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The Use of Intimate Partner Violence Websites: Website Awareness, Visibility, Information Quality, Perceived Usefulness, and Frequency of Use

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A thesis submitted in partial fulfillment of the requirements for the Doctor of Philosophy degree in Library & Information Science

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Abstract

This study aimed to determine the information needs of the intimate partner violence (IPV) survivors, as well as the awareness, visibility, information quality, perceived usefulness, and frequency of use of the IPV websites in Canada. The data in this study were collected in four stages. Firstly, a group of 139 Canadian IPV websites were identified and categorized into 36 groups. Secondly, the visibility of the websites was measured based on the average value of three factors: (1) the inlink counts; (2) the search engine rankings; and (3) the number of social media mentions of the websites. Thirdly, the quality of the websites was evaluated based on the average value of five quality indicators: (1) Accessibility; (2) Relevance ; (3) Readability; (4) Interactivity; and (5) Privacy and Data Protection. Fourthly, a group of 20 IPV websites was selected from the 139 websites for survey purpose. A total of 87 IPV survivors were recruited to provide insights into their information needs, website awareness, perceived usefulness and frequency of use of the 20 IPV websites through an online survey. This study found that the higher the visibility or quality, the higher the usage. Both perceived usefulness and frequency of use of the known websites were statistically significantly higher than those of the unknown websites. Furthermore, the findings of this study revealed evidence of minimal use of the IPV websites, which may be explained by the low awareness and low perceived usefulness of the IPV websites. Based on the findings, this study recommended that online social media marketing campaigns and outreach activities should be carried out by website owners to promote website awareness. Various strategies should also be employed to improve the visibility and quality of the websites. Given that the most desired type of information was legal resources, libraries should dedicate resources to satisfy the information needs of IPV survivors. The findings make academic contributions by producing an empirically supported evidence and benchmark for future studies.

Keywords

Intimate partner violence, Information seeking behavior, Information needs, Website awareness, Website visibility, Search Engine Ranking, Inlink Count, Social Media Mention, Information quality, Accessibility, Relevance, Readability, Interactivity, Privacy and Data Protection, Perceived usefulness, Frequency of use, Uses and Gratifications, Theory, Technology Acceptance Model

Summary for Lay Audience

Intimate partner violence (IPV) survivors have a high need for information. Providing IPV survivors access to high-quality online information is essential for improving their quality of life. The purpose of this study was to investigate how awareness, visibility, and information quality associated with the perceived usefulness and frequency of use of the Canadian IPV websites. This study employed multiple data-gathering techniques to collect the data from different sources, including Web crawlers, IPV websites, search engine results, social media, and IPV survivors.

This study found that the higher the visibility or quality, the higher the usage, which indicated that if the website could be found easily by users or had high-quality information, the IPV survivors were more likely to use that website. In addition, both perceived usefulness and frequency of use of the known websites were statistically significantly higher than those of the unknown websites. In other words, if the IPV survivors knew about the website, they were more likely to believe that the website was useful, and they were more likely to use that website.

This study further revealed a low usage of the IPV websites, which may be explained by (1) most respondents were not aware of most of the websites; (2) most respondents were not able to find most of the IPV websites; and (3) most respondents believed that the IPV websites were only somewhat useful.

This study offered some practical recommendations. To enhance the usage of the IPV websites, website owners should consider launching online social media marketing campaigns to engage their target audience and to promote their website awareness. They should also invest resources in improving the visibility and quality of the websites.

