographic indicators was conducted. When compared to the KGC sample, the KAIC sample had a greater proportion of males, of people who were married, and of people who had immigrated to Canada, and on average, the respondents in the sample were younger, had a lower household income, were slightly less educated, had lived fewer years in Canada and fewer years in Kitchener.

Survey respondents were asked a series of questions that were intended to capture the extent to which they personally had experienced hate crime victimization. Close to three-quarters (74%) of respondents from the KAIC sample reported that during the preceding five years, they had experienced discrimination or had been treated unfairly because of a personal attribute, compared to 43% of respondents from the KGC. The most commonly reported grounds for discrimination identified by the KAIC sample were race (63%), language or accent (55%), and/or ethnicity or culture (16%).⁴ The most commonly reported grounds for discrimination identified by the KGC sample were sex/gender (21%), age (18%), and/or ethnicity or culture (11%).⁵

2 Researchers at the CCBR conduct social research projects that are focused on strengthening communities. Their approach to research is "participatory and action-oriented in a way that mobilizes people to participate as full and equal members of society". For more information on the CCBR visit: <http://www.communitybasedresearch.ca/>.

3 For a description of respondent-driven sampling, see Fashola 2010.

4 The terms "race," "ethnicity," and "culture" are terms that are often grouped together or used interchangeably, even though they have distinct meanings. For the purposes of this research, Statistics Canada definitions were used for the survey. Ethnicity refers to a respondent's ancestral "roots" or cultural heritage and is not to be confused with their personal citizenship or nationality. Race refers to genetically imparted physiognomic features among which skin colour is a dominant, but not the sole, attribute. We acknowledge that the distinction between ethnicity/culture and race may have been conflated in our definition of the "African Identity Community." This is because group membership was based on the individuals who self-identified as a member of the community because of like characteristics. As a result, self-identification may have been based on racial and/or ethnic/cultural characteristics.

5 Note that respondents had the option of choosing more than one response; therefore, total percentages do not add up to 100%.



Over one-fifth (21%) of respondents from the KAIC reported that they believed that they had been the victim of a hate crime in the preceding five years, compared with 5% of respondents from the KGC. Slightly more than half (57%) of all respondents from the KAIC also indicated that they had known a close friend or family member who had been the victim of a hate crime during the preceding five years, compared to one-fifth (19%) of respondents from the KGC. (see Table 1)

In the first module of the survey, respondents were asked a series of questions derived from the Horowitz Impact of Event Scale (IES). The IES is a validated tool for diagnosing clinical levels of stress and is often used to study the impact of traumatic events and to diagnose post-traumatic stress (1979). The scale consists of 15 subjective statements intended to measure intrusive experiences and the avoidance of thoughts and images associated with an event. The score on the entire scale can range from 0 to 75 (Marren 2005). (See Table 2 for test score interpretation.)

When IES scores from the survey were compared, those surveyed in the KAIC experienced, on average, severe clinical symptoms of post-traumatic stress from the hate crime incident, scoring an average of 47 out of 75 on the IES, whereas those surveyed in the KGC experienced mild clinical symptoms (an average of 16 out of 75 on the IES) of post-traumatic stress.

A review of the literature on hate crime (Badets et al. 2003, Chui et. al 2008; Dauvergne and Walsh 2009; Dauvergne et. al 2008; Edgar 2002; Janhevich et. al 2008; Janhevich 2001; Jedwab 2005; Perreault 2008) suggests that there may be certain risk factors that could be related to score severity on the IES. A

multiple regression analysis of these risk factors showed that having immigrant status, having a lower annual household income, being a visible minority, having known a close friend or family member who had been the victim of a hate crime

during the preceding five years, and having experienced discrimination or being treated unfairly because of a personal attribute during the preceding five years were all significantly associated with a higher score on the IES.

