An exploration of issues concerning online help seeking behaviour in cases of intimate partner violence (domestic violence) and sexual violence in Estonia, Greece and Northern Ireland.

Needs Assessment Output 1
Queen’s University Belfast-

School of Social Sciences, Education and Social Work

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**Bibliography**

Dr Maria Pentaraki is a Lecturer/ Ass Professor in Social Work at QUB, Northern Ireland. She has more than 25 years of research, professional and academic experience in the area of domestic violence and gender based violence. She has for almost 30 years been actively involved in the women’s movement in different countries, including Canada, the US, Greece, England addressing primarily gender-based violence, including the educational sabotage of women survivors of domestic violence, femicides/domicides, sex trafficking, etc. Her PhD research (2003) on dating violence/teenage relationship abuse (TRA) has informed TRA prevention programmes implemented in Greek high schools. Part of her diverse professional experience has been with the world-renowned Duluth Model of Domestic Abuse Intervention Project (DAIP) in Minnesota, USA whereas one of the first co-coordinated approaches to address domestic violence started. She has held social work academic positions in three countries, and has been appointed by the European Commission as an independent gender violence country expert for Greece.
1. Aim of the report

This report presents the findings from the OUTPUT 1 (needs assessment output) of the DISCO project. “OUTPUT 1” explored issues surrounding women who have experienced abuse (intimate partner violence/domestic violence or sexual violence and, their online and other help seeking behaviour and online provision of counselling with the aim to inform the training of distance counsellors. Please note that the issues explored in this report are not exhaustive.

The needs assessment Output 1 consisted of the development of tools to gather relevant information from women with experiences of abuse, professionals as well as relevant literature. Because of the sensitivity of the data collected ethical clearance was given by Queen’s University Belfast relevant ethic committee. Part of the delivery of this output coincided with the pension dispute that resulted in a strike action that staff from UK Universities participated which resulted in an extension of the timetable. An extension of the deadline was also necessary due to the small response rate and due to the exam period of QUB university which coincided with the data collection process. The planning and delivery of OUTPUT 1 was from December 2017 to July 14th.

According to the approved bid the main questions the needs assessment aimed to answer were the following:

- Are women in abusive relationships/situations reaching Victim Support Organisations through online means (including Helplines)? What is the trend and what can we do to facilitate victims' online access?

Is there a difference in using alternative types of counselling and help between different sections of the population?

- Are women in abusive situations searching the web for online advise, & if they do, how do they search (what keywords they use)? If they are not searching, why not?

Queens University of Belfast (QUB) led the Needs Assessment activities with the contribution from the other academic partners (University of Tartu, University of Crete, Frederick University) and from the service provider partners (NEXUS- NI, , Organisations Union of Women Associations of Heraklion Prefecture – Greece, MTU NAISTE TUGI- JA TEABEKEKSUS-
Estonia. QUB developed the questionnaires then these were sent to the partners for comments, based on them they were finalized and then translated.
2. Some selected key issues/ findings and recommendations

The main and most important findings that can feed into the development of the next outputs as well as service provision in general are presented in the following section. These relate to issues of:

1. Online services complementing existing face to face services
2. Safety concerns
3. Safety mechanisms: best practices
4. Intersectional model of service provision and training
5. Feminist principles need to inform counselling provision
6. Best practices related to appropriateness of online counselling

However, an analysis of all the findings which should be consulted can be found in the section Findings.

1. Online services complementing existing face to face services

Technological online means should be used to complement existing services rather than replace them. This is based on the needs assessment findings that not all respondents have used internet (see Figure 4) and from those respondents who have not used internet 66.7% from Estonia and 22% from Greece do not have access to internet through smartphone or a computer (see Table 27). Furthermore, Figure 6 shows that the areas that the largest proportion of women report they would very likely use internet are helplines and finding support resources. The areas with the least interest in using were video counselling and online support groups with a third reporting not likely, followed by text counselling with 29% reporting not likely. Figure 7 presents this information in condensed format. The Lickert scale of 1-5 is combined into three categories (1-2= Not likely; 3= Neutral; 4-5= Likely) to get a broader perspective of those areas of higher versus low interest in using. It can be seen that the majority of women identified the following areas as likely to use the internet for: finding support resources (66%), locating resources (64%), understanding rights (58%), and Helplines (55%). Conversely the areas that had the lowest interest of use were online support groups (28%), video counselling (32.6%), and text
counselling (36.4%). This may relate to the prior answers about the concerns about privacy as these require the most about of personal information being shared online. However, it is important to note that even among the low interest areas the respondents reported likely use in over 1 in 4 women. Also, it is important to take into account that participants who were financially struggling had higher percentages for not using the internet due to not having access to a smartphone or computer, not knowing how to use the internet, worrying about who can view information, how information is used, and worried about information being hacked. (see Table 22). Thus, this is one of the reasons that online services should complement existing services rather than substitute them. This recommendation is also supported by the data provided in the Figures 15 and 17, (see Figures 15 and 17) which present the likelihood of using online support by type, country, and sample type. According to these findings, women respondents were more likely to use the internet to locate services rather than use online services. Furthermore, respondents who were financially struggling are more unlikely to use text counselling (58%) than those just getting by (42%) or financially doing well (45%). Those who are financially well off have higher percentages in likelihood to use text counselling (42%) compared to just getting by (34%) and financially struggling (30%). Generally, the differences are large between support type and financial status groups (see Figure 15). More specifically, respondents who are financially struggling have higher percentages stating unlikely to use text counselling (58%) than those just getting by (42%) or financially doing well (45%). Those that are financially well off have higher percentages in likelihood to use text counselling (42%) compared to just getting by (34%) and financially struggling (30%). Generally, the differences are large between support type and financial status groups. Also, Figure 10 displays the reasons for non-use by age groups among those that had not searched the internet for help or information. (see Figure 10). Although the number were too small across the groups to run statistical test, there are some noticeable differences across groups. The oldest age group 45 and older had the highest percentage in relation barriers to access, over 35% said the reason was not having access to a smartphone or computer, almost 20% stated the reason was because they did not know how to use the internet, and 14% was because they were not confident using the internet. Among 18-24 year olds had the highest percent that stated they were worried about who can view their information. However, there is still a substantial percentage who will use distant provided services. The most likely distant provided service to be used is Help Lines.
2. Safety concerns

The main facilitator of women’s use of online resources is the guarantee that one’s information is safe (see figure 5). Issues of safety are paramount and as relevant literature documents, this is due to technology-facilitated abuse in intimate partner violence/domestic violence cases (Woodlock et al 2017; Burke et al 2011; Reed et al 2015; Stonard et al 2017; Stonard et al 2014). Similar concerns exist in cases of technology-facilitated sexual violence (TFSV) (Henry, Powel, 2018). Thus, professionals working with abuse need to be trained to recognize and prevent this type of abuse and service providers need to develop technology safety resources for victims (For good practises please refer to: National Network to End Domestic Violence (NNEDV); Southworth et al 2015; Hand al 2009; Mathews 2017 et al).

3. Safety mechanisms: selected best practises


The following tips for women’s domestic violence workers and women’s advocates aim to provide a list of activities which could be undertaken as part of safety planning with women who are at risk or who have experienced domestic violence, with or without the use of ICTs. Even if women have not experienced domestic violence perpetrated with ICTs, we recommend that workers discuss these issues with women, to inform them about actions to be alert to.

This list is largely based on Southworth et al. (2005, pp. 12–14) ‘Tips for Advocates’ as adopted by Hand et al (2009:15-16). However, this list is not exhaustive, and workers are encouraged to undertake more detailed and comprehensive safety planning with women.

Telephone

• Talk with women about screening (and possibly recording, where this is legal) calls with an answering machine.
• When telephoning women at home or on their mobile telephone, block the ID of the agency, so that the perpetrator is unaware of who is calling (as this information will appear on an itemised telephone bill).
• Phone the woman before scanning/faxing documents to her home fax number, to ensure that it is a safe time for her to receive the fax.
• Encourage women to use passwords or phrases for identification purposes when communicating by Teletypewriters (TTY).
• Encourage women who use TTY devices to regularly delete the conversation histories.
• Ensure that domestic violence agencies and women’s shelters provide women with TTY devices to use within the organisation.
• Encourage women to contact their mobile phone provider to enquire whether any location services have been enabled.
• Encourage women to use an alternative phone when making calls related to the violence, if they think that their current or former partner is monitoring their landline or mobile telephone calls, and offer them a telephone to use within the organisation.
• To ensure that software is not installed on mobile phones, women should perform a ‘factory reset’ (see instruction manual) to wipe out any installed software. However, it should be noted that this action also wipes out all contact information and SMS messages.

Locations and surveillance
• Assist women to locate a police officer or mechanic to search motor vehicles for GPS devices.
• Talk with women about the possibility of hidden cameras being installed in their homes; advise women what to look for.
• Encourage women to develop safety plans.

Computers
• Encourage women to use computers to which a perpetrator does not have access.
• Talk with women about the dangers of opening email attachments from a perpetrator, using their personal computer. Such attachments could contain viruses.
• Explain to women the dangers of spyware and keystroke logging devices and how these devices may be employed by perpetrators to monitor women’s computer activities.
• Encourage women to set up a new free email account (such as Hotmail or Gmail) and talk to them about the dangers of opening this email account from a computer to which a perpetrator may have access.
• Encourage women to change all computer passwords and login details regularly.
• Talk with women about regularly deleting their computer history files.
• Encourage women to search for themselves on the Internet through a search engine, such as Google.
• Advise women that, if their workplace has information about them on the Internet, they should check with their employer about having this removed at a time when their safety is at risk.
• Women should be advised to check with their financial institution(s) to ensure that their former partner cannot access their account through telephone or Internet banking. This is critical as the women’s new address could be recorded in the Internet banking files.

**Safety planning: children and ICTs**

• Ensure that children do not have their addresses/locations on any social networking site which could be accessed by a perpetrator.
• Talk with mother and children about how the children’s mobile phones could be used to get information from children that compromises safety.
• Get children to change passwords on email and other web accounts to reduce the possibility of the perpetrator accessing their email accounts.”

The above is not an exclusive list. For further good practises please refer to The Safety Net Project of the National Network to End Domestic Violence (USA) which develops resources and information on the use of technology for agencies and survivors of domestic violence, sexual assault, stalking, and trafficking. In their web page they have toolkits that contain a variety of information that can be helpful for victim service agencies as well as survivors. [https://www.techsafety.org/resources/](https://www.techsafety.org/resources/)

4. Intersectional model of service provision and training

Respondents with disability and health conditions have higher online seeking behaviour than the respondents with no disability/health conditions (see Table 16). Thus, online services seem to benefit women with health conditions and disabilities more than people with no disabilities. However, careful planning needs to be followed in order for the needs of women with disabilities to be met. For example, women with hearing problems or women with sight problems have different needs. Thus, a model of intersectional service provision needs to be taken into consideration recognizing that women have diverse needs which need to be met as well as diverse experiences of discrimination and oppression which all need to be challenged (Nixon, & Humphreys, 2010; Burman, 2003;
Pentaraki, 2018; Hankivsky, 2014). Thus, we need to move beyond a one size fits all approach. Women’s needs are shaped by their disability, economic class, ethnicity, language fluency, literacy etc all these need to be accounted when planning for services. The increasing diversity of the needs of women experiencing violence needs to be taken into account both in the development of training material and in the development of services.

5. Feminist counselling due to the gendered nature of the phenomenon

A feminist approach needs to underline the practice base or the model of service provision as the phenomenon of domestic violence and sexual violence is a gendered phenomenon (WHO, 2013).

6. Online counselling is contested

Online counselling is contested as they are cases that might not be appropriate. The following list is adapted by Hand et al 2009:10 from the Relationships Australia Website on e-counselling: <http://www.relationshiphelponline.com.au/modules.php?op=modload&name=News&file=article&sid=5>. PLEASE NOTE that a more elaborate list needs to be developed as this is not an exclusive list.

**In what circumstances might online counselling NOT be appropriate?**

- If women are in a crisis situation: in which case, they should call an emergency number. Need to provide different emergency numbers.
- If women’s personal safety is an issue: this could include a domestic violence situation or suicidal feelings. Women should be encouraged to call an emergency number.
- If women need specialist medical treatment for a physical condition.
- If women suffer from a mental illness.

“What are the advantages and disadvantages of online counselling?”

Some of the advantages are:

- Anonymity: some people feel safer and are able to be more open.
- Convenience: greater flexibility and options in appointments.
- Time efficiency: women don’t need to take time off work or travel anywhere.
• Accessibility: it offers increased access to services from rural and remote locations or to people who are unable to leave their homes or travel to an office.

• Cost-effective: it costs less than face-to-face counselling, and travel costs, child-care costs etc can be eliminated.

Some of the disadvantages are:

• Text-based communications often ‘truncate’ the communication which may lead to misunderstandings. More are said in a face to face situation than in typing.

• Non-verbal cues normally present in a conversation are not accessible online, increasing the risk of misinterpretation for both the service user and her counsellor. Counsellors are trained in how to communicate tone, feeling, humour etc, but these can more easily be misinterpreted in online counselling. **Sometimes the service users have to be encouraged to say ‘out loud’ what the counsellors would be able to deduce if they could see the survivors reaching for help.**

• Sometimes situations are too complex to be adequately conveyed in text messages and therefore **the online contact may need to be supplemented** by telephone counselling.”
3. Literature Review: Some main issues informing counsellors

The following section entails some useful insights that can inform the delivery of the program.

According to the World Health Organization (WHO, 2013) Intimate Partner Violence (IPV) or Domestic Violence (DV) and sexual violence is a serious health problem which cuts across national boundaries. The Council of Europe (2011) defines DV as any physical, sexual, psychological, or economic violence that occurs between former or current spouses or partners. It is widely recognized that DV as well as sexual violence is a gendered phenomenon primarily affecting women (WHO, 2013; Yodanis, 2004). The gendered nature of these phenomena necessitates the provision of counselling to be informed by feminist principles (Recommendation).

Domestic violence as well as sexual violence can have immense consequences which can affect victims for their rest of their lives. A history of domestic violence or sexual violence can lead to mental health problems, various disabilities and to death either due to the injuries sustained or due to suicide (WHO, 2013). Violence can be damaging on many fronts. However, due to the current austerity socio-economic conditions funding towards the agencies providing counselling and support has been decreased and many of vital services such as outreach services to hard to reach populations face challenges. This in relation to a wide range of needs that the people affected with violence face leads to further damage in their lives. The online counselling services along with the safety planning app that the program proposes present an innovative and sustainable solution to these needs. However, not all women have access to online means thus, thus professionals need to know that online services should complement rather than replace face to face services (Recommendation).