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List of Abbreviations

AAS	Abuse Assessment Screen
DV	Domestic Violence
FIPPA	BC Freedom of Information and Protection of Privacy Act
FKGL	Flesch-Kincaid Grade Level
FPO	For-Profit Organization
FRE	Flesch Reading Ease
GPS	Global Positioning System
HARK	Humiliation, Afraid, Rape and Kick
HNA	Hyperlink Network Analysis
IPV	Intimate Partner Violence
IPV-WU	IPV Website Usage Model
NPO	Non-Profit Organization
PIPEDA	Personal Information Protection and Electronic Documents Act
SEO	Search Engine Optimization
SERP	Search Engine Results Page
TAM	Technology Acceptance Model
TPB	Theory of Planned Behaviour
TRA	Theory of Reasoned Action
TTM	The Transtheoretical Model of Behavior Change
U&G	Uses and Gratifications Theory
URL	Uniform Resource Locators
UWO	The University of Western Ontario
VPN	Virtual Private Network

WAST	Women Abuse Screen Tool
WCAG	Web Content Accessibility Guideline
W3C	World Wide Web Consortium

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Chapter 1

1 Introduction

This chapter provides an overview of this study, which includes the background of the study, statement of problem, purpose of the study, research hypotheses, and significance of the study.

1.1 Background of the Study

Research on intimate partner violence (IPV) began in the 1970s (Hines & Douglas, 2009). However, there is still no consensus on the definition of IPV (Burelomova, Gulina, & Tikhomandritskaya, 2018). Breiding, Basile, Smith, Black, and Mahendra (2015) attempted to standardize the definitions of IPV and its related terms. These authors defined IPV as “physical violence, sexual violence, stalking and psychological aggression (including coercive tactics) by a current or former intimate partner (i.e., spouse, boyfriend/girlfriend, dating partner, or ongoing sexual partner)” (Breiding et al., 2015, p.11). Over the last several decades, IPV has evolved from a private problem between two partners to a major public health and social concern on a global scale (Yoshihama, 2002; Yoshihama, Horrocks, & Kamano, 2007). The high prevalence and widespread distribution of IPV around the world is concerning. Globally, almost 30% of all women who got involved in a relationship have experienced IPV (World Health Organization, 2013). In the United States, over 10 million men and women are the victims of IPV every year (Breiding et al., 2015). According to Smith et al. (2017), on the average, 37.3% of women and 30.9% of men in the United States experienced IPV between 2010 and 2012. In Canada, nearly one-third (30%) of all victims of police-reported violent crime had been victimized by an intimate partner in 2018 (Conroy, Burczycka, & Savage, 2019). Not surprisingly, over three-quarters (79%) of the said reported IPV victims were women. However, given the underreported nature of IPV and the underestimate of the police-reported crime rates, the prevalence of IPV in Canada is likely to be much higher (Wong & Bouchard, 2020). Although women have traditionally

been considered the primary victims of IPV (Houry et al., 2008; Kernsmith, 2005), this study invited all IPV survivors aged 18 and older regardless of gender to participate in hopes of better understanding the gender differences and similarities in website usage.

Even though IPV is a complex social phenomenon rather than a disease, IPV survivors often face a variety of short-term and long-term negative health consequences, such as physical, mental, sexual, and reproductive health problems (O'Doherty et al., 2015; Pemberton & Loeb, 2020). According to Harris and Dewdney (1994), IPV survivors commonly experience a range of health and social issues, including housing, medical, mental, legal and financial challenges. More recently, drawing on Davenport, Richey, and Westbrook (2008), Wathen and McKeown (2010) identified numerous types of information relevant for IPV survivors, such as warning signs, escape plan, and shelter information, which are important to help IPV survivors to live safely. Baker, Cook and Norris (2003) found a negative relationship between informational support and IPV survivors' housing problems.

For most individuals, when confronted with problems that require information to help make informed decisions, the information-seeking process begins (Choo, 1999; Dunne, 2002; Loeber & Cristea, 2003; Santos Lonsdale, Lonsdale, & Lim, 2018). Given the range of problems that IPV survivors are facing on a daily basis, they have a high need for IPV-related information on a wide variety of topics and issues (Crandall, Senturia, Sullivan, & Shiu-Thornton, 2005; Fleury-Steiner & Brady, 2011; Pinnewala, 2009; Westbrook, 2007b; Westbrook, 2009b). In this study, IPV-related information is operationally defined as information published online that pertains to IPV programs, services, resources, definitions, stories, and opportunities for victims or abusers or their children (Brown & Joshi, 2014).