Table 1: Selected Demographic Indicators by Community

| | Kitchener African Identity Community (N=196) | Kitchener Geographic Community (N=411) |
|--|--|--|
| Sex (Male) | 65% | 45% |
| Marital Status (Legally Married and Not Separated) | 60% | 38% |
| Median Age Range | 30 to 39 | 40 to 49 |
| Median Annual Household Income Range | \$20, 000 - \$29,999 | \$50,000 - \$59,999 |
| Highest Level of Education (Post-Secondary) | 58% | 64% |
| Not Born in Canada | 99% | 17% |
| Years in Canada (Median) | 5 to 9 years | 20 years or more |
| Years in Kitchener (Median) | 3 to 5 years | 10 years or more |

Table 2: Horowitz Impact of Event Scale

| Score Range | Interpretation |
|-------------|---|
| 0-8 | Sub-clinical - No noticeable clinical symptoms of post-traumatic stress |
| 9-25 | Mild Range - Mild clinical symptoms of post-traumatic stress |
| 26-43 | Moderate Range - Moderate clinical symptoms of post-traumatic stress |
| 44+ | Severe Range - Severe clinical symptoms of post-traumatic stress |



Survey respondents were asked about the measures they had implemented to protect themselves and their family in reaction to the hate crime incident. The highest proportion of respondents from both community samples reported that they did not go to certain areas of Kitchener, they avoided going out alone, they avoided going out at night, and/or they went out less. Moreover, respondents from the KAIC were more likely than respondents from the KGC to go to such lengths to protect themselves and their family. (See Figure 1)

A gender-based analysis on this question was also conducted because previous findings in studies on neighbourhood fear of crime found that, on average, women report higher levels of fear in their local communities and are more likely to express feeling unsafe in their neighbourhood when compared to men (Fitzgerald 2008). Past research indicates that the gender difference also appears to persist even when income, education, or personal experiences of victimization are taken into account (Fitzgerald 2008). A comparison across all protective measures (as listed in Figure 1) indicated that females were significantly more likely than males to report that they avoided going out alone as a result of the hate crime incident (32% vs. 16%, respectively).

Survey respondents were also asked about the extent to which their sense of personal safety and the safety of their family had been changed by the hate crime incident. Prior to the hate crime incident, the majority of respondents from both community samples reported having very little fear for their personal safety and for the safety of their family. Subsequent to the hate crime, over four-fifths (82%) of respondents from the

KAIC reported that fear for their personal safety and for the safety of their family had increased compared to just under one-third (31%) of respondents from the KGC.

With respect to how the hate crime incident affected levels of civic participation in both groups, the survey revealed that many respondents in the sample did not become more engaged in civic activities as a result of the hate crime. Among those who did, the highest proportions joined a group, volunteered for a community organization, participated in a special event, ceremony, or ritual, contacted or worked with the media, became involved in politics or advocacy, dis-

played their identity more obviously, and/or contacted or worked with the police (see Figure 2).

Another finding from the survey was that the highest proportion of respondents from both groups tended to rely primarily on their “natural” support networks such as family and friends for support in dealing with their reaction to the incident. Moreover, the KAIC was more likely than the KGC to seek help from friends or family and more likely to report that they needed support but did not seek any support (see Figure 3). There are resources in the area. The Policy Centre for Victim Issues of the Department of Justice Canada

Figure 1: Measures Taken by Respondents to Protect Themselves/Family after the Incident

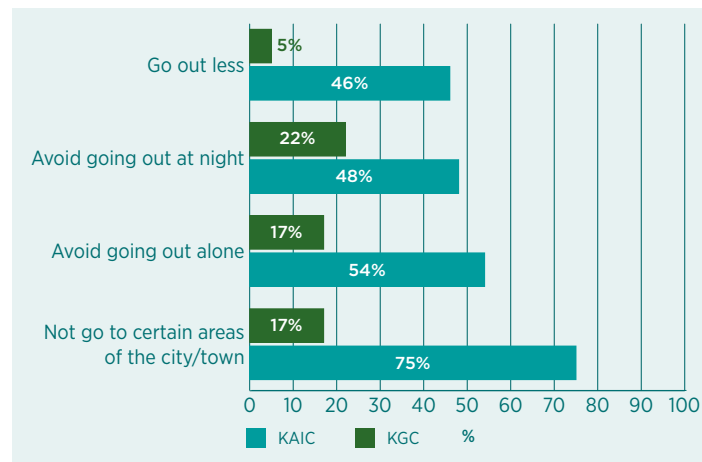
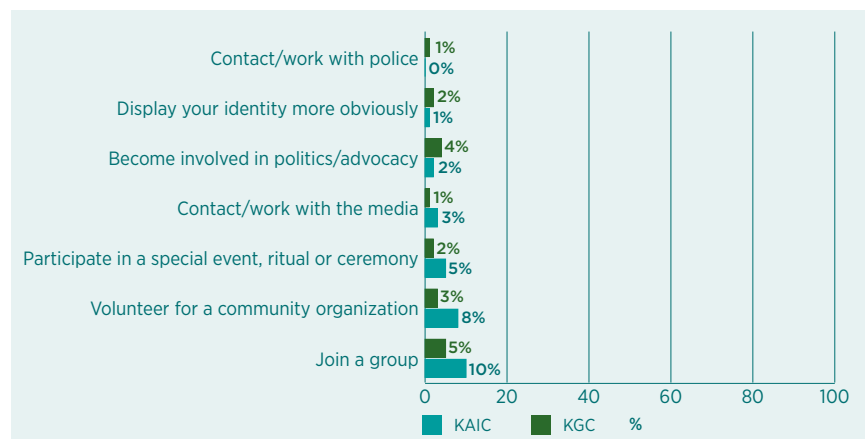