Despite the widespread prevalence of the phenomenon of domestic violence and sexual violence not many victims disclose or approach formal sources of help such as counselling services, hospitals, etc. Also, victims might underestimate the nature of the abuse, they might hope it will stop without any
intervention or they might feel that the abuse is not serious enough to disclose (Hegarty & Taft, 2001). In smaller towns, women might even be scared to be seen to enter a counselling service thinking that this will be communicated to their abusive partner which might lead to escalation of violence. The social stigma attached to domestic violence might make victims reluctant to seek help through face to face contact. Also, victims might not be able to travel. For younger victims these barriers are intensified as available research has indicated that they do not approach any formal sources of help (Ashley and Foshee, 2005) as they prefer to disclose to their peers or try to address it by themselves through online help searching. Furthermore, young people who experience unwanted sexual experience rarely use the terms sexual assault, rape or sexual abuse to describe this sexual violence (Hird, 2002; Quadara, 2008 cited in Webber, 2014:263-264). This occurs more when the sexual activity was averted (Fisher, Cullen, & Turner, 2000; Masters, Norris, Stoner, & George, 2006, cited in Webber, 2014:263-264), “or if the assault was perpetrated by young men known to the victim (Karjane, Fisher, & Cullen, 2005 cited in Webber, 2014:263-264)”. Also, young people in same sex relationships face the added barrier of homophobic reactions thus this fear of homophobic reactions can stop them from disclosing the abuse in face to face interactions (Pentaraki, 2018).

Thus, the barriers to disclosure can be many and a victims helping path might be challenging.

The provision of online counselling and/or the safety planning app (online domestic violence help based programs) address some of these barriers/needs. As already discussed, the online domestic violence help based programs can be accessible from a victim’s preferable location as such increasing access and reducing stigma. Firstly, the provision of online services might facilitate equity of access for groups of victims who live in rural and remote areas and travel is not easy, victims who can not travel due to disabilities, or victims who are closely monitored by an abusive partner (Tarzia et al 2015) or victims who lack the financial resources to travel to access physical face to face contact. Secondly, young people increasing online engagement can facilitate their help seeking behaviour online. Finally, online domestic violence help based programs can reduce significantly the cost to both the victims and organizations.
The financial inability to travel is currently exacerbating due to the worsening of socio-economic conditions of many people. Financial difficulties also stop some women from having access to computers and smart phones with access to internet. Based on that it is obvious that online counselling should not replace the provision of face to face counselling. Survivors of violence who can not afford online technology cannot benefit from the provision of distant counselling which is one of the most important findings of OUTPUT 1.

Usage of technology in domestic violence cases

Traditionally the usage of technology to provide support has been provided in health care contexts. Information and communications technologies (ICTs) in health care were introduced with positive expectations of higher quality however, many fail to meet these expectations. Similarly, according to available research findings the usage of technology in domestic violence cases (Bacchus et al, 2016) is contested. For some professionals and women survivors of Domestic Violence the meaning of technology is constructed as an impersonal medium that poses obstacles to discussion of Domestic Violence and to some others it can be a medium through which interpersonal connection can be deepened and thus facilitate the discussion about Domestic Violence (Bacchus et al, 2016). Similarly, the use of online therapy has been contested as both positive and negative issues are identified (Pelling, 2009; Barak, et al 2009; Hand, et al 2009; Mathews, 2006). Disadvantages can be professional, ethical or technological related issues. Some of the disadvantages are related to its use are the lack of close therapeutic relationship between the service user and the professional, potential lack of face to face visibility, counselling setting issues, impersonations, confidentiality and security issues, digital divide, contemporary laws and regulations may not always cover various situations created by online therapy, fragile technologies, dependency on electricity etc. This means that for some women it can be an appropriate medium to utilize and but for some others not. Moreover, in the research of Bacchus et al (2016) it was identified that the usage of technology decreased the anticipated stigma associated with disclosure of abuse but at the same the technological content “could not be tailored to accommodate the fluidity of women’s circumstances”.

Recommendation: This means that the content needs to account for the
The multiplicity of women’s experiences. Their research concludes that technological means should be used “to complement and enhance the therapeutic relationship”. The criticisms that exist need to be identified and furthermore addressed/responded in any training material provided in order for the counselors engaging in the provision of online counselling to be effective.

The use of information and communication technologies to coerce and control in domestic violence and following separation

As Woodlock (2016:599) states mobile technologies may be useful for women experiencing violence, connecting them with assistance and providing them with a means to connect with their support networks. However, available research suggests that these technologies are used by the perpetrators to control, stalk, and abuse women in the context of domestic violence. The use of information and communication technologies to coerce and control in domestic violence and following separation (Hand, T., Chung, D., & Peters, M. (2009) necessitates the urgency of building safety practices in places during e-counselling in order to avoid this.

Domestic violence perpetrators can use such technologies in abusive and harmful ways to monitor and harass their current or former intimate partners (Southworth et al. 2007 cited in Hand, Chung and Peters, 2009:5-6 ) Some of the main areas are:
• computer monitoring software
• keystroke logging
• instant messaging and chat rooms
• checking browser history
• email tampering.

For example, computer monitoring software, also known as spyware, programs are advertised as products enabling people to ‘easily spy on your spouse’. There are many different types of spyware, some can be freely available from the Internet; “most record all computer activities. Some of these software programs ‘take pictures’ of the computer screen every few seconds. Any attempts to delete the Internet browser history and/or emails will be recorded (Southworth et al. 2007).” Woodlock’s research findings (2016) also identify the use of technology to facilitate stalking and other forms of abuse by the perpetrators
such as gaining access to mobile phones in order to monitor the woman’s contact with services, friends, etc.

**Recommendation:** The professionals participating need to be aware of how to ensure the safety of the survivors and also need to inform the survivors in terms of what they can do to ensure their safety. Thus, the educational material needs to highlight the different ways in which women may, without knowing it, be through their perpetrators partner’s use of ICTs under electronic surveillance, both while they are living with them and following separation (Hand, T., Chung, D., & Peters, M. (2009). It is important thus, for technology safety resources for victims to be developed (Woodlock (2016; Hand, T., Chung, D., & Peters, M. 2009). Teenagers face also various forms of abuse through the use of ICTs (Stonard, et al, 2009, Barter, et al 2009) which seem to exaggerate aspects of violence and control in their lives (Stonard, et al, 2009, Barter, et al 2009). Furthermore, “If women are to use mobile technologies safely, technology-facilitated stalking needs to be treated as a serious offense, and effective practice, policy, and legal responses must be developed to address the use of technology as a tactic for abuse” Professionals in the area of violence against women need to highlight and advocate in “the area of technology-facilitated abuse through the training of domestic-violence workers and legal professionals, lobbying the communication industry, contributing to legal reforms, and developing technology safety resources for victims (Woodlock, 2016:599”).

**Technology-facilitated sexual violence (TFSV)**

Similar concerns are raised in cases of sexual violence as Technology-facilitated sexual violence (TFSV) entails a range of behaviors where digital technologies are used to perpetuate both virtual and face-to-face sexually based harms. These might include a range of behaviours such as “online sexual harassment, gender- and sexuality-based harassment, cyberstalking, image-based sexual exploitation, and the use of a carriage service to coerce a victim into an unwanted sexual act”. (Henry, Powel, 2018). As sexual abuse can be facilitated through technology this raises questions in terms of the safety of the survivors in using online means to assess services as perpetrators might have instituted spyware or other measures to further the abuse. Also, it might be hard to facilitate on line
technological counselling if it brings to mind experiences of technology facilitated abuse. **Recommendation:** This is an important issue that the counsellor needs to take into account during the facilitation of online counselling.

Special consideration is required by the counsellors that the technological context of providing counselling might intensify the memories of the traumatic experiences of sexual assault induced by the technology. There is not available research on that **(Recommendation).**

**Online safety planning aids and violence**

According to Tarzia et al (2016b:2) “providing appropriate security measures are in place (e.g. emergency exit buttons), the web offers anonymity and a forum where women can seek help without judgement. Pilot work in the United States indicates that an online safety planning aid assisted women experiencing DV to reduce their decisional conflict and feel more supported. This concept is also being tested in New Zealand (Koziol-McLain, et al 2015) and in Canada. A study by Robinson-Whelan et al. (2010), also in the US, found that a computer-based assessment tool for women with disabilities that utilised survivor vignettes, affirming messages, identification of warning signs, and the opportunity to self-report had a significant effect on abuse awareness. Young women who participated in a qualitative study by Lindsay et al. (2013) were positive about the potential of a smartphone ‘app’ to provide personalised information about abuse in dating relationships, and to provide resources privately, safely, and non-judgementally”. (cited in Tanzia et al 2016b:2). Also, the work of Tarzia et al (2016a, 2016b, 2017) proposes the usage of apps as effective interventions.

**Selected recommendations**

Providing appropriate security measures (such as emergency exit buttons) as well as documenting and addressing thoroughly safety concerns. Any material which will be developed need to take into account that controlling perpetrators may monitor women’s e-movements and make sure that women are aware how to protect themselves. Counsellors also need to be trained in providing support.
to women on how to ensure their safety which might be undermined by technological concerns.

Not every woman can benefit from online means of support. Thus, material and mode needs to be tailored to the individual woman’s needs (priorities, choices and levels of risks as well as individual characteristics such as disability for example women with hearing disability needs, or recently arrived immigrant or refugee women with limited knowledge of the country hostess language or women with dyslexia each of this examples will benefit from a different channel of communication). Text mode of communication might work for some but won’t work for some others.

Need to assess which populations are deemed at immediate risk a status that generates a duty to provide immediate and special protections for them.

The gendered nature of these phenomena necessitates the provision of counselling to be informed by feminist principles.

Need to address emergency situations. Professionals working with survivors of abuse will need to determine what type of identity information they require from online help seeking survivors prior to engaging in service provision, as identifying information may be needed if the professional will need to respond to an emergency (i.e., suicidal threat, harm to other threat, or admission of child abuse). The provide information needs to be verifiable. Moreover, professionals need to provide survivors of abuse/service users with emergency contact details for themselves should an emergency arises necessitated an urgent intervention. (Pelling, 2009:15). However, in emergency situations Hand et al (2009) suggest that online services are not appropriate.

Please note these are not exhaustive and further work needs to be undertaken in the next work packages.
4. PRIMARY DATA COLLECTION- METHODOLOGY AND NEEDS ASSESSMENT FINDINGS

Needs assessment description

The needs assessment output as already discussed included the collection of both secondary and primary data. Thus, it entailed literature review and research. The primary research which this section discusses aimed to collect data through an online version survey (OVS) and paper version survey (PVS). Despite the limitations of online data collection, such as difficulties in obtaining a representative sample and a low response rate (Granello, & Wheaton, 2004). The OVS was conducted with the university population of the academic partners as it brought the additional benefit of access to populations that may not have yet accessed the system for counselling (e.g., potential service users/clients with experiences of domestic violence). Also, the student population is generally younger and has higher IT skills. These reasons were considered as making online data collection particularly advantageous for needs assessment/counselling research. The decision to conduct the survey online was based on the benefits of internet surveys in accessing the different population. These benefits were thought to outweigh the lower response rates associate with this type of survey.

The PVS was conducted with service users of victim support services (service users who had already accessed service support services). The service users’ experiences, needs and expectations were considered important to draw on and understand.

The research did not utilize a representative sample, as this was not possible due to resource limitations and constraints. The research involved sampling service users or university students on a sensitive subject area, which could reasonably led to heightened concerns surrounding anonymity; therefore, the amount of identifying information collected was purposely limited to reduce the potential risk and stress for the participants. Furthermore, time constraints and gateway access limited the sampling to users from the participating partner groups particularly due to the sensitive nature of the study. Moreover, it would be difficult to establish the characteristics of the full population of users across all victim support services within a country. However, it was able to draw participants from both the general student population and the service user population in the majority of the participating countries and provide some useful insights which informed the later stages of the project.
Participants

The survey covered the four participating partner countries. The total number of respondents was 266. Of the respondents 48% were from Northern Ireland, 27% from Greece, 17% from Cyprus, and 8% from Estonia. The respondents were from the general student population and the service user population of the participant partners in all the countries except Estonia, where the only participants were service users as due to last minute complications the university partner from Estonia was unable to get ethical approval in time.

Table 1. Sample Frequency by Type

<table>
<thead>
<tr>
<th></th>
<th>Excluded</th>
<th>In Sample</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>NI organisation service users (PVS)</td>
<td>0</td>
<td>60</td>
<td>60</td>
</tr>
<tr>
<td>NI university students (OVS)</td>
<td>11</td>
<td>68</td>
<td>79</td>
</tr>
<tr>
<td>Estonia organisation service users (OVS)</td>
<td>0</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>Estonia organisation service users (PVS)</td>
<td>0</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Cyprus university students (OVS)</td>
<td>26</td>
<td>45</td>
<td>71</td>
</tr>
<tr>
<td>Greece university students (OVS)</td>
<td>16</td>
<td>36</td>
<td>52</td>
</tr>
<tr>
<td>Greece organisation service users (OVS)</td>
<td>0</td>
<td>21</td>
<td>21</td>
</tr>
<tr>
<td>Greece organisation service users (PVS)</td>
<td>0</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>53</strong></td>
<td><strong>266</strong></td>
<td><strong>319</strong></td>
</tr>
</tbody>
</table>

Note: Excluded from the university sample if not in a relationship 16 years or older, or if did not report afraid of current or previous partner, or no reports of DV incident in last year.

Note: PVS refers to those who completed a paper version survey.

Note: OVS refers to those who completed an online version survey.

Table 2. Country of respondents
## Time and Ethics

The questionnaires were completed between mid-April and mid-June 2018. All relevant ethical procedures such as informed consent, ensuring participants were able to choose to participate in a study, free of coercion or other factors, anonymity, confidentiality, reducing any possible distress caused, etc. were followed. Ethical approval was granted by the School of Social Sciences, Education and Social Work of Queen’s University Belfast. There was a delay due to a strike action in the UK university sector that QUB participated.

### Questionnaire and Measures

There were questionnaire versions that operationalised the concepts included in the bid. However, the differences between the questionnaires were minor in content to be country and sample specific (such as only having screening question on if they had been a victim only for the university population and not the service user sample). The questionnaires were written in English and translated into Greek and Estonian by native speakers within the partner countries as appropriate. There was an online survey questionnaire and paper survey questionnaire.

### Online survey

OVS invitations to participate were first distributed to the heads of each university department. After the approval of the heads access were given to the email of the student population. The online questionnaire was circulated to students by the administrator of each department. Several reminders were sent. The decision to conduct the survey online was based on the benefits of Internet
surveys of accessing a different population. These benefits thought to outweigh the lower response rates associated with this form of survey.