In the digital age, the vast majority of information is being disseminated on the internet through various websites. It is now widely accepted that people frequently use the internet to retrieve information of all kinds (Ahmann, 2000; Diaz et al., 2002; Eysenbach & Diepgen, 1999; Miyazaki & Fernandez, 2001; Patel & Cobourne, 2015; Storm, Stone, & Benjamin, 2017). Despite inconsistent findings, some evidence has shown that the

internet is a popular informal resource for IPV survivors to seek help (Douglas & Hines, 2011; Douglas, Hines, & McCarthy, 2012; Finfgeld-Connett, & Johnson, 2013; Raj & Silverman, 2007; Tsui, 2014). According to Brown and Joshi (2014), IPV survivors may prefer to seek information and resources online to maintain privacy and anonymity. The stigma, humiliation, guilt, and shame associated with IPV may also interfere with IPV survivors' decision in seeking face-to-face help (Constantino et al., 2015; Rempel, Donelle, Hall, & Rodger, 2019; Tarzia, Cornelio, Forsdike, & Hegarty, 2018; Tarzia, Iyer, Thrower, & Hegarty, 2017). Survivors may not be able to access resources due to lack of independence in a controlling environment (Galovski et al., 2021). The online information source is particularly important for people living in rural areas (Constantino, Crane, Noll, Doswell, & Braxter, 2007; Lariscy, Reber, & Paek, 2010). When the needed information and support is only available online, survivors may have no choice but to rely on IPV websites through the internet. In this study, IPV website referred to an internet site (static or dynamic) that provides IPV-related information. Examples include government sites (e.g. womenshealth.gov; cdc.gov); corporate sites (e.g. canadianwomen.org; mayoclinic.org); social networking sites (e.g. Facebook, Instagram, Twitter); forums (e.g. TransgenderZone.com); and news sites (e.g. globalnews.ca; huffingtonpost.com).

1.2 Statement of the Problem

Although the internet may hold promise as a source of information necessary for IPV survivors, little is known whether the needed information exists on the Web, and whether the information needs of IPV survivors are being met. Considerable evidence has emerged mostly in the United States indicating a general lack of information regarding various IPV issues. For example, Fleury-Steiner and Brady (2011) suggested that there was a lack of information, resources and support at the community level. Studies have also found that there is a lack of information on available services for IPV survivors (Gondolf, 2002; Krishnan, Hilbert, & VanLeeuwen, 2001; Simmons, Farrar, Frazer, & Thompson, 2011). Similar findings have been reported in other countries. For example, Othman, Goddard, and Piterman (2014) found that information on available resources for

IPV survivors in Malaysia was lacking. In Bangladesh, there was a lack of information on formal sources of help (Parvin, Sultana, & Naved, 2016).

More specifically, there was inadequate information on emergency shelters (Acevedo, 2000; Weeks, Macquarrie, Begley, Gill, & Leblanc, 2016), children custody (Fleury-Steiner & Brady, 2011), and safety planning (Dunne, 2002). Walker (2015) argued that many IPV survivors were not able to recognize the abusive nature of their relationships due to lack of information. Alaggia, Regehr, and Rishchynski (2009) found “a high degree of misinformation or a serious lack of information” to help immigrant IPV survivors navigate the immigration policies and procedures in Canada (p.339). Cerulli et al. (2015) revealed that one of the causes of violence against the deaf IPV survivors was lack of information about the nature of IPV. According to Abused Deaf Women’s Advocacy Services (2013), deaf women survivors were less likely to report abuse because of the lack of information about IPV and the lack of accessible resources and services. Mastrocinque et al. (2015) also obtained similar findings regarding the lack of IPV information and the lack of accessible specialized IPV services for the deaf IPV survivors. Furthermore, Westbrook (2008a) examined 172 police department websites of the United States and found that 40% of the sites did not publish any IPV-related information. Only less than a quarter of the websites provided information on definition of IPV (24%), warning signs of abusive relationships (19%), safe house contact information (23%), exit/safety plan (14%), or victim notification processes (8%) (Westbrook, 2008a). There was also insufficient referral information on victim services (23%), shelter (22%), counseling (18%), legal aid services (17%), medical (10%), addiction (10%), suicide (8%) and job (3%) (Westbrook, 2008a).