Figure 2: Civic Participation after the Hate Crime





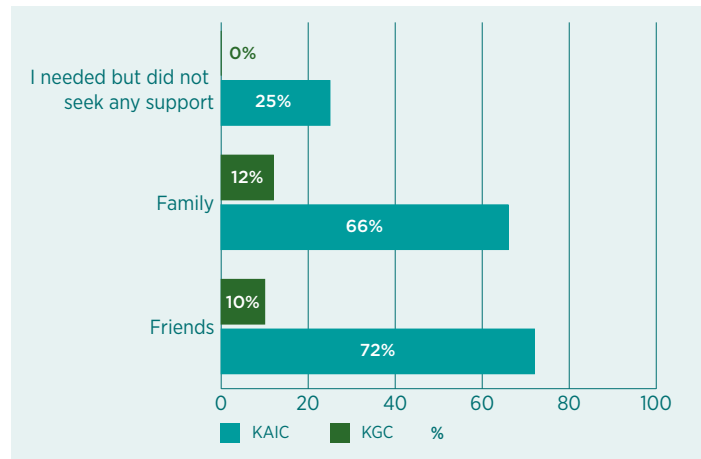
and the Ontario Victims Services Secretariat of the Ontario Ministry of the Attorney General both have a Victim Services directory to help service providers, victims, and individuals locate services for victims of crime across Canada and in Ontario, respectively. Both directories include listings of services that are offered to individuals living in Kitchener who have experienced a hate crime.⁶

When support was sought, the most common motivation for both samples was that they wanted emotional or moral support (76% of the KAIC sample and 65% of the KGC sample).

Another research objective was to assess the extent to which the hate crime incident had affected the relationship between members of our respondents' ethnic/cultural community and members of other ethnic/cultural communities.

Half (51%) of the respondents from the KAIC reported that the relationship between members of their ethnic/cultural community and members of other ethnic/cultural communities had strengthened, compared to slightly less than one-fifth (17%) of respondents from the KGC.

Figure 3: The Support Networks Respondents Utilized to Deal with the Hate Crime Incident



CONCLUSION

To summarize, people experienced clinical levels of post-traumatic stress from hate crimes that took place in their community. Members of the targeted ethnic identity community (KAIC) experienced more post-traumatic stress than members of the geographic community (KGC) where the crime took place. Furthermore, it was also observed that there were certain risk factors that were related to a higher score on the Impact of Event Scale, including being an immigrant and having personally experienced victimization.

The data also showed that after the hate crime incident, many people experienced increased levels of fear for their personal safety and for the safety of their family, especially

members of the KAIC. As a result, many community members took measures to protect themselves and their family, especially members of the targeted ethnic identity community.

For members of the KAIC sample, the hate crime had a positive impact in one regard: half reported that the incident strengthened their relationship with other ethnic/cultural communities.

Findings from this study also point to several interesting additional research questions. For example, with the exception of people in their social network, why do targeted identity communities underutilize existing resources and networks for support? Is there a difference between the impacts hate crimes have on rural communities and the impacts they have on urban communities?