Paper survey

A representative from each agency was responsible to hand out paper questionnaires to services users during a set time. Each questionnaire was completed by a service user and anonymously placed in a box that was made available by the partner organization.

Data analysis

The data from the service and university questionnaires were imported into excel then imported into SPSS for analysis. The minority of responses that were open ended were translated into English by the country partners. Descriptive statistics were used to examine percent distribution of respondent characteristics across the samples. To examine if statistical differences emerged across characteristics such as country or education attainment, chi-square tests were executed. Although the sample size and non-representative sampling limit the generalisability of interpreting the statistical significance differences, it does provide indication of differences.

Difficulties during the process

There has been a small delay in the delivery O1, this was due to a strike dispute, delay in ethical clearance and attempts to augment the low response. Part of the delivery of this output coincided with the pension dispute that resulted in a strike action in which staff from UK Universities participated, which resulted in an extension of the timetable. A delay to the delivery was also due to the sensitivity of the data collected which necessitated ethical clearance by Queen’s University Belfast relevant ethic committee and which took time. An extension of the deadline was also necessary due to the small response rate and due to the exam period at QUB which coincided with the data collection process. The O1 report was submitted in the middle of July. This was agreed in collaboration with the Project Coordinator.

According to the approved bid the main questions the needs assessment aimed to answer were the following:
- Are women in abusive relationships/situations reaching Victim Support Organisations through online means (including Helplines)? What is the trend and what can we do to facilitate victims' online access?

Is there a difference in using alternative types of counselling and help between different sections of the population?

- Are women in abusive situations searching the web for online advise, & if they do, how do they search (what keywords they use)? If they are not searching, why not?

This section entails the needs assessment findings from the collection of primary data. The findings can give a better understanding of the needs of the service users and potential service users that counsellors and service providers may take into account.

**Final sample included in the needs assessment**

The final sample included 266 women. Forty-eight percent of women are from Northern Ireland, 27% from Greece, 17% from Cyprus, and 8% from Estonia. This reflect the amount of partners from each country and the number of services users within each of the organisations. The questionnaires were completed between mid April to mid June 2018. Ethical approval was granted by the School of Social Sciences, Education and Social Work of Queen’s University Belfast.

<table>
<thead>
<tr>
<th>Table 1. Sample Frequency by Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excluded</td>
</tr>
<tr>
<td>NI organisation paper version</td>
</tr>
<tr>
<td>NI university online version</td>
</tr>
<tr>
<td>Estonia organisation online version</td>
</tr>
<tr>
<td>Estonia organisation paper version</td>
</tr>
<tr>
<td>Cyprus university online version</td>
</tr>
<tr>
<td>Greece university online version</td>
</tr>
<tr>
<td>Greece organisation online version</td>
</tr>
<tr>
<td>Greece organisation paper version</td>
</tr>
<tr>
<td><strong>Total</strong></td>
</tr>
</tbody>
</table>

Note: Excluded from the university sample if not in a relationship 16 years or older, or if did not report afraid of current or previous partner, or no reports of DV incident in last year
Table 2. Country of respondents

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northern Ireland</td>
<td>128</td>
<td>48</td>
</tr>
<tr>
<td>Estonia</td>
<td>21</td>
<td>8</td>
</tr>
<tr>
<td>Cyprus</td>
<td>45</td>
<td>17</td>
</tr>
<tr>
<td>Greece</td>
<td>72</td>
<td>27</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>266</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

1. **Prevalence of online use among women experiencing violence or abuse**

![Figure 1. Percent of Respondents that Turned for Advise by Type](image)

Figure 1. Illustrates prevalence by type with internet sources being reported as 13% had found advise on online discussion forums and 23% having found advise on internet webpages. Please note that these do not add up to 100%. Each advise source was a separate category with the bar chart displaying the percentage of the total respondents reporting yes for each resource.
Figure 2. displays the amount of respondents who found each type of resource helpful. A total of 8% of respondents stated they found online discussion forums helpful and 18% said they found internet webpages helpful. Among those that reported they used online discussion forums 53% reported they found them helpful. Similarly, among those that reported using internet webpages 56% stated they found these helpful. Note that some women reported these online sources helpful but had not reported using these to seek support (n=3 for online discussion forums and n=12 for internet webpages).
Figure 3 displays the types of information women looked at online on help seeking for their experiences with violence and abuse. The most common information seeking topic online was counselling, with over a quarter of respondents saying they have used the internet to seek information on counselling. The next most common areas to search online were about learning the signs of a healthy future relationship, signs of an abusive relationship, legal rights or help, locating victim support organisations, and locating a helpful helpline with around 1 in 5 respondents sought information on each topic.
2. **Online seeking behaviour: identifying how and where to facilitate usage**

Table 3 presents the frequency of online behaviour among women who use the internet for seeking help. Of those that sought information online, common frequency to seek information online was less than once a month (40%) followed by several times a month (27%). The results suggest that the majority of respondents do not turn to online resources for information and those that do have not sought out the information frequently.
Figure 4. Looks at possible reason for non-use among women who reported not using the internet for help seeking. Among those that did not use the internet for online help seeking (91 respondents), the following reasons “I don’t think that the internet could be helpful”, “I worry about my information being hacked”, “I worry about how my information is being used”, “I worry about who can view my information”, and “I don’t trust the information on the internet” was identified as reason for not using the internet by around 1 in 10 respondents.
Figure 5. What would make you more likely to use online resources for victim support services? (Percent of each reason chosen by respondents)

![Bar chart showing the percent of respondent that be more likely to use the internet by reasons that would increase use.](chart)

Figure 5. presents the percent of respondent that be more likely to use the internet by reasons that would increase use.

When asked what would make the women more likely to use the internet for help seeking, almost half stated “If I could guarantee my information was safe.” The next most frequent motivator chosen was “If someone who works in a trusted organisation recommends them to me.” A third of women said they would be more likely to use “If there was a stamp of approval from victim support organisation.”
The percentages are on valid responses that excluded missing. Missing for each response was n= 48, 30, 24, 28, 28, 29, 28, 28, 225. Broad interpretation would be that about 10% of the sample did not answer these questions. It is not unexpected to have a high missing among other. A higher percent of missing on helplines might reflect unfamiliarity with the term.

Figure 6 shows that the areas that the largest proportion of women report they would very likely use internet are helplines and finding support resources. The areas with the least interest in using were video counselling and online support groups with a third reporting not likely, followed by text counselling with 29% reporting not likely.

Figure 7 presents this information in condense format. The Lickert scale of 1-5 is combined into three categories (1-2= Not likely; 3= Neutral; 4-5= Likely) to get a broader perspective of those areas of higher versus low interest in using. Here we can see that the majority of women identified the following areas as likely to use the internet for: finding support resources (66%), locating resources (64%), understanding rights (58%), and Helplines (55%). Conversely the areas that had the lowest interest of use were online support groups (28%), video counselling (32.6%), and text counselling (36.4%). This may relate to the prior answers about concerns about privacy as these require the most about of personal information being shared online. However, it is important to note that even among the low interest areas the respondents reported likely use in over 1 in 4 women.
A follow-up question allowed respondents to write-in the type of “other” types of internet usage. Table 4 lists the filled in text responses with the respondent’s reported likelihood of use of ‘other’ by the interview type.

Table 5. Other responses on how likely to use the internet for...

<table>
<thead>
<tr>
<th>ENGLISH (translated if needed)</th>
<th>ORGINAL TEXT</th>
<th>How likely (1= Not likely to 5= Very likely)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NI organisation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>gender non specific information</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>I have actually created an online support group where things like this are discussed. I hold an online video conference for member every week where we discuss different set topics.</td>
<td>As next</td>
<td>5</td>
</tr>
<tr>
<td>Estonia organisation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>for a lot of things, such as reading news, ordering goods, and so on</td>
<td>vääga paljude asjade jaoks, nt uudiste lugemine, kaupade tellimine jpm</td>
<td>missing</td>
</tr>
<tr>
<td>news, communicating with children</td>
<td>uudised, lastega suhtlemine</td>
<td>missing</td>
</tr>
<tr>
<td>work every day</td>
<td>tööalaselt iga päev</td>
<td>5</td>
</tr>
<tr>
<td>communicating with friends, looking for a job</td>
<td>süpradega suhtlemine, töö otsimine</td>
<td>missing</td>
</tr>
<tr>
<td>I agree to the meeting with the therapist</td>
<td>lepin terapeudiga kohtumise kokku</td>
<td>5</td>
</tr>
<tr>
<td>for all</td>
<td>kõige jaoks</td>
<td>missing</td>
</tr>
<tr>
<td>search for a place of residence</td>
<td>elukoha otsimine</td>
<td>missing</td>
</tr>
<tr>
<td>Greece organisation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
helping with my marriage and depression only some were relevant to me
looking for useful terms that I have already found on sources that I have read
talk to friends, family and help from psychologist

<table>
<thead>
<tr>
<th>NI university</th>
<th>As next</th>
<th>missing</th>
</tr>
</thead>
<tbody>
<tr>
<td>finding child friendly ways to explain situation</td>
<td>.</td>
<td>5</td>
</tr>
<tr>
<td>I would have welcomed someone that I could have spoken to, to check out how strange the behaviour was, someone I could talk to without giving my details and without making a long term relationship. but not someone who was going to tell me what to do or go into police mode or safety mode. There were parts where just crying on the phone with someone else would have strangely been helpful. Planning, weighing up the pros and cons as life &quot;outside&quot; an abusive relationship can be a lot tougher if a single parent with kids, esp if one or more child/ren has a disability</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

3. **Consideration of geographical access**

Unfortunately a technical error prevented information being gathered on if the respondents lived in a rural or urban area. However, 15% stated they would be more likely to use the internet to save time on travel (Figure 5.). Furthermore, among women who did not use the internet, 2% stated because they only had access in a public space and 5% stated they had no access to a smartphone or computer. This suggest that access to technology may not be the largest barrier to usage but that some women would be interested in the convenience of online support.

4. **Variations by socio-demographic characteristics**

**Age**

There were three age groups considered: 18-24; 25-44; and 45 and older. Due to the low numbers of respondents at the older age range, the age categories of 65-74 (2) and
75 and older (1) were recoded into the 45 and older age group. The final sample had 30% between the ages of 18 to 24, 53% between the ages of 25 to 44, and 17% that were 45 years old or older.

Table 6. Percent Distribution of Age Groups

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-24</td>
<td>77</td>
<td>30.4</td>
</tr>
<tr>
<td>25-44</td>
<td>133</td>
<td>52.6</td>
</tr>
<tr>
<td>45 and older</td>
<td>43</td>
<td>17.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>253</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Note excludes 13 missing observations

Table 6. Percent Distribution of Turned for Advise Types by Age Groups

<table>
<thead>
<tr>
<th>Type</th>
<th>18-24</th>
<th>25-44</th>
<th>45-64</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friends</td>
<td>68.8</td>
<td>54.1</td>
<td>46.5</td>
</tr>
<tr>
<td>Family members</td>
<td>37.7</td>
<td>37.6</td>
<td>46.5</td>
</tr>
<tr>
<td>Turned for advise Tutor/lecturer</td>
<td>6.5</td>
<td>2.3</td>
<td>7.0 NA</td>
</tr>
<tr>
<td>University related service</td>
<td>5.2</td>
<td>1.5</td>
<td>2.3 NA</td>
</tr>
<tr>
<td>Specialised service</td>
<td>23.4</td>
<td>41.4</td>
<td>72.1 ***</td>
</tr>
<tr>
<td>Faith-based organisations/churches</td>
<td>1.3</td>
<td>6.8</td>
<td>16.3 NA</td>
</tr>
<tr>
<td>Community/voluntary organisations</td>
<td>2.6</td>
<td>9.8</td>
<td>16.3 NA</td>
</tr>
<tr>
<td><strong>Online discussion forums</strong></td>
<td>14.3</td>
<td>14.3</td>
<td>9.3</td>
</tr>
<tr>
<td>Internet webpages</td>
<td>20.8</td>
<td>25.6</td>
<td>27.9</td>
</tr>
<tr>
<td>Health based professionals</td>
<td>7.8</td>
<td>26.3</td>
<td>51.2 ***</td>
</tr>
<tr>
<td>Social service professionals</td>
<td>3.9</td>
<td>15.8</td>
<td>16.3 *</td>
</tr>
<tr>
<td>Police</td>
<td>5.2</td>
<td>23.3</td>
<td>25.6 **</td>
</tr>
<tr>
<td><strong>Nowhere</strong></td>
<td>13.0</td>
<td>13.5</td>
<td>9.3</td>
</tr>
</tbody>
</table>

Note: Chi square tests were run to determine if percent distributions were significantly different. Chi-square tests are only appropriate to use if every group has at least 5 observations. In some cases there were too few observations, which made the test invalid.

*p < .05; ** p < .01; *** p < .001; NA chi-square test not valid

Table 6 presents the percent distribution of turning for advise type by age groups. The percent that turned to friends was higher among the younger age groups and had statistical significantly differences at the p<.05 level. Whereas older ages were significantly more likely to turn to specialised services, health based professionals, social service professionals, and the police. No significant differences were found between age and type of support for turning to family members, online discussion forums, or internet webpages. The similar usage of online help seeking behaviour across age groups is notable.