Furthermore, the findability of high-quality online information is another critical issue for increasing the knowledge of IPV survivors, enabling them to cope, reduce distress and anxiety, and supporting the informed decision-making processes (Joshi, Bhangoo, & Kumar, 2011). However, finding high-quality IPV information has long been a challenge since the pre-internet era. Information quality refers to “an assessment or measure of how fit an information object is for use” (Nurse, Rahman, Creese, Goldsmith, & Lamberts, 2011, p.493). Studies have revealed that IPV survivors are not only unaware of the

availability of the information and resource, but also have inadequate knowledge on where to find the needed information (Beal, 1979; Harris, 1988). In addition, IPV survivors reported that the challenges of accessing online information were due to navigational and searching difficulties (Cline & Haynes, 2001). Abbott (2010) also expressed the difficulties in finding useful, relevant, accurate, and trustworthy information online. Maddock, Lewis, Ahmad, and Sullivan (2011) found that one of the influential factors affecting respondents' decision to use a website was ease of finding information. Using a content analysis approach, Wathen and McKeown (2010) investigated whether abused women in Canada could find the online information they need through provincial e-government services. The authors found that results vary "depending on what they might look for, where they live, and how they search" (p.173).

Given the unregulated nature of the internet (Zhang, Sun, & Xie, 2015; Zuk et al., 2016), any individuals and organizations can claim expertise in any area and mislead the audience into believing that the website is authoritative by creating an "official looking" website (Pereira & Bruera, 1998, p.61; MacLean, Basch, Clark, & Basch, 2018). In addition, the unwillingness of some health care professionals to refer patients to reliable health websites may have contributed negatively to the issue (Chestnutt & Reynolds, 2006; Usher, 2011). Recently, Partridge et al. (2020) revealed that the majority of respondents began their search for post-separation parenting arrangements information online, but they preferred face-to-face interaction and seeking advice from their family members, friends, or colleagues. Partridge et al. (2020) further found that the respondents were concerned about the information quality of online chat rooms. The Health Information National Trends Survey found that people were losing trust in the online health information (Hesse, Moser, & Rutten, 2010). One of the main reasons why people decided not to use online resources is the inconsistency and poor quality of the online information provided on different websites (Broom, 2005).

Unfortunately, publishing IPV-related information online does not necessarily guarantee that IPV survivors are aware of it, able to find it, able to access it, and, more importantly, willing to use it (Bowler, Hong & He, 2011). There is a dearth of published information and conceptual framework on these issues. This study aims to fill this gap by

investigating the awareness, visibility, information quality, perceived usefulness and frequency of use of the IPV websites in Canada.

1.2.1 Website Awareness

Chang and Chen (2008) defined website awareness as “the ability of a potential buyer to recognize or recall a specific web site” (p.822). Konetzka and Perrailon (2016) investigated the awareness of an online nursing homes rating system and found that most respondents did not know about the website. However, the respondents stated that if they know about the website, they would use it. Thus, this study proposed that the higher the awareness, the higher the perceived usefulness and frequency of use of the website.

1.2.2 Website Visibility

Website visibility is “the extent to which a user is likely to come across a reference to a company’s Web site in his or her online or offline environment” (Drèze & Zufryden, 2004, p.22). Note that this study focused on the visibility of website in the online environment. In this study, a website was considered more visible when (1) it had a higher number of external links (Huertas, Rovira, & Fernández-Cavia, 2011, p.134); (2) it ranked higher in search engine results (Caro, Calero, & Moraga, 2011, p.43); and (3) it had a higher number of social media mentions (Lim & Park, 2011). Very little is known about how website visibility is associated with both perceived usefulness and website usage. This study proposed that the higher the visibility, the higher the perceived usefulness and frequency of use of the website.