⁶ For more information on the Policy Centre for Victims Issues Victim Services Directory, go to <http://www.justice.gc.ca/eng/pi/pcv-cpcv/vsd-rsv/index.html>, and for more information on the Ontario Victims Services Secretariat Victim Services Directory, go to <http://www.attorneygeneral.jus.gov.on.ca/english/ovss/>.



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THE 2009 GENERAL SOCIAL SURVEY ON VICTIMIZATION IN THE TERRITORIES: LESSONS LEARNED¹

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The Statistics Canada General Social Survey (GSS) program, established in 1985, conducts telephone surveys across the ten provinces. The GSS is recognized for its regular collection of cross-sectional data that allows for trend analysis and for its capacity to provide information on specific social policy issues of current or emerging interest.

In 2009, Statistics Canada conducted the victimization cycle of the GSS for the fifth time. The purpose of the survey is to collect information on the nature and extent of criminal victimization as provided by Canadians. In addition, it examines risk factors associated with victimization, reporting rates to the police, and how Canadians perceive crime and the criminal justice system.

The main sample of the 2009 survey was distributed over the ten provinces and a supplementary survey was conducted in the three territories during the fall of 2009. This article provides an overview of the collection strategy in the North, the results of the data quality evaluation, and recommendations on the uses and limitations of the data.

INTRODUCTION

For many years, territorial governments have emphasized the importance of including their populations in the General Social Survey (GSS) cycles on self-reported victimization. The territories have historically been limited to official police and court statistics to inform policy decisions related to justice issues. Beyond

these sources, there has been little information about the scope and nature of victimization in the North.

Due to the challenges associated with conducting surveys in the North, previous efforts to collect victimization data have yielded modest results. In order to improve the quality of the 2009 GSS data for the territories, innovative methods were developed which included using multiple surveys for the sample files and some face-to-face interviews where telephone coverage was poor.

The development and implementation of the strategy involved input from a wide variety of internal and external partners who provided advice and guidance on methodological issues, content development, collection planning, and monitoring.

¹ This article is adapted from the report 2009 General Social Survey on Victimization in Yukon, Northwest Territories and Nunavut, Collection and Evaluation Report.



BACKGROUND

Given the territorial governments' high priority need to understand victimization in the territories, efforts were made in previous victimization cycles to pilot the collection of data in the territories. The results were mixed. Collection in Yukon, Nunavut, and the Northwest Territories poses unique challenges, and as a result, obtaining a representative sample in each of the territories is more difficult than in other parts of Canada. Some of these challenges include

- incomplete telephone coverage (e.g., persons without a land-line telephone);
- high levels of response burden due to the small populations;
- language barriers;
- difficulties reaching small, remote communities because of limited transportation services and weather conditions;
- high mobility of the population and high turnover in telephone listings; and
- less reliable telecommunications links in some areas.

In 1999, the GSS collected its first pilot test data in the territories using the Random-Digit Dialing (RDD) method. This is the method which is used to select the GSS sample in

the provinces. Following a detailed evaluation of the results, it was recommended that data from this northern pilot test not be released because of bias caused by substantial undercoverage.²

A second pilot test was conducted in 2004. Collection was again done by telephone, but to improve the coverage of the survey, the sample was selected from respondents to the 2003 Canadian Community Health Survey. Although the data were releasable with cautionary notes, the global response rates in the territories were lower in each of the territories than the provincial results. In addition, Aboriginal people and individuals living in more remote communities were underrepresented in the sample.³

In preparation for the 2009 GSS on victimization, the topic of data collection in the territories was revisited in consultation with focal points⁴ from the territorial statistical agencies, Statistics Canada methodologists, subject matter experts, survey operations specialists, and regional offices. It was decided that, based on the experience of previous attempts in the North, further efforts to improve the quality of the data in the territories were required. This would be done through a multi-source listing strategy and some face-to-face interviews.

OVERVIEW OF DATA COLLECTION STRATEGY

Data collection efforts in the North in 2004 and 1999 revealed that telephone interviews were not sufficient to produce reliable estimates. Telephone penetration rates were lower than in the provinces, particularly in Nunavut, where at least 20% of households did not have a regular land line in 2005.