The type of support turned to could reflect the two different types of sampling strategies. Table 7 therefore presents the percent distribution of type of support turned to by age and sample type. Due to the smaller cell sizes, chi-square analysis was not appropriate and therefore are not presented in the table.
### Table 7. Percent Distribution of Turned for Advise Types by Age Groups and Interview Type

<table>
<thead>
<tr>
<th></th>
<th>Organisations</th>
<th></th>
<th>Universities</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>18-24</td>
<td>25-44</td>
<td>45-64</td>
<td>18-24</td>
<td>25-44</td>
<td>45-64</td>
</tr>
<tr>
<td>Friends</td>
<td>66.7</td>
<td>59.0</td>
<td>51.4</td>
<td>69.6</td>
<td>50.0</td>
<td>25.0</td>
</tr>
<tr>
<td>Family members</td>
<td>42.9</td>
<td>44.3</td>
<td>48.6</td>
<td>35.7</td>
<td>31.9</td>
<td>37.5</td>
</tr>
<tr>
<td>Turned for advise</td>
<td>19.0</td>
<td>0.0</td>
<td>8.6</td>
<td>1.8</td>
<td>4.2</td>
<td>0.0</td>
</tr>
<tr>
<td>Tutor/lecturer</td>
<td>14.3</td>
<td>0.0</td>
<td>2.9</td>
<td>1.8</td>
<td>2.8</td>
<td>0.0</td>
</tr>
<tr>
<td>University related</td>
<td>81.0</td>
<td>75.4</td>
<td>82.9</td>
<td>1.8</td>
<td>12.5</td>
<td>25.0</td>
</tr>
<tr>
<td>service</td>
<td>0.0</td>
<td>11.5</td>
<td>20.0</td>
<td>1.8</td>
<td>2.8</td>
<td>0.0</td>
</tr>
<tr>
<td>Specialised service</td>
<td>9.5</td>
<td>14.8</td>
<td>20.0</td>
<td>0.0</td>
<td>5.6</td>
<td>0.0</td>
</tr>
<tr>
<td>Faith-based</td>
<td>28.6</td>
<td>37.7</td>
<td>31.4</td>
<td>17.9</td>
<td>15.3</td>
<td>12.5</td>
</tr>
<tr>
<td>organisations/churches</td>
<td>0.0</td>
<td>11.5</td>
<td>20.0</td>
<td>1.8</td>
<td>2.8</td>
<td>0.0</td>
</tr>
<tr>
<td>Community/voluntary</td>
<td>23.8</td>
<td>44.3</td>
<td>60.0</td>
<td>1.8</td>
<td>11.1</td>
<td>12.5</td>
</tr>
<tr>
<td>organisations</td>
<td>14.3</td>
<td>26.2</td>
<td>20.0</td>
<td>0.0</td>
<td>6.9</td>
<td>0.0</td>
</tr>
<tr>
<td>Online discussion</td>
<td>14.3</td>
<td>26.2</td>
<td>25.7</td>
<td>1.8</td>
<td>20.8</td>
<td>25.0</td>
</tr>
<tr>
<td>forums</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
<td>13.0</td>
<td>13.5</td>
<td>9.3</td>
</tr>
</tbody>
</table>

Notable differences between the Table 5 & 6 are that use of specialise services do not vary drastically by age after accounting for sample type. Although turning to health based and social service professional was more common among the organisation sample, the pattern for these to be more likely at the older age groups generally remains true. Turning to the police also remains more common among the older ages for both samples. Generally, the women from the organisation sample turned to advice more than the university sample for all age groups and types, which would be expected as these women are selected on having taken the step to seek help specialised service organisation.

Table 8 presents the percent of respondents that found the helpful advise from these types by age group. The results reflect similar findings. A larger proportion of younger age groups found advise from friends helpful than the older age groups. In contrast higher percentage of people in older age groups found help from specialised services and health based professional services helpful. There were no differences across age in finding advise useful from family members, and internet webpages. The other categories had too small cell sizes to run for analysis on statistical differences.
Table 8. Percent Distribution of Received Helpful Advise from Types by Age Groups

<table>
<thead>
<tr>
<th>Types</th>
<th>18-24</th>
<th>25-44</th>
<th>45-64</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Friends</td>
<td>58.4</td>
<td>44.4</td>
<td>34.9</td>
<td>*</td>
</tr>
<tr>
<td>Family members</td>
<td>37.7</td>
<td>27.8</td>
<td>34.9</td>
<td></td>
</tr>
<tr>
<td>Tutor/lecturer</td>
<td>5.2</td>
<td>3.0</td>
<td>4.7</td>
<td>NA</td>
</tr>
<tr>
<td>University related service</td>
<td>3.9</td>
<td>0.0</td>
<td>2.3</td>
<td>NA</td>
</tr>
<tr>
<td>Specialised service</td>
<td>19.5</td>
<td>44.4</td>
<td>76.7</td>
<td>***</td>
</tr>
<tr>
<td>Faith-based organisations/churches</td>
<td>1.3</td>
<td>2.3</td>
<td>11.6</td>
<td>NA</td>
</tr>
<tr>
<td>Community/voluntary organisations</td>
<td>2.6</td>
<td>8.3</td>
<td>7.0</td>
<td>NA</td>
</tr>
<tr>
<td>Online discussion forums</td>
<td>9.1</td>
<td>8.3</td>
<td>7.0</td>
<td>NA</td>
</tr>
<tr>
<td>Internet webpages</td>
<td>15.6</td>
<td>20.3</td>
<td>18.6</td>
<td></td>
</tr>
<tr>
<td>Health based professionals</td>
<td>3.9</td>
<td>15.8</td>
<td>39.5</td>
<td>***</td>
</tr>
<tr>
<td>Social service professionals</td>
<td>3.9</td>
<td>9.8</td>
<td>18.6</td>
<td>NA</td>
</tr>
<tr>
<td>Police</td>
<td>2.6</td>
<td>10.5</td>
<td>14.0</td>
<td></td>
</tr>
</tbody>
</table>

Table 9 display the percent that found the advise helpful for each type by age group and interview type to take into account difference in samples. As in the previous analysis, the cell sizes were too small to run tests for statistically significant differences. The greater proportion in the younger age categories remains noticeable for friends, although this is more pronounced among the university sample. As would be expected the organisation sample had higher proportions finding advise from specialised services helpful compared to the university samples. The relationship of older ages finding specialised services helpful is still reflected by looking by sample type. Similarly, the relationship between older ages having higher proportions of findings health based professions useful is reflected in both samples. This suggests that although respondents from the organisation sample had a higher proportion finding advise helpful for each type and age group, the relationships between age and helpfulness was overall consistent across sample types.

Table 9. Percent Distribution of Found Advise Helpful for Types by Age Groups and Interview Type

<table>
<thead>
<tr>
<th>Types</th>
<th>Organisations</th>
<th>Universities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>18-24</td>
<td>25-44</td>
</tr>
<tr>
<td>Friends</td>
<td>47.6</td>
<td>41.0</td>
</tr>
<tr>
<td>Family members</td>
<td>42.9</td>
<td>27.9</td>
</tr>
<tr>
<td>Turned for advise Tutor/lecturer</td>
<td>19.0</td>
<td>1.6</td>
</tr>
<tr>
<td>University related service</td>
<td>14.3</td>
<td>0.0</td>
</tr>
<tr>
<td>Specialised service</td>
<td>66.7</td>
<td>83.6</td>
</tr>
<tr>
<td>Faith-based organisations/churches</td>
<td>0.0</td>
<td>3.3</td>
</tr>
<tr>
<td>Community/voluntary organisations</td>
<td>4.8</td>
<td>8.2</td>
</tr>
<tr>
<td>Online discussion forums</td>
<td>28.6</td>
<td>11.5</td>
</tr>
<tr>
<td>Internet webpages</td>
<td>23.8</td>
<td>27.9</td>
</tr>
</tbody>
</table>
Table 10 shows the percent of respondents that used the internet to search on specific topics by age group. Some age differences are that 25 years old and older are over 4 times more likely to search for legal rights or help than those 18-24. Helping children was search most often by the 25-44 group, likely reflecting those most likely to have minor children in the home. Counselling and signs of an abusive relationship were search for by about 25% of respondents across all three age groups. Learning the signs of a healthy future relationship was search for in 1 in 5 women in both the 18-25 and 25-44 age group whereas only 9% of women 45 and older search for this.

<table>
<thead>
<tr>
<th></th>
<th>18-24</th>
<th>25-44</th>
<th>45 and older</th>
</tr>
</thead>
<tbody>
<tr>
<td>Locating a helpline</td>
<td>18.2</td>
<td>21.1</td>
<td>27.9</td>
</tr>
<tr>
<td>Locating victim support organisation</td>
<td>16.9</td>
<td>24.8</td>
<td>20.9</td>
</tr>
<tr>
<td>Housing or shelters</td>
<td>2.6</td>
<td>13.5</td>
<td>16.3</td>
</tr>
<tr>
<td>Money, job training, or financial assistance</td>
<td>5.2</td>
<td>14.3</td>
<td>11.6</td>
</tr>
<tr>
<td>Helping your children</td>
<td>1.3</td>
<td>15.8</td>
<td>7.0</td>
</tr>
<tr>
<td>Legal rights or help</td>
<td>6.5</td>
<td>30.1</td>
<td>27.9</td>
</tr>
<tr>
<td>Counselling</td>
<td>24.7</td>
<td>27.8</td>
<td>30.2</td>
</tr>
<tr>
<td>Health services</td>
<td>2.6</td>
<td>9.8</td>
<td>9.3</td>
</tr>
<tr>
<td>Signs of an abusive relationship</td>
<td>24.7</td>
<td>21.1</td>
<td>25.6</td>
</tr>
<tr>
<td>Reporting to the police</td>
<td>7.8</td>
<td>12.0</td>
<td>14.0</td>
</tr>
<tr>
<td>What will happen if you involve social services</td>
<td>6.5</td>
<td>5.3</td>
<td>11.6</td>
</tr>
<tr>
<td>Safety planning</td>
<td>2.6</td>
<td>5.3</td>
<td>9.3</td>
</tr>
<tr>
<td>How to seek help without the perpetrator finding out</td>
<td>3.9</td>
<td>2.3</td>
<td>7.0</td>
</tr>
<tr>
<td>How to protect yourself after leaving your abuser</td>
<td>7.8</td>
<td>7.5</td>
<td>7.0</td>
</tr>
<tr>
<td>Who to talk to about leaving an abusive relationship</td>
<td>6.5</td>
<td>6.8</td>
<td>7.0</td>
</tr>
<tr>
<td>Learning the signs of a healthy future relationship</td>
<td>22.1</td>
<td>20.3</td>
<td>9.3</td>
</tr>
<tr>
<td>None of the above</td>
<td>37.7</td>
<td>29.3</td>
<td>48.8</td>
</tr>
</tbody>
</table>

Figure 8 displays frequency of online help seeking behaviour by age group. The results show that those that are 45 and older are almost twice as likely to use the internet for help seeking several times a day (15% compared to only 8% of those 18-24 and 25-44). Those that are 18-24 years old are have slightly higher percentages seeking help online less than once a month at 35% compared to 23% of 25-44 years old and 29% of 45 and older. Overall the frequency of internet usage is low for all groups but particularly for the youngest age group. However, this pattern is partly driven by the sample types. When examining frequency of internet seeking by age and sample type, 24% of 18-24
in the organisational sample year olds search daily, higher than any other age group. This compares to only 7% of 18-24 in the university sample. More over the 45 and older age groups has the highest percentage of never using the internet compared to the younger samples for both samples.

Figure 8. Frequency of internet use by age group

Figure 9. Frequency of internet use by age group and sample type

Figure 10 displays the reasons for non-use by age groups among those that had not searched the internet for help or information. Although the number were too small across the groups to run statistical test, there are some noticeable difference across groups. The oldest age group 45 and older had the highest percentage in relation barriers to access, over 35% said the reason was not
having access to a smartphone or computer, almost 20% stated the reason was because they did not know how to use the internet, and 14% was because they were not confident using the internet. Among 18-24 year olds had the highest percent that stated they were worried about who can view my information.

Table 11 shows the percent for each reason that would make the respondent more likely use an online resource by age and sample type. As several of the responses referred to organisations or university it was important to separate these out by sample time. For both organisations and universities, the youngest age group has the highest percent that would be encouraged to more likely use an online resource if there was a stamp of approval from a victim support organisation. Over two thirds of 18-24 years old in the organisation sample and 39% in the university sample said they would be more likely to use if someone who works in a trusted organisation recommends them to me compared to 34% and 25% of 45 and older in the organisation and university samples respectively. Further there was a similar age pattern with if I could guarantee my information was safe with 62% of 18-24 years old in the organisation group being more likely to use and 54% in the university group more likely to use. This compares to the lower percentages in the 45 and older
groups of 40% in the organisation sample and 25% in the university sample. Overall, the younger age category was the most likely to be encourage more to use online services and the oldest the least likely.

Table 11. What would make you more likely to use online resources for victim support services by age group and sample type.

<table>
<thead>
<tr>
<th></th>
<th>Organisations</th>
<th></th>
<th></th>
<th>Universities</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>18-24</td>
<td>25-44</td>
<td>45 and</td>
<td>18-24</td>
<td>25-44</td>
<td>45 and</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>older</td>
<td></td>
<td></td>
<td>older</td>
</tr>
<tr>
<td>If there was a stamp of approval from</td>
<td>38</td>
<td>36</td>
<td>17</td>
<td>46</td>
<td>32</td>
<td>38</td>
</tr>
<tr>
<td>a victim support organisation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If there was a stamp of approval from</td>
<td>19</td>
<td>3</td>
<td>6</td>
<td>18</td>
<td>19</td>
<td>13</td>
</tr>
<tr>
<td>my university</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If someone who works in a trusted</td>
<td>67</td>
<td>43</td>
<td>34</td>
<td>39</td>
<td>46</td>
<td>13</td>
</tr>
<tr>
<td>organisation recommends them to me</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If a trusted worker at an organisation</td>
<td>29</td>
<td>21</td>
<td>23</td>
<td>21</td>
<td>24</td>
<td>13</td>
</tr>
<tr>
<td>helped me get started</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If I could guarantee my information</td>
<td>62</td>
<td>43</td>
<td>40</td>
<td>54</td>
<td>57</td>
<td>25</td>
</tr>
<tr>
<td>was safe</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If the information was more accessible</td>
<td>0</td>
<td>7</td>
<td>3</td>
<td>3</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>for my disability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If the information applied to same-</td>
<td>5</td>
<td>2</td>
<td>0</td>
<td>4</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>sex relationships</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If I knew what online services were</td>
<td>57</td>
<td>21</td>
<td>20</td>
<td>18</td>
<td>31</td>
<td>13</td>
</tr>
<tr>
<td>available</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If going online saved me time</td>
<td>14</td>
<td>15</td>
<td>14</td>
<td>7</td>
<td>24</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If going online save me travel</td>
<td>19</td>
<td>16</td>
<td>17</td>
<td>5</td>
<td>22</td>
<td>13</td>
</tr>
<tr>
<td>expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nothing would make me more likely to</td>
<td>5</td>
<td>10</td>
<td>31</td>
<td>11</td>
<td>11</td>
<td>0</td>
</tr>
<tr>
<td>use the internet</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 12. Percent likely to use type of online help by age group

<table>
<thead>
<tr>
<th></th>
<th>18-24</th>
<th>25-44</th>
<th>45 and older</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Unlikely</td>
<td>Mid</td>
<td>Likely</td>
</tr>
<tr>
<td>Help lines</td>
<td>34.1</td>
<td>18.8</td>
<td>45.3</td>
</tr>
<tr>
<td>Video counselling</td>
<td>55.7</td>
<td>12.9</td>
<td>31.4</td>
</tr>
<tr>
<td>Text counselling</td>
<td>38.0</td>
<td>18.3</td>
<td>43.7</td>
</tr>
<tr>
<td>Online Support group</td>
<td>54.9</td>
<td>18.3</td>
<td>26.8</td>
</tr>
<tr>
<td>Locating organisation</td>
<td>25.4</td>
<td>15.5</td>
<td>59.2</td>
</tr>
<tr>
<td>Finding support resources</td>
<td>15.5</td>
<td>22.5</td>
<td>62.0</td>
</tr>
<tr>
<td>Understanding rights</td>
<td>19.7</td>
<td>15.5</td>
<td>64.8</td>
</tr>
<tr>
<td>Advise on websites</td>
<td>18.3</td>
<td>14.1</td>
<td>67.6</td>
</tr>
</tbody>
</table>
Table 12 displays the percent likely to use various types of online help by age group. There area number of similarity across groups. The types with the least interest are video counselling and online support group. However there is some evidence that the 18-24 group would be more interested than the older groups to use text counselling with 44% stating they would likely use it compared to 34% of 24-44 and 32.6% of 45 and older. A higher present of 25-44 and 45 and older state they would likely use a helpline at about 58% where as those 18-24 are somewhat lower at 45%. The 18-24 age group has the highest percent that would look for advice on websites at over two thirds, followed by 56% of 24-44 year olds and 45.2% of 45 and older. Overall however, there are not large variations in reports of types likely to use by age.