1.2.3 Information Quality

Information quality refers to “an assessment or measure of how fit an information object is for use” (Nurse, Rahman, Creese, Goldsmith, & Lamberts, 2011, p.493). Studies have shown that various information quality factors have significant impact on website usage.

For example, Glasgow et al. (2011) suggested that interactivity and accessibility of the website may promote usage. Alshehri, Drew, Alhussain, and Alghamdi (2012) found that website quality in terms of technical quality, content quality, appearance quality, accessibility and availability, was positively and significantly associated with usage of e-government websites. Downing and Liu (2009) revealed that there was a strong, positive relationship between website usage and website usability, which included content quality and relevance. According to Ghose and Ipeiritis (2011), there was a positive relationship between readability and helpfulness of the product reviews.

This study investigated the information quality dimensions from IPV survivors' viewpoint. It is well-established that IPV was associated with low socioeconomic status, which was mainly measured in terms of income, education, and employment status (Abramsky et al., 2011; Ackerson & Subramanian, 2008; Cunradi, Caetano, & Schafer, 2002; Daoud, Smylie, Urquia, Allan, & O'Campo, 2013; Field & Caetano, 2004; Khalifeh, Hargreaves, Howard & Birdthistle, 2013; Naved & Persson, 2005; Olayanju et al., 2016; Renzetti, 2009; Walton-Moss, Manganello, Frye, & Campbell, 2005). It is particularly important for IPV survivors with low socioeconomic status to have the ability to access relevant information that is easy to understand. Therefore, this study argued that the accessibility, relevance and readability of the content of the IPV websites are likely to influence IPV survivors' perception regarding the usefulness of the websites and the frequency of use of the websites.

Furthermore, organizations often engage users on their websites by providing opportunities for feedback or inquiries, as well as inviting comments and discussions using various interactive features. Studies have identified many benefits offered by interactivity. For example, studies have found that the greater the interactivity, the more satisfied the website users (Li, Daugherty, & Biocca, 2002; Sukoco & Wu, 2011). Particularly, interactivity is positively associated with greater acceptance of the information presented on the website (Campbell & Wright, 2008). It can also enhance the credibility of the website's message (Jensen et al., 2014) and lead to website success (Palmer, 2002). Sicilia, Ruiz, and Munuera (2005) revealed that interactivity enhanced information search and processing. Interactivity has positive relationships with "citizen

participation in political process, learning satisfaction, positive assessment of the website etc.” (Rafaeli & Ariel, 2009, p.16). An interactive website can enhance user satisfaction and communication quality (Lowry, Romano, Jenkins, & Guthrie, 2009). Shen and Chuang (2010) found relationship between interactivity and perceived ease of use. Interactivity can affect the visitors’ perceptions of the political candidate (Sundar, Kalyanaraman, & Brown, 2003). Huang, Zhu, and Zhou (2013) indicated that interactivity improved the accessibility of information of the website, which enhanced the trustworthiness and ultimately improved online sale.

IPV survivors may seek help and support from informal online sources, such as IPV websites and social networking sites (Cravens, Whiting, & Amar, 2015; Whiting, Olufuwote, Cravens-Pickens, & Witting, 2019). Websites that offer the opportunity to interact, communicate, participate and seek support actively from other IPV survivors could be invaluable. Thus, this study argued that the interactivity of the IPV website is likely to have a positive impact on IPV survivors’ mental assessment of the usefulness of the website and their usage.

Studies have established that security concern has a significant impact on users’ online activities, such as online purchase (Devaraj, Fan, & Kohli, 2002; Limayem, Khalifa, & Frini, 2000). Dimond, Fiesler, and Bruckman (2011) found that the survivors were afraid of using the internet because of their privacy and security concerns. Given the vulnerable and sensitive nature of IPV survivors, the privacy and data protection concerns are survivors’ key barrier to online information seeking. The abusers often use the information of their victims’ internet activities to track and monitor the locations, activities, and communications of their victims. IPV survivors’ website usage could be affected by their fear of victimization (Reyns & Englebrecht, 2014). Therefore, this study argued that the privacy and data protection of the websites are likely to impact IPV survivors’ assessment of the usefulness and their frequency of use of the websites during their information seeking process.