As RDD had not worked well in the past, it was felt that an area frame⁵ would be a better approach to obtaining adequate coverage in combination with an effort to reach households with no telephones. Survey results are prone to bias if this is not done. Furthermore, in addition to telephone interviews, some personal interviews would also be conducted. There was a strong recommendation from Inuit associations that personal interviewing was more appropriate than telephone interviewing for the North. This had also been the experience of the post-censal surveys.

The 2009 strategy for data collection in the territories, therefore, consisted of telephone interviews in areas with acceptable telephone coverage and face-to-face or personal interviews in other areas. In order to support the alternative approach for the data

2 Housing, Family and Social Statistics Division, *Testing in the Yukon and the Northwest Territories: Evaluation Report*, unpublished report from the 1999 General Social Survey, Cycle 13 Victimization, Ottawa, Statistics Canada, 2000.

3 Social and Aboriginal Statistics Division, Household Survey Methods Division, *Pilot Test in Yukon, Northwest Territories, and Nunavut: Evaluation Report*, unpublished report from the 2004 General Social Survey, Cycle 18 Victimization, Ottawa, Statistics Canada, 2005.

4 For Statistics Canada, statistical focal points representing the territories are the most general and comprehensive consultative mechanism with the territorial governments. Members represent the heads of the statistical agencies of their respective territory. While the same mechanism exists with the provinces, the nature and scope of this particular project was limited to the involvement of the territorial focal points.

5 The survey frame provides the means of identifying and contacting the units of the survey population. There are two types of frames: list frames and area frames. A list frame lists all units in the survey population (e.g., a list of all addresses or telephone numbers). RDD is a list frame of telephone numbers. An area frame is a special kind of list frame where the units on the frame are geographical areas from which dwellings are selected.



collection, funds were obtained from Statistics Canada, the Department of Justice Canada, and the Policy Research Data Group (PRDG).

Target Population

The target population for the GSS Cycle in the North consists of all residents of the territories aged 15 years and over who are not living in institutions. The survey targeted households, and after the completion of the roster, a single eligible member of each sampled household was randomly selected by the application to complete the questionnaire.

Sample Size

The GSS budget normally provides for approximately 25,000 respondents (completed interviews) in the provinces. For the 2009 GSS, resources for 1,500 respondents (completed interviews) were reallocated from the provinces to the territories. The target of 1,500 was based on results from the previous cycles and with the objective of obtaining good estimates of victimization rates for each territory.

GSS methodologists together with the survey team planned for 80% of the interviews to be carried out by telephone and the remaining 20% to be conducted face-to-face. The latter were planned for communities where telephone coverage was poor and where previous attempts had identified undercoverage of certain subpopulation groups.

Sample Selection

The sample for the victimization survey in the territories was drawn from an area frame of households which had completed the 2007-2008 Canadian Community Health Survey (CCHS) or the 2007-2009

Labour Force Survey (LFS). This decision took into consideration the results of the 1999 Victimization pilot survey in the territories, the 2004 GSS on victimization in the North, and the findings in the report *A proposed territorial strategy for households* prepared by the Statistics Canada Joint Federal-Territorial Working Group. It was noted in the latter that RDD had not yielded acceptable results, but that the results from second phase surveys by telephone had been positive. The sample unit was the dwelling, as it was for the two source surveys.

It should be noted that due to operational difficulties inherent to remote locales, only the ten largest communities in Nunavut are covered by the CCHS. As the GSS sample was drawn in part from the CCHS, it was also limited to the same communities.

Personal and Telephone Interviews

The most significant change in the 2009 GSS in the territories was the inclusion of personal interviews in addition to telephone interviews. The decision to include personal interviews was based on the recommendation in the report referred to above that personal interviews are the preferred mode of collection in the territories. This decision was also based on the 2004 collection experience.

Input from Partners

Due to the new approach that was being developed for the survey in the North, in addition to the GSS victimization survey team, input and guidance was sought from within and outside of Statistics Canada throughout the development, collection, and production phases. Input

from outside Statistics Canada was provided by key federal government policy departments, the Territorial Statistical Focal Points, and justice system stakeholders from the Northwest Territories, Yukon and Nunavut. All were involved in consultations on content development throughout the survey development period.

Collection Time Period

The period between September and December 2009 was identified by the Territorial Focal Points as the best time for collection in the North. Due to weather conditions, it was felt that January and February would not be good months for personal interviews, and given that many potential respondents would be out on the land, the April to June period was also not considered optimal. Collection was therefore conducted from August 31 to December 31, 2009.