Disability

Table 6. Percent Distribution of Disability

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>No reported disability</td>
<td>36</td>
</tr>
<tr>
<td>Mental health condition</td>
<td>71</td>
</tr>
<tr>
<td>Other condition</td>
<td>159</td>
</tr>
<tr>
<td>Total</td>
<td>266</td>
</tr>
</tbody>
</table>

Note: Other condition would be a reported condition excluding those that reported a mental health condition.

The large majority of the respondents reported a mental, physical, or other health condition that had or expected to last for at least 12 months. Among the specific groups listed, over a quarter of respondents reported an emotional, psychosocial or mental health condition. None of the other specific conditions had enough observations to run separate analysis and therefore were collapsed into an ‘other condition’ group, which consists of 60% of the sample.

Table 13 presents the percent distribution of respondents that turn to each source of support by disability status. Chi-square test were run to determine if the difference between disability status and where respondents turn to support were statistically significant. Findings show that those with other condition turned to friends the most at 61% followed by those with a mental health condition at over half. Those with no disability were least likely at 31%. Another statistically significant was with specialised service where over half of respondents with mental health turned to, compared to about a third of those with other condition and a quarter of those with no disability. Furthermore, those with a mental health condition were over twice as likely to have turned to health based professionals for advice compared to those with no disability and other condition. This may reflect a relationship between the experience with abuse and violence and having a mental health condition, whereupon these may be addressed in conjunction.

Table 13. Percent of Respondent s that Turned for Advise by Type

<table>
<thead>
<tr>
<th></th>
<th>No disability</th>
<th>Mental Health</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friends</td>
<td>30.6</td>
<td>52.1</td>
<td>61.0</td>
</tr>
<tr>
<td>Family members</td>
<td>27.8</td>
<td>40.8</td>
<td>37.7</td>
</tr>
</tbody>
</table>
Table 14 displays the amount of respondents that received helpful support by type and disability, which shows similar patterns to the previous table.

<table>
<thead>
<tr>
<th>Service Type</th>
<th>No disability</th>
<th>Mental Health</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friends</td>
<td>22.2</td>
<td>40.8</td>
<td>51.6  **</td>
</tr>
<tr>
<td>Family members</td>
<td>22.2</td>
<td>32.4</td>
<td>31.4</td>
</tr>
<tr>
<td>Tutor/lecturer</td>
<td>5.6</td>
<td>8.5</td>
<td>1.3   NA</td>
</tr>
<tr>
<td>University related service</td>
<td>0</td>
<td>1.4</td>
<td>1.9   NA</td>
</tr>
<tr>
<td>Specialised service</td>
<td>25</td>
<td>56.3</td>
<td>36.5  **</td>
</tr>
<tr>
<td>Faith-based organisations/churches</td>
<td>2.8</td>
<td>5.6</td>
<td>2.5   NA</td>
</tr>
<tr>
<td>Community/voluntary organisations</td>
<td>8.3</td>
<td>9.9</td>
<td>3.8   NA</td>
</tr>
<tr>
<td>Online discussion forums</td>
<td>5.6</td>
<td>9.9</td>
<td>7.5   NA</td>
</tr>
<tr>
<td>Internet webpages</td>
<td>13.9</td>
<td>15.5</td>
<td>19.5</td>
</tr>
<tr>
<td>Health based professionals</td>
<td>13.9</td>
<td>32.4</td>
<td>8.2   ***</td>
</tr>
<tr>
<td>Social service professionals</td>
<td>2.8</td>
<td>8.5</td>
<td>10.7  NA</td>
</tr>
<tr>
<td>Police</td>
<td>0</td>
<td>7</td>
<td>10.7  NA</td>
</tr>
<tr>
<td>Nowhere</td>
<td>2.8</td>
<td>12.7</td>
<td>13.2  NA</td>
</tr>
</tbody>
</table>

Table 16 presents the percent seeking information by topic and disability. The sample sizes were not large enough to run statistical difference tests. **Overall the no disability group had lower internet seeking behaviour compared to those with mental health and other conditions;** however, generally behaviour is similar across groups.

<table>
<thead>
<tr>
<th>Topic</th>
<th>No disability</th>
<th>Mental Health</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internet seeking behaviour</td>
<td>22.2</td>
<td>40.8</td>
<td>51.6  **</td>
</tr>
<tr>
<td>Health seeking behaviour</td>
<td>22.2</td>
<td>32.4</td>
<td>31.4</td>
</tr>
<tr>
<td>Social service seeking behaviour</td>
<td>5.6</td>
<td>8.5</td>
<td>1.3   NA</td>
</tr>
<tr>
<td>University related service</td>
<td>0</td>
<td>1.4</td>
<td>1.9   NA</td>
</tr>
<tr>
<td>Specialised service</td>
<td>25</td>
<td>56.3</td>
<td>36.5  **</td>
</tr>
<tr>
<td>Faith-based organisations/churches</td>
<td>2.8</td>
<td>5.6</td>
<td>2.5   NA</td>
</tr>
<tr>
<td>Community/voluntary organisations</td>
<td>8.3</td>
<td>9.9</td>
<td>3.8   NA</td>
</tr>
<tr>
<td>Online discussion forums</td>
<td>5.6</td>
<td>9.9</td>
<td>7.5   NA</td>
</tr>
<tr>
<td>Internet webpages</td>
<td>13.9</td>
<td>15.5</td>
<td>19.5</td>
</tr>
<tr>
<td>Health based professionals</td>
<td>13.9</td>
<td>32.4</td>
<td>8.2   ***</td>
</tr>
<tr>
<td>Social service professionals</td>
<td>2.8</td>
<td>8.5</td>
<td>10.7  NA</td>
</tr>
<tr>
<td>Police</td>
<td>0</td>
<td>7</td>
<td>10.7  NA</td>
</tr>
<tr>
<td>Nowhere</td>
<td>2.8</td>
<td>12.7</td>
<td>13.2  NA</td>
</tr>
</tbody>
</table>
Locating a helpline 11.1 19.7 22.6
Locating victim support organisation 8.3 28.2 20.1
Housing or shelters 2.8 9.9 11.9
Money, job training, or financial assistance 11.1 11.3 10.1
Helping your children 0 14.1 9.4
Legal rights or help 8.3 18.3 25.8
Counselling 16.7 35.2 23.9
Health services 2.8 12.7 5.7
Signs of an abusive relationship 16.7 25.4 21.4
Reporting to the police 0 5.6 15.1
What will happen if you involve social services 0 5.6 8.2
Safety planning 5.6 1.4 6.3
How to seek help without the perpetrator of the violence finding out 2.8 1.4 4.4
How to protect yourself after leaving your abuser 2.8 4.2 9.4
Who to talk to about leaving an abusive relationship 5.6 9.9 5
Learning the signs of a healthy future relationship 0 22.5 20.1
None of the above 22.2 31 37.1

Table 17. Percent Used Internet for Information by Topic and Disability

<table>
<thead>
<tr>
<th></th>
<th>No disability</th>
<th>Mental Health</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Several times a day</td>
<td>4.5</td>
<td>5.9</td>
<td>11.3</td>
</tr>
<tr>
<td>Once a day</td>
<td>9.1</td>
<td>5.9</td>
<td>5.3</td>
</tr>
<tr>
<td>Several times a week</td>
<td>0.0</td>
<td>11.8</td>
<td>7.9</td>
</tr>
<tr>
<td>Several time a month</td>
<td>31.8</td>
<td>22.1</td>
<td>17.2</td>
</tr>
<tr>
<td>Less than once a month</td>
<td>40.9</td>
<td>41.2</td>
<td>22.5</td>
</tr>
<tr>
<td>Never, I have NOT used the internet</td>
<td>13.6</td>
<td>13.2</td>
<td>35.8</td>
</tr>
</tbody>
</table>

Figure 11. Illustrates the percent frequency of internet seeking behaviour by disability. Those who have an other condition were more likely to have never used the internet, where as those that had a mental health condition and no condition had higher percent seeking less than once a month. Overall not large differences across the groups.
The cell sizes for reasons for non-use by disability were too small to run by non-use reasons as no patterns formed.

Table 12 display things that would encourage internet seeking behaviour by disability status.
Figure 13 presents the likelihood of using online support by type and disability status. Below the responses are categorised into Unlikely, Neutral, and Likely for each disability group. Generally speaking, there are more differences between types of online support than between disability types. Those with no disability have higher percentages stating they would be likely to use online support group (43% compared to 23% among mental health condition and 29% among those with other conditions). People with mental health conditions have higher percentages of saying they would be unlikely to use helplines (39% compared to 21 % of no condition and 29% of other conditions). They are also report somewhat higher percentages in unlikely to use video or text counselling compared to the other two groups. Those with other conditions stand out as having higher percentages than the other groups for likely to use internet for understanding rights, finding support resources, and locating organisations.
Figure 13. Likelihood of using online support by type and disability status

- Advise on websites
- Understanding rights
- Finding support resources
- Locating organisation
- Online Support group
- Text counselling
- Video counselling
- Helplines

0.0 10.0 20.0 30.0 40.0 50.0 60.0 70.0 80.0 90.0 100.0

- Unlikely  - Neutral  - Likely
**Socioeconomic Status**

**Table 19. Percent Distribution of Socioeconomic Status**

<table>
<thead>
<tr>
<th>Status</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financially doing well</td>
<td>118</td>
<td>48</td>
</tr>
<tr>
<td>Just getting by</td>
<td>84</td>
<td>34.1</td>
</tr>
<tr>
<td>Financially struggling</td>
<td>44</td>
<td>17.9</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>246</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Note: 20 observations were missing. Due to small sample size “living comfortably” and “doing alright” were combined into Financially doing well as well as “finding it quite difficult” and “finding it very difficult” were combined into Financially struggling.

Table 20 -- findings how that there where people turn to does not vary largely by financial situation. Financially struggling do have higher percentages in turning to friends at 71% compared to slightly over half for the other two groups, but this does not reach statistically significant differences. Similarly, financially well off having higher percentages reporting turning to police at a quarter among those respondents compared to 14% of those just getting by and 9% of those financially struggling but does not reach statistical significance. These could reflect a sample size and not necessary an absence of meaningful difference but this cannot be determined with the data available.

**Table 20. Percent of Respondents that Turned for Advise by Type**

<table>
<thead>
<tr>
<th>Type</th>
<th>Financially well</th>
<th>Just making by</th>
<th>Financially struggling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friends</td>
<td>56.8</td>
<td>51.2</td>
<td>70.5</td>
</tr>
<tr>
<td>Family members</td>
<td>39.8</td>
<td>39.3</td>
<td>36.4</td>
</tr>
<tr>
<td>Tutor/lecturer</td>
<td>2.5</td>
<td>4.8</td>
<td>6.8 NA</td>
</tr>
<tr>
<td>University related service</td>
<td>3.4</td>
<td>1.2</td>
<td>4.5 NA</td>
</tr>
<tr>
<td>Specialised service</td>
<td>43.2</td>
<td>34.5</td>
<td>43.2</td>
</tr>
<tr>
<td>Faith-based organisations/churches</td>
<td>4.2</td>
<td>10.7</td>
<td>4.5 NA</td>
</tr>
<tr>
<td>Community/voluntary organisations</td>
<td>8.5</td>
<td>9.5</td>
<td>6.8</td>
</tr>
<tr>
<td>Online discussion forums</td>
<td>14.4</td>
<td>8.3</td>
<td>20.5</td>
</tr>
<tr>
<td>Internet webpages</td>
<td>26.3</td>
<td>23.8</td>
<td>22.7</td>
</tr>
<tr>
<td>Health based professionals</td>
<td>23.7</td>
<td>20.2</td>
<td>31.8</td>
</tr>
<tr>
<td>Social service professionals</td>
<td>11.9</td>
<td>13.1</td>
<td>13.6</td>
</tr>
<tr>
<td>Police</td>
<td>24.6</td>
<td>14.3</td>
<td>9.1</td>
</tr>
<tr>
<td>Nowhere</td>
<td>15.3</td>
<td>8.3</td>
<td>15.9</td>
</tr>
</tbody>
</table>

Table 21 displays the percent distribution of internet usage for information by financial status. The findings show that those that are financially well were more likely to use the internet to locate a helpline, locate a victim support organisation, and legal aid. The other groups did not reach statistically significant differences or had too small cell sizes for statistical analysis.
<p>| Table 21. Percent Used Internet for Information by Topic and Financial Status |
|---------------------------------------------------------------|-----------------|-----------------|-----------------|</p>
<table>
<thead>
<tr>
<th></th>
<th>Financially well</th>
<th>Just getting by</th>
<th>Financially struggling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Locating a helpline</td>
<td>28.0</td>
<td>14.3</td>
<td>15.9</td>
</tr>
<tr>
<td>Locating victim support organisation</td>
<td>28.8</td>
<td>10.7</td>
<td>22.7</td>
</tr>
<tr>
<td>Housing or shelters</td>
<td>13.6</td>
<td>8.3</td>
<td>6.8</td>
</tr>
<tr>
<td>Money, job training, or financial assistance</td>
<td>10.2</td>
<td>7.1</td>
<td>18.2</td>
</tr>
<tr>
<td>Helping your children</td>
<td>11.0</td>
<td>10.7</td>
<td>6.8</td>
</tr>
<tr>
<td>Legal rights or help</td>
<td>31.4</td>
<td>14.3</td>
<td>15.9</td>
</tr>
<tr>
<td>Counselling</td>
<td>29.7</td>
<td>22.6</td>
<td>31.8</td>
</tr>
<tr>
<td>Health services</td>
<td>9.3</td>
<td>9.5</td>
<td>0.0</td>
</tr>
<tr>
<td>Signs of an abusive relationship</td>
<td>22.9</td>
<td>22.6</td>
<td>22.7</td>
</tr>
<tr>
<td>Reporting to the police</td>
<td>13.6</td>
<td>6.0</td>
<td>15.9</td>
</tr>
<tr>
<td>What will happen if you involve social services</td>
<td>7.6</td>
<td>4.8</td>
<td>9.1</td>
</tr>
<tr>
<td>Safety planning</td>
<td>6.8</td>
<td>2.4</td>
<td>6.8</td>
</tr>
<tr>
<td>How to seek help without the perpetrator of the violence finding out</td>
<td>3.4</td>
<td>3.6</td>
<td>4.5</td>
</tr>
<tr>
<td>How to protect yourself after leaving your abuser</td>
<td>10.2</td>
<td>3.6</td>
<td>9.1</td>
</tr>
<tr>
<td>Who to talk to about leaving an abusive relationship</td>
<td>6.8</td>
<td>3.6</td>
<td>13.6</td>
</tr>
<tr>
<td>Learning the signs of a healthy future relationship</td>
<td>15.3</td>
<td>21.4</td>
<td>27.3</td>
</tr>
<tr>
<td>None of the above</td>
<td>33.1</td>
<td>35.7</td>
<td>38.6</td>
</tr>
</tbody>
</table>
Table 22- Those who were financially struggling had higher percentages for not using the internet due to not having access to a smartphone or computer, not knowing how to use the internet, worrying about who can view information, how information is used, and worried about information being hacked.