Based on the above assessment, this study suggested that the following information quality dimensions are particularly relevant in affecting IPV survivors’ website usage: (1)

Accessibility, (2) Relevance, (3) Readability, (4) Interactivity, and (5) Privacy and Data Protection. The overall information quality of the IPV websites was assessed based on these five dimensions. Thus, this study proposed that the higher the information quality, the higher the perceived usefulness and frequency of use of the website.

1.3 Purpose of the Study

IPV survivors have a high need for information (Rempel et al., 2019). However, it is unclear: (1) whether the needed information exists on the Web; (2) whether IPV survivors are aware of the IPV websites; (3) whether they can find the information; (4) whether the information has high quality; (5) whether they believe that the IPV websites are useful; and, more importantly, (6) whether they are willing to use the IPV websites during their information seeking process. This study argued that IPV survivors use the IPV websites because of three major reasons: (1) The IPV websites are popular (website awareness); (2) the websites are easy to find (website visibility); and (3) the websites offer high-quality information (information quality). Thus, this study proposed that awareness, visibility, and information quality are positively associated with IPV survivors' perceived usefulness and frequency of use of a website. The purpose of this study was to investigate each of these factors and to determine the extent to which each factor influences the perceived usefulness and frequency of use of a website among IPV survivors.

The objectives of this study are: (1) to determine the information needs of the IPV survivors; (2) to determine if the IPV survivors are aware of the IPV websites; (3) to determine the visibility of the IPV websites; (4) to assess the quality of information on the IPV websites; (5) to determine the perceived usefulness of the IPV websites by the IPV survivors; and (6) to determine the frequency of use of the IPV websites by the IPV survivors.

1.4 Research Hypotheses

This study tested the following hypotheses:

- H1: The frequency of use of IPV websites is not the same for different website visibility types.
- H2: The frequency of use of IPV websites is not the same for different website quality types.
- H3: The perceived usefulness of IPV websites is not the same for different website visibility types.
- H4: The perceived usefulness of IPV websites is not the same for different website quality types.
- H5: The perceived usefulness of IPV websites is higher when users are aware of the websites.
- H6: The frequency of use of IPV websites is higher when users are aware of the websites.
- H7: User's perceived usefulness of websites is positively associated with the frequency of use of the websites.

1.5 Significance of the Study

Driven by the growing importance of online information for IPV survivors, recognition of the potential factors associated with the perceived usefulness and frequency of use of a website by IPV survivors is critical to website success and is crucial for practical, research, and theory building. Some potential factors that have been investigated in the literature include: (1) website awareness; (2) website visibility; and (3) information quality of the websites. However, studies exploring the impacts and interactions among these factors in the IPV literature are scarce. To understand the extent to which IPV

survivors use online information to meet their needs, this empirical study is warranted. A better understanding of these factors and their relationships can contribute to theory and practice in the field of IPV. Theoretically, a conceptual framework based on dual theories is developed to inform scholarly inquiry and guide the practice of information providers and website designers. This study provides insight into the factors that influence survivors' website usage and perceived usefulness of a website. A systematic approach to investigate the potential factors and their relationships is offered. More importantly, the findings of this study can raise awareness of the importance of different aspects of website design, which will stimulate new avenues for future research.