Recommendations

The major recommendations from the qualitative analysis of the collection strategy include the following:

Based on the GSS experience, surveys in the North should include a personal interview component. This is most notably applicable to Nunavut, which had the lowest response rates, resulting in fewer publishable estimates.

Consideration should be given to expanding the collection period in order to maximize the likelihood of making contact with respondents.

For future victimization cycles, the Territorial Focal Points should be involved earlier in the consultation and content development phases. This would ensure that the territories' data needs for relevant content are addressed.



QUANTITATIVE ANALYSIS OF THE 2009 GSS IN THE NORTH

Quantitative analysis of the collection approach, data quality measures, and the sample representativity was carried out. The parameters and data quality measures which were examined included the distribution of telephone and personal interviews, response, non-response and slippage rates, adjustment of weights to improve representativity and calibration. The response rates for the 2004 and 2009 surveys are shown in Table 1.

The following are the findings and recommendations with respect to the data quality and on the uses and limitations of the data.

Findings

- Due to the revised sampling plan and changes in the collection approach, this evaluation indicates that the data collected in 2009 is, in general, more representative of the population in the territories than in 2004. This is true despite the lower response rates recorded in 2009.
- While some population groups were found to be underrepresented in the 2009 sample for the territories, adjustments were made to help correct for these. With these adjustments, there is no identifiable bias in the sample when the three territories are grouped together.
- With adjustments to account for underrepresentation for certain population groups, there is no evidence of bias in the sample for Yukon or in the sample for the Northwest Territories. Even with adjustments, there is still

Table 1: 2004 and 2009 GSS North Response Rates

| Territory | Responses | | Response rate (%) | |
|-----------|-----------|------|-------------------|------|
| | 2004 | 2009 | 2004 | 2009 |
| Yukon | 450 | 355 | 66.1 | 54.4 |
| NWT | 595 | 536 | 62.8 | 54.7 |
| Nunavut* | 245 | 203 | 44.8 | 38.7 |
| All | 1290 | 1094 | 59.3 | 50.7 |

* Nunavut's ten largest communities

some evidence of bias in Nunavut's ten largest communities due to the lower response rate and the underrepresentation of the Inuit population.

Recommendations

- Due to the major changes in survey collection, sampling methodology, and the quality of the estimates between the 2004 and the 2009 GSS surveys in the North, comparisons between results over the two survey periods should not be made.
- In view of the different survey collection periods, collection modes, and the underrepresentation of the Inuit population, comparisons between the results from the 2009 GSS in the territories and the 2009 GSS in the provinces should be made with caution.
- Estimates combining the three territories can be released in accordance with established Statistics Canada quality and releasability guidelines.
- Estimates for Yukon and the Northwest Territories can be released in accordance with established quality and releasability guidelines.
- Overall estimates for Nunavut's ten largest communities should be released with caution due to

the underrepresentation of the Inuit population.

- It is further recommended that reports containing analyses of the data from the territories also contain the following statement:

The 2009 GSS on victimization was conducted in Yukon, the Northwest Territories, and Nunavut using a combination of telephone and face-to-face interviews. Compared to other areas in Canada, conducting surveys in the territories poses unique challenges, including incomplete telephone service, language difficulties, high population mobility, and the remoteness of many communities.

Collection in Nunavut's ten largest communities was particularly challenging and resulted in undercoverage of the Inuit population and lower response rates than those in Yukon and the Northwest Territories. As a result, results from Nunavut should be used with caution.

CONCLUSION

While many of the data collection challenges outlined in this report will continue to exist in Canada's territories, it is hoped that the lessons learned through the experience of the collection of the 2009 GSS will be applied to future victimization surveys and other household surveys in the North.



VICTIM-RELATED CONFERENCES IN 2011

Online Fraud and Identity Theft Webinar (3 parts)

“The Hurdles Victims Face to Protecting their Rights and the Tools Available to Overcome Them.”