Table 22. Reasons for not using internet by financial status

<table>
<thead>
<tr>
<th>Reason</th>
<th>Financially well</th>
<th>Just getting by</th>
<th>Financially struggling</th>
</tr>
</thead>
<tbody>
<tr>
<td>I don’t have access to a smartphone or a computer</td>
<td>2.6</td>
<td>6.9</td>
<td>18.2</td>
</tr>
<tr>
<td>I don’t trust information on the internet</td>
<td>7.9</td>
<td>10.3</td>
<td>9.1</td>
</tr>
<tr>
<td>The cost</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>I don’t know how to use the internet</td>
<td>2.6</td>
<td>3.4</td>
<td>18.2</td>
</tr>
<tr>
<td>I’m not confident using the internet</td>
<td>5.3</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>I have no interest in the internet</td>
<td>2.6</td>
<td>3.4</td>
<td>0.0</td>
</tr>
<tr>
<td>I worry about who can view my information</td>
<td>10.5</td>
<td>6.9</td>
<td>27.3</td>
</tr>
<tr>
<td>I worry about how my information is used</td>
<td>7.9</td>
<td>3.4</td>
<td>36.4</td>
</tr>
<tr>
<td>I worry about my information being hacked</td>
<td>7.9</td>
<td>3.4</td>
<td>36.4</td>
</tr>
<tr>
<td>I can only get to use the internet in a public place</td>
<td>5.3</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>My impairment makes using the internet difficult</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>I worry about advertisers</td>
<td>0.0</td>
<td>3.4</td>
<td>0.0</td>
</tr>
<tr>
<td>I worry about online abuse</td>
<td>0.0</td>
<td>0.0</td>
<td>9.1</td>
</tr>
<tr>
<td>I don’t think that the internet could be helpful</td>
<td>10.5</td>
<td>10.3</td>
<td>9.1</td>
</tr>
<tr>
<td>None of the above</td>
<td>42.1</td>
<td>44.8</td>
<td>45.5</td>
</tr>
</tbody>
</table>

Table 23- Those who were struggling financially had higher percentages in being encouraged to seek help online if someone who works in a trusted organisation recommends it, if a trusted
worker helped get them started, if they knew what online services were available, and if it was going to save travel expenses.

Table 23. What would encourage internet help seeking by financial status

<table>
<thead>
<tr>
<th></th>
<th>Financially well</th>
<th>Just getting by</th>
<th>Financially struggling</th>
</tr>
</thead>
<tbody>
<tr>
<td>If there was a stamp of approval from a victim support organisation</td>
<td>33.1</td>
<td>38.1</td>
<td>34.1</td>
</tr>
<tr>
<td>If there was a stamp of approval from my university</td>
<td>16.9</td>
<td>9.5</td>
<td>11.4</td>
</tr>
<tr>
<td>If someone who works in a trusted organisation recommends them to me</td>
<td>39.8</td>
<td>41.7</td>
<td>52.3</td>
</tr>
<tr>
<td>If a trusted worker at an organisation helped me get started</td>
<td>16.9</td>
<td>22.6</td>
<td>34.1</td>
</tr>
<tr>
<td>If I could guarantee my information was safe</td>
<td>44.1</td>
<td>54.8</td>
<td>56.8</td>
</tr>
<tr>
<td>If the information was more accessible for my disability</td>
<td>5.1</td>
<td>1.2</td>
<td>4.5</td>
</tr>
<tr>
<td>If the information applied to same-sex relationships</td>
<td>1.7</td>
<td>2.4</td>
<td>4.5</td>
</tr>
<tr>
<td>If I knew what online services were available</td>
<td>24.6</td>
<td>22.6</td>
<td>36.4</td>
</tr>
<tr>
<td>If going online saved me time</td>
<td>8.5</td>
<td>22.6</td>
<td>18.2</td>
</tr>
<tr>
<td>If going online save me travel expenses</td>
<td>9.3</td>
<td>20.2</td>
<td>25.0</td>
</tr>
<tr>
<td>Nothing would make me more likely to use the internet</td>
<td>11.0</td>
<td>14.3</td>
<td>11.4</td>
</tr>
</tbody>
</table>
Financially struggling have higher percentages stating unlikely to use text counselling (58%) than those just getting by (42%) or financially doing well (45%). Those that are financially well off have higher percentages in likelihood to use text counselling (42%) compared to just getting by (34%) and financially struggling (30%). Generally, the differences are large between support type and financial status groups.
**Ethnicity and Sexual Orientation**

The number of respondents in these groups did not have enough observations in the minority groups to run these types of analysis. There were only 25 respondents that identified as belonging to a minority group and 26 respondents as LGB or other sexuality. Considering the marked differences in internet type between organisations compared to universities and across the countries it is critical to look at ethnic and sexual minorities by the country and sample context. A small number however, within each context means there is a very small number within each given area and would be inappropriate to draw conclusions on patterns based on only a handful of respondents. Below are the counts across the sample types and provide information on how it would spread across turning the internet for advise.

### 23.1 Number considering themselves belonging to a minority group by sample type

<table>
<thead>
<tr>
<th></th>
<th>Organisations</th>
<th></th>
<th>Universities</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NI</td>
<td>Estonia</td>
<td>Greece</td>
<td>NI</td>
</tr>
<tr>
<td>No</td>
<td>53</td>
<td>21</td>
<td>32</td>
<td>61</td>
</tr>
<tr>
<td>Yes</td>
<td>4</td>
<td>0</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>57</td>
<td>21</td>
<td>36</td>
<td>67</td>
</tr>
</tbody>
</table>

### 23.2 Number of minorities turning to internet types for advise

<table>
<thead>
<tr>
<th></th>
<th>Organisations</th>
<th></th>
<th>Universities</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>NI</td>
<td>Estonia</td>
<td>Greece</td>
</tr>
<tr>
<td>total number of minorities</td>
<td>n=4</td>
<td>n=0</td>
<td>n=4</td>
<td>n=6</td>
</tr>
<tr>
<td>online discussion forums</td>
<td>1</td>
<td>N/A</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>internet pages</td>
<td>0</td>
<td>N/A</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

### 23.3 Number of respondents of sexual orientation by sample type

<table>
<thead>
<tr>
<th></th>
<th>Organisations</th>
<th></th>
<th>Universities</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NI</td>
<td>Estonia</td>
<td>Greece</td>
<td>NI</td>
</tr>
<tr>
<td>Heterosexual/Straight</td>
<td>50</td>
<td>18</td>
<td>35</td>
<td>61</td>
</tr>
<tr>
<td>Gay/Lesbian</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Bisexual</td>
<td>5</td>
<td>0</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Rather not say</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>60</td>
<td>21</td>
<td>36</td>
<td>67</td>
</tr>
</tbody>
</table>

### 23.4 Count of sexual minorities* turning to internet types for advise

<table>
<thead>
<tr>
<th></th>
<th>Organisations</th>
<th></th>
<th>Universities</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>NI</td>
<td>Estonia</td>
<td>Greece</td>
</tr>
<tr>
<td>online discussion forums</td>
<td>2</td>
<td>N/A</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>internet pages</td>
<td>1</td>
<td>N/A</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

* includes gay/lesbian, bisexual, and other
5. Variations by country and population

Table 24. Percent Distribution of Turned for Advise Types by Country and interview type

<table>
<thead>
<tr>
<th></th>
<th>Organisations</th>
<th>Universities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NI</td>
<td>Estonia</td>
</tr>
<tr>
<td>Friends</td>
<td>53.3</td>
<td>66.7</td>
</tr>
<tr>
<td>Family members</td>
<td>46.7</td>
<td>47.6</td>
</tr>
<tr>
<td>Turned for advise Tutor/lecturer</td>
<td>6.7</td>
<td>0.0</td>
</tr>
<tr>
<td>University related service</td>
<td>1.7</td>
<td>0.0</td>
</tr>
<tr>
<td>Specialised service</td>
<td>85.0</td>
<td>85.7</td>
</tr>
<tr>
<td>Faith-based organisations/churches</td>
<td>11.7</td>
<td>4.8</td>
</tr>
<tr>
<td>Community/voluntary organisations</td>
<td>10.0</td>
<td>19.0</td>
</tr>
<tr>
<td>Online discussion forums</td>
<td>13.3</td>
<td>33.3</td>
</tr>
<tr>
<td>Internet webpages</td>
<td>16.7</td>
<td>52.4</td>
</tr>
<tr>
<td>Health based professionals</td>
<td>60.0</td>
<td>52.4</td>
</tr>
<tr>
<td>Social service professionals</td>
<td>8.3</td>
<td>57.1</td>
</tr>
<tr>
<td>Police</td>
<td>16.7</td>
<td>71.4</td>
</tr>
<tr>
<td>Nowhere</td>
<td>0.0</td>
<td>0.0</td>
</tr>
</tbody>
</table>

Organisations are more likely to use specialised service and health based professions but this is much lower in Greece than in the Estonia and Northern Ireland. Estonia organisations has a high percent seeking advise from social service professional and police compared to the other countries. Internet webpages is more common among Estonia and Greece organisation sample than Northern Ireland and the pattern is similar but not as large in terms of online discussion forums. For university sample Greek students are less likely to go to advise for family members than NI and Cyprus. Generally the only main form of advise is friends. In terms of internet use Cyprus has the lowest usage, around half as less than either Northern Ireland or Greece.

Table 25. Percent of Respondents that Received Helpful Support by Type, Country, and Sample type

<table>
<thead>
<tr>
<th></th>
<th>Organisations</th>
<th>Universities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NI</td>
<td>Estonia</td>
</tr>
<tr>
<td>Friends</td>
<td>38.3</td>
<td>38.1</td>
</tr>
<tr>
<td>Family members</td>
<td>36.7</td>
<td>14.3</td>
</tr>
<tr>
<td>Tutor/lecturer</td>
<td>5.0</td>
<td>0.0</td>
</tr>
<tr>
<td>University related service</td>
<td>1.7</td>
<td>0.0</td>
</tr>
<tr>
<td>Specialised service</td>
<td>86.7</td>
<td>81.0</td>
</tr>
<tr>
<td>Faith-based organisations/churches</td>
<td>3.3</td>
<td>0.0</td>
</tr>
<tr>
<td>Community/voluntary organisations</td>
<td>6.7</td>
<td>0.0</td>
</tr>
<tr>
<td>Online discussion forums</td>
<td>10.0</td>
<td>14.3</td>
</tr>
<tr>
<td>Internet webpages</td>
<td>10.0</td>
<td>28.6</td>
</tr>
<tr>
<td>Health based professionals</td>
<td>48.3</td>
<td>19.0</td>
</tr>
</tbody>
</table>
Greece stands out having the highest percent in finding advise from friends helpful. Also almost 50% of Greek service users found internet pages helpful, which was notably higher than any of the other groups. NI organisation sample were unique in finding advise from heath based professionals helpful while Estonia stood out in finding social service professionals and Police helpful.

Table 26. Percent Used Internet for Information by Topic, Country and Sample type

<table>
<thead>
<tr>
<th>Topic</th>
<th>Organisations</th>
<th>Universities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NI</td>
<td>Estonia</td>
</tr>
<tr>
<td>Locating a helpline</td>
<td>25.0</td>
<td>76.2</td>
</tr>
<tr>
<td>Locating victim support organisation</td>
<td>38.3</td>
<td>42.9</td>
</tr>
<tr>
<td>Housing or shelters</td>
<td>5.0</td>
<td>66.7</td>
</tr>
<tr>
<td>Money, job training, or financial assistance</td>
<td>16.7</td>
<td>33.3</td>
</tr>
<tr>
<td>Helping your children</td>
<td>10.0</td>
<td>28.6</td>
</tr>
<tr>
<td>Legal rights or help</td>
<td>20.0</td>
<td>57.1</td>
</tr>
<tr>
<td>Counselling</td>
<td>35.0</td>
<td>38.1</td>
</tr>
<tr>
<td>Health services</td>
<td>13.3</td>
<td>0.0</td>
</tr>
<tr>
<td>Signs of an abusive relationship</td>
<td>21.7</td>
<td>19.0</td>
</tr>
<tr>
<td>Reporting to the police</td>
<td>8.3</td>
<td>38.1</td>
</tr>
<tr>
<td>What will happen if you involve social services</td>
<td>3.3</td>
<td>4.8</td>
</tr>
<tr>
<td>Safety planning</td>
<td>1.7</td>
<td>0.0</td>
</tr>
<tr>
<td>How to seek help without the perpetrator of the violence finding out</td>
<td>3.3</td>
<td>0.0</td>
</tr>
<tr>
<td>How to protect yourself after leaving your abuser</td>
<td>6.7</td>
<td>9.5</td>
</tr>
<tr>
<td>Who to talk to about leaving an abusive relationship</td>
<td>6.7</td>
<td>0.0</td>
</tr>
<tr>
<td>Learning the signs of a healthy future relationship</td>
<td>18.3</td>
<td>0.0</td>
</tr>
<tr>
<td>None of the above</td>
<td>30.0</td>
<td>9.5</td>
</tr>
</tbody>
</table>

Helplines were the most popular among Estonia organisation users at over 75% with Greece organisation users at 42%. Housing and shelters were most also most popular among Estonian sample, which could reflect the organisation providing shelter. Over half of Estonian and Greek service users used the internet to look for legal rights and help compared to 20% of the NI organisation users. Signs of an abusive relationship was highest in Greece among the organisations. Searching about the police was highest in Estonia for the organisation sample. Among the university sample, NI students were more likely to search all the topic generally but were most notable for counselling and signs of an abusive relationship. Learning the signs of a future healthy relationship
was the only category among the Greece university sample. And Cyprus was generally low percent searching for any of these topics.