On a practical level, the investigation of these research problems makes important contributions to the field of IPV in several ways. Overall, the findings of this study have significant policy implications for promoting online information quality. The results also offer educational value to the publishers and website designers. Understanding what drives website usage can aid the design of highly successful IPV websites. The findings of this study can help IPV organizations and website owners better understand the strengths and weaknesses of their own websites. Based on the results, health care providers can offer evidence-based recommendations on accessing high-quality IPV information published online. Service providers may find the results relevant and useful in designing and preparing their website materials that enhance users' accessibility to high-quality online IPV information and optimize the Web traffic to their websites. With a better understanding of the factors affecting the frequency of use and perceived usefulness of a website, Web designers and owners will be able to implement specific features to better serve IPV survivors' needs and expectations. More importantly, incorporating the first-hand input from IPV survivors about their information needs, awareness, frequency of use, and perceived usefulness of the IPV websites can add significant value to the findings and the literature. The results would allow the IPV organizations, information providers, and website designers to see the world through users' (IPV survivors') eyes, which provide insights into designing and improving their websites to meet the needs of the survivors.

1.6 Organization of the Thesis

This thesis is organized into seven chapters. The background of the study, statement of the problem, purpose of the study, research hypotheses, and significance of the study are presented in Chapter 1. Chapter 2 reviews the literature of the related concepts and introduces a conceptual framework to guide this study. In Chapter 3, the methodology used in this study is described. Chapter 4 presents the analysis and results of the visibility and information quality of the IPV websites. Chapter 5 offers the analysis and results of the survey and hypotheses testing. The results of this study are discussed in Chapter 6. The findings of the 20 selected IPV websites are also covered in this chapter. In the last chapter, the summary and conclusions of the research findings, the recommendations, contributions, limitations, and future research are the focus. The definitions of the key terms in this study are presented in Appendix A.

Chapter 2

2 Review of the Literature

This study is informed by various bodies of literature. The purpose of this literature review is to offer a comprehensive overview and synthesis of the existing body of knowledge, which centers on the topics of this study. This literature review also outlines the research development in the related areas, critically analyzes the relevant concepts, and highlights the theoretical and methodological foundations in the areas. First, this chapter reviews the knowledge on information needs and online information seeking behavior of the IPV survivors. Then, the literature on website awareness, website visibility, web-based information quality, relationship between visibility and information quality, perceived usefulness and frequency of use of a website is reviewed. Finally, this chapter discusses the theoretical background and introduces a conceptual framework to guide this study.

2.1 Information Seeking Behavior of IPV Survivors

Based on literature, information seeking involves three components: (1) Information need; (2) Information seeking; and (3) Information use (Choo, 1999; Dunne, 2002; Loeber & Cristea, 2003; Santos Lonsdale et al., 2018). This review focuses on information need and information seeking as information use in terms of whether users apply what they have learnt is beyond the scope of this study.

2.1.1 Information Needs of IPV Survivors

It is well-established that information seeking behaviour and activities are motivated by the need for information (Choo, 1999; Dunne, 2002; Loeber & Cristea, 2003; Santos Lonsdale et al., 2018). On a daily basis, IPV survivors need a wide range of “accurate, current, appropriate, and contextually-useful information” to help them deal with problems, such as legal, health, financial, housing, safety and childcare issues

(Westbrook, 2009a, p.98). From a broader perspective, information can increase public awareness of the issue (Abu-Ras, 2003). Therefore, Fanslow and Robinson (2010) suggested that IPV-related information should be widely distributed and available not only to survivors, but also to their friends and families in order to provide help and support. For the purpose of this study, IPV-related information is defined as information published online and pertains to IPV programs, services, resources, definitions, stories, and opportunities for victims or abusers or their children (Brown & Joshi, 2014).