January 6, 13, 24

<http://www.lclark.edu/live/events/3596-an-introduction-to-the-crimes-of-online-fraud-and>

Cyber Crime Conference 2011

January 20-24

Atlanta, Georgia, USA

<http://www.dodcybercrime.com/11CC/>

The 25th Annual San Diego International Conference on Child and Family Maltreatment

January 23-28

San Diego, California, USA

<http://www.sandiegoconference.org/>

Child Abuse and the Law - An Online Seminar

January 25

http://www.ncptc.org/index.asp?Type=B_BASIC&SEC={34ACDDC9-0F5A-41AE-B74A-50833BB27CB7}

7th Annual Restorative Approaches Conference

“A revolution in justice?”

January 27

Westminster Studio, London

<http://www.restorativejustice.org/RJOB/7thannualconference>

International Conference on Parent Education and Parenting

February 10-11

Denton, Texas, U.S.A

<http://www.coe.unt.edu/cpe/conference>

The Justice Conference

February 11-12

Bend, Oregon, USA

<http://thejusticeconference.com/>

Love, Desire and Obsession

March 4-5

Melbourne, Victoria, Australia

<http://www.aifs.gov.au/afrc/conferences.html>

8th Annual Hawaii Conference on Preventing, Assessing & Treating Child, Adolescent and Adult Trauma

March 7-10

Honolulu, Hawaii, USA

<http://www.ivatcenters.org/8thHawaiiConference.html>



**International Harm Reduction Association (IHRA)
22nd Annual International Conference 2011**

April 3-7

Beirut, Lebanon

http://www.crimeday.net/view_entry.php?id=2487&date=20110404&user=__public__

National Victims of Crime Awareness Week 2011

April 10-16

Ottawa, Ontario, Canada

<http://www.victimsworld.gc.ca/home-accueil.html>

**2011 International Conference on Sexual Assault,
Domestic Violence and Stalking**

April 11-13

Rosemont, Illinois, USA

<http://www.lafasa.org/1/post/2010/05/2011-international-conference-on-sexual-assault-domestic-violence-and-stalking.html>

Every Victim, Every Time Crime Victim Conference

April 12-13

Bryan College Station, Texas, USA

<http://www.evetbv.org/>

**The 2011 National Strategy Conference on Combating
Child Exploitation**

May 17-21

San Jose, California, USA

<https://www.thecjportal.org/ICAC/Conferences/NatlConf2011/Pages/default.aspx>

Meeting the needs of victims of crime

May 19

Mercure Hotel, Sydney, Australia

<http://www.restorativejustice.org/RJOB/needsofvictims>

The 25th Annual Conference of Victim Support Europe

May 25-28

Moscow, Russia

<http://www.victimsupporteurope.eu/about/news/show/item/10031/Annual-Conference-Victim-Support-Europe-2011-Moscow-Russia>

**Sixth National Sexual Assault Response
Team Training Conference**

May 25-27

Austin, Texas, USA

<http://www.sartconference.com/Conference.php>

**Second International conference on violence
against women 2011**

"Complex Realities and New Issues in a Changing World"

May 29-June 1

Montreal, Quebec, Canada

http://www.cleonet.ca/instance_news.php?instance_id=1702

**One Child, Many Hands: A Multidisciplinary
Conference on Child Welfare**

June 8-10

Philadelphia, Pennsylvania, USA

<http://www.sp2.upenn.edu/onechild/>

NCVLI's 10th Annual Crime Victim Law Conference

June 14-15

Portland, Oregon, USA

<http://www.lclark.edu/live/news/8120-2011-crime-victim-law-conference--rfp-and-award>

**National Center for Victims of Crime 2011
National Conference**

June 20-22

Washington, D.C., USA

http://www.ncvc.org/ncvc/main.aspx?dbID=DB_2005NationalConference571

What do practitioners say after they say hello?

July 11-15

Canterbury University, Kent, England, UK

<http://www.restorativejustice.org/RJOB/afterhello>

APSAC 19th Annual Colloquium

July 13-16

Philadelphia, PA

http://www.apsac.org/index.php?option=com_mc&view=mc&mcid=48&url=/community/eventdetails.do?eventId=264002

The 37th NOVA Conference

"With Liberty and Justice for All Victims:

Let Freedom Ring!"

August 14-17

Philadelphia, PA, USA

<http://www.trynova.org/conference/37th>

2011 Crime Victim Services Conference

November 14-16

Houston, Texas, USA

https://www.oag.state.tx.us/victims/victim_train.shtml