Among the organisations, never searching the internet was the highest in Greece compared to Estonia and Northern Ireland. At the same time the sample from the Greek organisation had the highest reporting searching several times a day. Among the university sample, the Greek sample only responded less than once a month or less, the sample from Cyprus had the highest percent never using the internet for this but also the highest for several times a day. Generally the university samples had not searched the internet often over this.

Table 27. Percent reason for not using internet by country and sample type

<table>
<thead>
<tr>
<th>Reason</th>
<th>Organisations</th>
<th>Universities</th>
</tr>
</thead>
<tbody>
<tr>
<td>I don’t have access to a smartphone or a computer</td>
<td>0 66.7 22.2</td>
<td>3.4 0 0</td>
</tr>
<tr>
<td>I don’t trust information on the internet</td>
<td>100 0 0</td>
<td>10.3 6.9 0</td>
</tr>
<tr>
<td>The cost</td>
<td>0 0 0</td>
<td>0 0 0</td>
</tr>
<tr>
<td>I don’t know how to use the internet</td>
<td>0 66.7 22.2</td>
<td>0 0 0</td>
</tr>
<tr>
<td>I’m not confident using the internet</td>
<td>0 0 0</td>
<td>6.9 0 0</td>
</tr>
<tr>
<td>I have no interest in the internet</td>
<td>0 0 11.1</td>
<td>3.4 0 0</td>
</tr>
<tr>
<td>I worry about who can view my information</td>
<td>50 0 0</td>
<td>17.2 10.3 0</td>
</tr>
<tr>
<td>I worry about how my information is used</td>
<td>50 0 0</td>
<td>13.8 10.3 0</td>
</tr>
<tr>
<td>I worry about my information being hacked</td>
<td>50 0 0</td>
<td>10.3 13.8 0</td>
</tr>
<tr>
<td>I can only get to use the internet in a public place</td>
<td>0 33.3 0</td>
<td>3.4 0 0</td>
</tr>
</tbody>
</table>
My impairment makes using the internet difficult
I worry about advertisers
I worry about online abuse
I don’t think that the internet could be helpful
None of the above

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>0</th>
<th>0</th>
<th>0</th>
<th>0</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>My impairment makes using the internet difficult</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>I worry about advertisers</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3.4</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>I worry about online abuse</td>
<td>50</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>I don’t think that the internet could be helpful</td>
<td>50</td>
<td>0</td>
<td>11.1</td>
<td>6.9</td>
<td>10.3</td>
<td>5.3</td>
</tr>
<tr>
<td>None of the above</td>
<td>0</td>
<td>33.3</td>
<td>33.3</td>
<td>37.9</td>
<td>31</td>
<td>52.6</td>
</tr>
</tbody>
</table>

Table 28. Percent would be encouraged to use online help service by type by country and sample type

<table>
<thead>
<tr>
<th></th>
<th>Organisations</th>
<th>Universities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NI</td>
<td>Estonia</td>
</tr>
<tr>
<td>If there was a stamp of approval from a victim support organisation</td>
<td>31.7</td>
<td>0.0</td>
</tr>
<tr>
<td>If there was a stamp of approval from my university</td>
<td>6.7</td>
<td>0.0</td>
</tr>
<tr>
<td>If someone who works in a trusted organisation recommends them to me</td>
<td>48.3</td>
<td>9.5</td>
</tr>
<tr>
<td>If a trusted worker at an organisation helped me get started</td>
<td>28.3</td>
<td>23.8</td>
</tr>
<tr>
<td>If I could guarantee my information was safe</td>
<td>50.0</td>
<td>14.3</td>
</tr>
<tr>
<td>If the information was more accessible for my disability</td>
<td>3.3</td>
<td>4.8</td>
</tr>
<tr>
<td>If the information applied to same-sex relationships</td>
<td>3.3</td>
<td>0.0</td>
</tr>
<tr>
<td>If I knew what online services were available</td>
<td>31.7</td>
<td>9.5</td>
</tr>
<tr>
<td>If going online saved me time</td>
<td>15.0</td>
<td>0.0</td>
</tr>
<tr>
<td>If going online save me travel expenses</td>
<td>15.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Nothing would make me more likely to use the internet</td>
<td>25.0</td>
<td>4.8</td>
</tr>
</tbody>
</table>

To encourage more use, Estonia organisation did not have very high percentages for any topic, with the highest being 24% saying they would be more likely to use it if a trusted worker at an organisation helped get them started. NI and Greece showed similar patterns with stamp of approval from victim support organisation, someone from a trusted organisation recommends, if I could guarantee my information was safe, and if I knew what online services were available were high. Among universities, Cyprus stood out as have lower percentages on stamp from victim support centre and someone working in an organisation recommends it. Northern Ireland university was higher than the others on if they knew what online services were available.
Figure 17: Likelihood of using online support by type, country, and sample type
Advise on website- NI- organisation sample less likely to use this, and Estonia gave a high percent of neutral. The other groups were similar.

Understanding rights was highest likely among Cyprus university students sample. The most unlikely group was NI organisations sample.

Finding support resources- highest group of unlikely use found among NI both organisation and services users but generally popular among all groups.

Locating organisation was the highest among the Greek organisation sample, followed by the Greek university sample.

Online support group was generally deemed unlikely to use, with all but Estonia reporting over half as unlikely.

Text counselling had similar levels of likely use across the groups, other the Greek university sample which had lower level of unlikely and higher neutral responses than the other groups.

Greek organisation sample showed the highest likelihood for using video counselling. While the other groups are roughly similar.

Helplines had the greatest variation across groups. Estonia and Greek organisations said this was likely with over 80%. Cyprus and Greek university were in the middle saying over 50% would likely use this. Where are NI organisation and universities about a third saying they would likely use this.

6. Keywords used by respondents for searching online

The following keywords need to be considered when delivering/advertising distant services

<table>
<thead>
<tr>
<th>Organisations</th>
<th>NI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abuse</td>
<td></td>
</tr>
<tr>
<td>abusive relation</td>
<td></td>
</tr>
<tr>
<td>affect of abuse</td>
<td></td>
</tr>
<tr>
<td>affect of abuse on physical health</td>
<td></td>
</tr>
<tr>
<td>Alcohol</td>
<td></td>
</tr>
<tr>
<td>Childhood sexual abuse</td>
<td></td>
</tr>
<tr>
<td>childhood sexual abuse survivor</td>
<td></td>
</tr>
<tr>
<td>Controlling</td>
<td></td>
</tr>
<tr>
<td>counselling (2)</td>
<td></td>
</tr>
<tr>
<td>Despair</td>
<td></td>
</tr>
<tr>
<td>domestic abuse</td>
<td></td>
</tr>
<tr>
<td>emotional abuse (2)</td>
<td></td>
</tr>
<tr>
<td>help for childhood sexual abuse</td>
<td></td>
</tr>
<tr>
<td>help for victim</td>
<td></td>
</tr>
<tr>
<td>Hopelessness</td>
<td></td>
</tr>
<tr>
<td>how abuse can affect my relationship</td>
<td></td>
</tr>
<tr>
<td>How to cope with symptoms (e.g. panic attacks)</td>
<td></td>
</tr>
<tr>
<td>how to find out what happened</td>
<td></td>
</tr>
<tr>
<td>how to identify and deal with triggers</td>
<td></td>
</tr>
<tr>
<td>how to leave abuser</td>
<td></td>
</tr>
<tr>
<td>Manipulation</td>
<td></td>
</tr>
</tbody>
</table>
marital rape
Nexus
non consensual
organisation titles
rape (2)
sexual abuse(2)
sexual assault (2)
sexual assault cases
sexual harassment at workplace
sexual violence
signs of abuse(2)
support for survivors of sexual abuse
the best place to help
victim support
Violence
what are the signs of domestic violence?
what is sexual assault?
Worry

Organisations
Estonia
contacts between authorities
court ruling
divorce in court
help for a child
how to get rid of violent man
How to protect yourself and your children
I was raped, what to do, where to turn
legal aid
man kicks
man strikes
nearest victim support
psychologist for children
sharing prop
Shelter
victim support number
violent man
violent relationship
what to do
what to do and so on
where to get help
who could help when man is violent
who to turn to
who would help
Organisations

Greece

Abuse (2)
address physical violence (beating)
advice on abuse
assist my child
child abuse
child emotional neglect
Divorce
emotionally absent
Help
help,
protect,
defend
I don’t use internet
I go on the official website of UWAH
I have never searched on the internet
narcissist person
psychological support
Psychological/Physical abuse
support of abused woman
violence (2)

ΑΝΤΙΜΕΤΩΠΙΣΗ ΒΙΑΣ "anti fraud measures"
βια "Violence" (3)
βια γυναικών "Violence of WOMEN" (3)
βια γυναικών και παιδιών "violence against women and children"
βια στην οικογένεια "family violence"
βια στην οικογένεια "Family violence"
Βοήθεια απο την αστυ "Help from police"
γυναίκα "woman"
διαζύγιο "divorce"
Δικαιώματα "Rights"
 Δικαιώματα γυναικών "women’s right"
ΕΝΔΟ ΟΙΚΟΓΕΝΕΙΑΚΗ ΒΙΑ "? Family violence"
ΕΝΔΟ-ΟΙΚΟΓΕΝΕΙΑΚΗ ΒΙΑ "END-family violence"
Ενδοοικογενειακή Βια "Intra-family violence" (2)
Εξωσυζυγικές σχέσει "extramarital relationships"
Κακοποίηση "?" (2)
Κακοποίηση "Abuse" (7)
ΚΑΚΟΠΟΙΗΣΗ "violence"
Κακοποίηση γυναικών "Abuse of women" (3)
Κακοποίηση στην οικ "Abuse in the home"
kακοποίηση στην οικο "abuse of ?"
kαταγγέλλα "complaint"
με χτυπαει το συντροφ "my partner hits me"
vομικά δικαίωμα. "legal rights"
σύλλογοι γυναικών "women's clubs"
συμβουλές για τα π< "tips for ?"
υποστή "support"
ΦΟΡΕΙΣ ΕΝΔΟΟΙΚΟΓΕΝΕ "bodies ?"
ψυχολό "psychological"

<table>
<thead>
<tr>
<th>Universities</th>
</tr>
</thead>
<tbody>
<tr>
<td>abuse (2)</td>
</tr>
<tr>
<td>Abusers and their behaviour</td>
</tr>
<tr>
<td>Abusive partner</td>
</tr>
<tr>
<td>abusive relationship (2)</td>
</tr>
<tr>
<td>Addiction</td>
</tr>
<tr>
<td>Am I being domestically abused</td>
</tr>
<tr>
<td>Arguments</td>
</tr>
<tr>
<td>being a single parent and psychological control</td>
</tr>
<tr>
<td>child maintenance</td>
</tr>
<tr>
<td>Childcare</td>
</tr>
<tr>
<td>Christian relationship</td>
</tr>
<tr>
<td>Controlling</td>
</tr>
<tr>
<td>controlling relationship</td>
</tr>
<tr>
<td>Domestic abuse</td>
</tr>
<tr>
<td>domestic violence (7)</td>
</tr>
<tr>
<td>emotional(2)</td>
</tr>
<tr>
<td>emotional abuse (4)</td>
</tr>
<tr>
<td>Equality</td>
</tr>
<tr>
<td>Feminism</td>
</tr>
<tr>
<td>frequency of arguments</td>
</tr>
<tr>
<td>Gaslighting</td>
</tr>
<tr>
<td>Help</td>
</tr>
<tr>
<td>housing for single mothers</td>
</tr>
<tr>
<td>How to be happy</td>
</tr>
<tr>
<td>How to get over a serious relationship</td>
</tr>
<tr>
<td>how to have a healthy relationship</td>
</tr>
<tr>
<td>How to spot</td>
</tr>
<tr>
<td>How to stop going back</td>
</tr>
<tr>
<td>intensity of arguments in a normal functioning relationship</td>
</tr>
<tr>
<td>Isolation</td>
</tr>
<tr>
<td>marital rape</td>
</tr>
<tr>
<td>Misogynist</td>
</tr>
<tr>
<td>Mysogeny</td>
</tr>
<tr>
<td>N/A</td>
</tr>
<tr>
<td>Narcissist</td>
</tr>
<tr>
<td>non molestation order and words that relate to blocking someone from contacting you through mobile phone apps and social media.</td>
</tr>
</tbody>
</table>
None
one parent family support
parent alienation
parental rights
physcology of relationships
Possessive
Psychological abuse
sexual and financial abuse
sexual violence
signs of
single parenting
social welfare
Unhealthy relationship
verbal abuse
womens rights

Universities

Cyprus

«βία κατά των γυναικών "violence against women"
ΒΙΑ "VIOLENCE"
βία και σχέσεις "violence relationships"
Βοήθεια "Aid"
ΕΚΒΙΑΣΜΟΣ "BLACKMAIL"
κακοποίηση "abuse"
kακοποίηση από τον σύντρο "abuse by partner"
Κακοποίηση γυναικών "Abuse of women" (2)
ΚΑΚΟΠΟΙΗΣΗ ΓΥΝΑΙΚΩΝ "WOMEN CARE"
kατάθλιψη "depression"
kαταπιεστικές σχέσεις "oppressive relations"
Συμβουλές για υγιής σχέση "Tips for healthy relationship"
Σχέσεις Χωρίσμος Διαχείριση "Relationship management seperation"
tοξικές σχέσεις "toxic relationships"

Universities

Greece

«βία κατά των γυναικών "violence against women"
pote prepei na xorisw "let's say no to xorisw"
αυτοεκτίμηση "self esteem"
βία στη σχέση "violence in the relationship"
βίαιη σχέση "violent relationship"
Διαζύγιο "Divorce"
Διαχείρηση Κακοποίησης "Managing Abuse"
eυτυχισμένη σχέση "happy relationship"
kακοποίηση γυναικών "abuse of women" (2)
kακοποιητικός "abusive"
kαταπίεση "opression"
The research findings suggest that IPV undermines students’ university studies. In response to the question if IPV affected negatively their university studies, approximately 1 out of 3 women in Northern Ireland, 1 out of 5 in Cyprus, and 1 out of 10 in Greece reported that yes it had negatively affected their studies. The country variation in responses maybe due to differences in the sample. For example, the majority of the students in Northern Ireland may have experienced abuse during their education whereas the rest may have been reporting abuse they have experienced in the past. But this is an issue that needs to be explored in more detail.

<table>
<thead>
<tr>
<th>Table 29: Has your experience with intimate partner violence negatively affected your university studies?</th>
</tr>
</thead>
<tbody>
<tr>
<td>University sample</td>
</tr>
<tr>
<td>Northern Ireland (n=78 responses to the question)</td>
</tr>
<tr>
<td>Cyprus (n=55 responses to the question)</td>
</tr>
<tr>
<td>Greece (n=39 responses to the question)</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>33.3%</td>
</tr>
</tbody>
</table>

Respondents were asked to provide in an open text box the most negative example of how their university studies had been affected. An analysis of these responses reflects negative effects on the respondents’ education. These stem from tactics of educational sabotage by perpetrators of abuse including disrupting attendance by forcing the student to miss classes (for example, by taking car keys, by keeping children off school so she is forced to stay), disrupting studying (for example, by denying her access to a computer, by sapping her energy through blackmailing her to serve the perpetrator’s needs first), undermining her ability to concentrate (for example by emotional abusing her and making her feel not worthy of university studies), controlling/limiting access to finances (for example controlling her student finances, cutting off her bank account) as well as health problems (both physical and mental health related) which have been a direct result of IPV and end up undermining women’s education. Some of the respondents reported that IPV caused them mental health problems such as depression, stress, anxiety which undermined their ability to focus on their studies.

Some specific examples provided by the students are:

“In my previous degree, I was not allowed time to study or use a laptop. So work was often late or rushed towards the end of my degree as I had limited time to study and complete work”

“Missing … compulsory classes due to being controlled…”
“Took car keys and kept children off school to prevent me from going to class”

“Depressed to the point I didn’t want to go anywhere-including uni”

“Felt not worthy of being at university”

“It’s happening at present. I need to complete work but I can’t concentrate because I’m getting texts from my ex partner either pleading to get back with me, verbally abusing me or threatening to kill himself. I blocked him from every app …[ but he finds ways to get to me] … That was yesterday, today he says his [parent] is in hospital. Tomorrow God knows what? I’m exhausted and can’t concentrate on writing. Work due imminently. Work not completed…”

“…I nearly didn’t graduate. I was given the opportunity to repeat the year but I was such a hollow shell of myself that I didn’t know if I could or would return to uni. At the time I couldn’t see how the relationship was affecting me; I thought everything was my own fault. Thus in many ways I didn’t realise I was even in an abusive relationship and so didn’t report it to university or to anyone else. I thought it was all in my head and that no one would believe me.”

“When my ex attacked me months after I split up with him. Left me with a black eye, bald patches in my head from pulling my hair and a cracked rib. My weight dropped to just over 6 stone with stress and anxiety as he was threatening to commit suicide”.

These responses reflect attempts of the perpetrators to sabotage the education of women and thus deny their autonomy and liberty. Educational sabotage needs to be addressed too as it is one of the consequences of IPV (Pentaraki, 2003; Pentaraki, 2004) which remains though widely unrecognized.

Furthermore, to the question how likely would the respondents be to use online services if they included help with improving educational outcomes the majority of respondents in Northern Ireland said they were likely (70% , n= 39) 17% did not reflect any strong preference and the 11% not likely. Similarly the majority of respondents in Cyprus and in Greece said they were likely.
5. Professionals’ Opinions/Consultations  
Professionals’ consultation from Estonia  
Needs Assessment Output 1 for DiScop project  
By Queen’s University Belfast

Please fill the following during a staff meeting in order to capture the collective wisdom of the organization.

1. Organization

1.1 Organization Name: Women’s Support and Information Center

1.2 What is the mission of your organization? We aim to help battered women (and their family members). We create conditions for stopping the mechanisms of domestic violence, enable rehabilitation and resocialisation of survivors and reduce the risk of repeated violence.

1.3 When was your organization funded (please state the year) 2002

1.4 How many service users approximately approach the organization per month 60

1.4.1 How many service users approximately approach the organization through online means per month________. If this is not applicable please circle N/A

1.5. Is there any difference in terms of the demographical characteristics amongst the women service users who use face to face services and the ones who use online services? If yes, please briefly describe below. If not applicable please circle N/A.

1.6. What are the main characteristics of the women service users who approach the organization in terms of sexual orientation, age group, ethnicity, geographical location etc Our clients are mostly heterosexual, age 18+ (the highest percentage of clients are 25-49 years old). Ca 95% of our clients are Estonian and living in South of Estonia.

1.7. Which groups are under-represented and why do you think is that? What difficulties do you think they face? Under-represented are gays, lesbian, bisexual and transvestites. We try to spread the information more widely. The highest community center is in the capital Tallinn, which is far from us and unquestionably these people turn for help to the authorities there. Surely are also Russian under-represented, because we haven’t manage to outreach properly and to reach them. Considering the proportion of Russians in Estonia it would be logical to have 10% of clients Russian.

1.8. In what ways can these difficulties be addressed through online means?
If we had knowledge, what social media our target groups mostly use and enough funding for buying advertisements in internet, publications in media, banners, social media and supplementing our homepage.

2. Personal information of the staff their name will appear in the report

2.1 Name/Last Name Egle Ups

2.2 Title Social worker

2.3 Length of current personal experience in the organization (years/months) 8 months

2.3.1. Length of staff experience in the organization (years/months). Please write the experience of the staff that were part of the staff meeting that the issues were discussed with.

Pille Tsopp-Pagan (executive manager) 16 years
Kait Sinisalu (psychotherapy) 10 years
Mariana Saksniit (child psychologist) 6 years
Maire Jõgi (social counsel) 3 years
Irina Mikson (lawyer) 5 years

2.4. Total personal experience in the area of violence against women (years/months)? 8 months

2.4.1 Total experience of all the staff participating in the area of violence against women with whom the answers were discussed with.

Pille Tsopp-Pagan (executive manager) 16 years
Kait Sinisalu (psychotherapy) 20 years
Mariana Saksniit (child psychologist) 6 years
Maire Jõgi (social counsel) 3 years
Irina Mikson (lawyer) 5 years

3. Main questions

3.1. What online means are women/service users using to reach your organization?
Email, homepage, Facebook, all relevant social media channels. First there should be conducted research about channels our target group is using.

3.1.1. Why do you think online service provision is important? What needs will it meet? Online service is important for cases when victim is not able to come to meet face to face. It can be due to limited logistical reasons (no public transport in suitable times etc) or because of time frame she can attend, is too short to travel to us, get counselling and travel back.
3.2. What do you consider is needed to better facilitate service users online access? We do not understand question

3.3. What is the trend and what can we do to facilitate victims' online access? In Estonia internet coverage is in relatively good level and covering whole country with accessibility is also our Government priority. In the same time access from rural areas to our counselling center can be very problematic. That is the reason why we consider this is valid option for counselling.

3.4.1. Have you identified any differences between service users’ preferences for alternative types of counselling between rural and urban areas. If yes, please explain some of the factors that might contribute to this? No, as there is no online counselling at the moment

3.4.2. Have you identified any differences between service users’ preferences for alternative types of counselling by socio-economic status? If yes, please explain some of the factors that might contribute to this? No, there are no differences. It doesn’t depend, what socio-economic status the service user has, they all need similar help from us.

3.4.3. Have you identified any differences between service users’ preferences for alternative types of counselling by disability/ non disability status? If yes, please explain some of the factors that might contribute to this? No, there are no differences. By service users with a disability we involve other authorities and specialists more. In addition to this, clients with a disability need our counselling and support for information and as a support person in different organizations more.

3.4.4. Have you identified any differences between service users’ preferences for alternative types of counselling by sexual orientation? If yes, please explain some of the factors that might contribute to this? No, there are no differences.

3.4.5. Have you identified any differences between service users’ preferences for alternative types of counselling by ethnicity? If yes, please explain some of the factors that might contribute to this? No differences.

3.4.6. Have you identified any differences between service users’ preferences for alternative types of counselling by any other demographic characteristic(s)? If yes, tells which one(s) and please explain some of the factors that might contribute to this? No differences.

Any other comments that might be useful to take into account when we prepare the report. During online counselling (especially if it is in writing) it is not always possible to be sure, if on the other side is a victim. Can happen, the perpetrator contacts the counsellor (or a lawyer) under his partner’s name and finds in this way out all the information his partner has got.

Thank you for your time! You are welcome!
1.1 OrganizationName: **Union of Women Associations of Heraklion Prefecture (UWAH)**

1.2 What is the mission of your organization?

UWAH is a women-rights oriented non-profit organization aimed at implementing organized efforts to protect women's rights. In this context, it is also a certified provider of social care services. As an organization that has undertaken important initiatives on women’s rights protection; our mission is the promotion of gender equality at all levels as well as defending the rights of women, regardless of their ethnicity and race, in everyday life and also at institutional level. Also, defending women’s rights wherever and whenever they are violated; and supporting vulnerable social groups, with emphasis on women and children. Our organization through its projects and structures, aims at the protection and support of women and children that are at risk due to abuse or that are victims of maltreatment, violence, inequality or discrimination. Moreover, our mission is to inform and raise awareness to the general public regarding the status and rights of women and children in society. In this framework, we organize various activities annually. Finally, our organisation is an active dialogue partner to the General Secretariat for Equality regarding the protection of women's rights. In addition, it is actively cooperating with local agencies in order to protect vulnerable social groups, and in particular, women and children victims of abuse. Our goal is to create and establish fruitful partnerships with other like-minded NGOs and women's organizations in Greece and abroad.

1.3 When was your organization funded (please state the year): **2001**

1.4 How many service users approximately approach the organization per month: **about 40**

1.4.1 How many service users approximately approach the organization through online means per month: **about 20** *(e-mail, facebook, helpline)*. If this is not applicable please circle N/A

1.5. Is there any difference in terms of the demographical characteristics amongst the women service users who use face to face services and the ones who use online services? If yes, please briefly describe below. If not applicable please circle N/A.
Online services are mainly used by persons that live at a bigger geographical distance. Also, older women prefer to use the Helpline while younger women prefer other online means such as facebook, email, etc.

1.6. What are the main characteristics of the women service users who approach the organization in terms of sexual orientation, age group, ethnicity, geographical location etc.

Mainly from Crete, but also from other regions. Several age groups but the majority falls under the category 40-60 years old. Several ethnicities. Mainly straight women.

1.7. Which groups are under-represented and why do you think is that? What difficulties do you think they face?
- LGBT victims
- Male victims
- Persons that belong in upper class social groups, mainly because they are scared their anonymity will be uncovered.

1.8. In what ways can these difficulties be addressed through online means?
- Anonymity is ensured

2. Personal information of the staff their name will appear in the report

2.1 Name/Last Name:
   a. Emmanouela Skoula
   b. Meltini Fragkioudaki
   c. Eleftheria Deligianni
   d. Nancy Saripapa
   e. Nicholas Spetsidis

2.2 Title
   a. Mrs (sociologist)
   b. Mrs (psychologist)
   c. Ms (social Worker)
   d. Ms (sociologist)
   e. Mr (projects coordinator)

2.3 Length of current personal experience in the organization (years/months)
2.3.1. Length of staff experience in the organization (years/months). Please write the experience of the staff that were part of the staff meeting that the issues were discussed with.
   a. 6 years
   b. 3 years
   c. 2 years
   d. 1.5 year
   e. 7 years

2.4. Total personal experience in the area of violence against women (years/months)?
   Same as 2.3.1

2.4.1 Total experience of all the staff participating in the area of violence against women with whom the answers were discussed with.
For example, 5 years, 12 years, 19 years etc. 
19.5 years.

3. Main questions

3.1. What online means are women/service users using to reach your organization?
- SOS helpline
- Email
- Facebook chat

3.1.1 Why do you think online service provision is important? What needs will it meet?
- Accessible to all
- Easier for younger generations
- It is more direct than having to book an appointment - useful when in crisis
- It ensures anonymity if wished (in cases that the victim is embarrassed or something else)
- Overcoming restrictions set by the perpetrator – when the victim for example cannot justify absence

3.2. What do you consider is needed to better facilitate service users online access?
- Need to raise awareness and inform public about the possibility to use online means to reach us.

3.3. What is the trend and what can we do to facilitate victims’ online access?
- Mainly they use the Sos telephone line. Lately we see that they use more and more other online means such as facebook (live chat). For us it would be important to set a Live chat service and advertise it/make it known.

3.4.1. Have you identified any differences between service users’ preferences for alternative types of counselling between rural and urban areas. If yes, please explain some of the factors that might contribute to this?
- There is no big difference, in both cases they use Online means when they don’t have the opportunity to come by the office themselves.

3.4.2. Have you identified any differences between service users’ preferences for alternative types of counselling by socio-economic status?. If yes, please explain some of the factors that might contribute to this?
- No data on this. We have observed during the years that upper class social groups do not come easily to report their abuse.

3.4.3. Have you identified any differences between service users’ preferences for alternative types of counselling by disability/ non disability status? . If yes, please explain some of the factors that might contribute to this?
- No data on this. We have observed during the years that we don’t have many cases with physical disabilities, we have incidents however with mental disabilities

3.4.4. Have you identified any differences between service users’ preferences for alternative types of counselling by sexual orientation? . If yes, please explain some of the factors that might contribute to this?
- We don’t have any LGBT incidents.
3.4.5. Have you identified any differences between service users’ preferences for alternative types of counselling by ethnicity? If yes, please explain some of the factors that might contribute to this?
- Depends on the resources they have (if they have access to phone or internet), regardless of their ethnicity they use both face-to-face and online means.

3.4.6. Have you identified any differences between service users’ preferences for alternative types of counselling by any other demographic characteristic(s)? If yes, tells which one(s) and please explain some of the factors that might contribute to this?
- Online means are preferred from those that live far from our offices, and those who have the resources (access to phone or internet).

Any other comments that might be useful to take into account when we prepare the report.

Thank you for your time!
6. Bibliography


Pentaraki M (2018) "Fear of double disclosure and other barriers to the help seeking behaviour of LGBT youth in Northern Ireland: An intersectional approach to address the needs of LGBT teenagers experiencing teenage..."