Studies have found that IPV survivors need information on how to cope with the abusive situations, safety planning, protecting their children, dealing with child custody issues, reporting the abuse, and making life-changing decisions (Bennett, Riger, Schewe, Howard, & Wasco, 2004; Crandall et al., 2005; Goodkind, Sullivan, & Bybee, 2004; Harris, 1988; Meyer, 2010). Chang et al. (2005) interviewed 21 abused women and identified the need for information on IPV and legal steps related to the custody and support of their children, protection from abuse order, and divorce. It is also crucial for IPV survivors to have access to information on how and where to obtain safety services in order to effectively deal with any possible safety-related situations (McFarlane, Groff, O'Brien, & Watson, 2006; Plichta, 2007). The abusive and violent relationships often evoke fear and uncertainty in survivors. Having access to accurate information is particularly important to help IPV survivors deal with fears of their children being taken away by the government (Acevedo, 2000). In addition, studies have found that information on available resources and local services can increase awareness of the existence of services and promote behavioral change (Coker, Derrick, Lumpkin, Aldrich, & Oldendick, 2000; Decker et al., 2013). Information intervention on counseling services can help IPV survivors take actions to protect themselves from violence and manage emotional distress (Dunne, 2002; Hadley, 1992; Posick, Agnich, Policastro, & Hatfield, 2016).

Furthermore, information needs of IPV survivors vary depending on the population studied. Haj-Yahia and Eldar-Avidan (2001) found that information on abused women's rights as women in general and as divorcees in particular increased their access to money from formal sources and from work. Brabeck and Guzmán (2009) revealed that

information on immigrant rights would not only reduce abusers' power and control, but also increase IPV survivors' options. Mastrocinque et al. (2015) indicated that the basic information on IPV is important to help deaf IPV survivors determine whether their relationships are abusive. Abu-Ras (2003) suggested that abused Arab immigrant women require information on economic resources, legal rights, and language skills in order to leave their abusive relationship. According to Fraser, McNutt, Clark, Williams-Muhammed, and Lee (2002), information has the potential to allow early intervention to African American IPV survivors.

It is also important to note that the information needs of IPV survivors vary depending on the stages of their experience. According to Bouhnik (2007), survivors has different information needs when they go through the following nine stages of the abusive relationship:

Phase	Survivors' Experience	Information Needs
1.	The beginning of an abusive relationship. The abuse incidents occur occasionally.	Survivors do not recognize a need for information or help.
2.	Survivors begin to realize that there is a problem.	Information that clarifies the situation and helps translate the warning signs and the abusive acts.
3.	Survivors do everything they can to avoid abuse.	Information on how to establish new identities and gain full control over the abuser.
4.	Aggravation in the level of violence or in its frequency.	Information on how to cope with the abusive situations.
5.	Considering whether to terminate the relationship or to stay and try to work on it from within.	Information on different options available to the survivors.
6.	Survivors decide to stay with the abuser and hope to stop the abuse and start a healing process of the relationship.	Information on obtaining emotional support.

7.	Realizing the need for strength in order to face the abuser.	Information on vocational training, job offers, group and recreational activities, social and financial aid sources, creating a safety plan, and legal assistance.
8.	Survivors prepare to leave the abuser.	Information on shelters and housing solutions, social and financial aid sources, and legal assistance.
9.	Building a new life separated from the abuser and recovering from the trauma of abuse.	Information on psychological services.

Furthermore, in the early stage of the abuse, IPV survivors often rely on emotional support from informal channels (Dunne, 2002). As the abuse escalates, they tend to seek out safety and escape planning support through formal channels (Dunne, 2002).

Westbrook (2008b) investigated the information needs of IPV survivors based on five situations: “Affirming abuse; First police contact; First shelter contact / stay; Preparing for long-term separation; and Postshelter / Postmove living” (p.245). Burke, Denison, Gielen, McDonnell, and O’Campo (2004) suggested that information about what constitutes abuse could help IPV survivors recognize the abuse as a problem and begin to move toward ending the abuse by progressing from precontemplation to contemplation stage, according to the transtheoretical model of behavior change (TTM) (Prochaska & DiClemente, 1982; 1983).

2.1.2 Online Information Seeking of IPV Survivors

For most individuals, their information-seeking process begins when they need more knowledge and information to deal with their problems (Choo, 1999; Dunne, 2002; Loeber & Cristea, 2003; Santos Lonsdale et al., 2018). In the digital age, the vast majority of information is being disseminated over the internet. The Web offers an unprecedented opportunity for accessing information on a wide range of topics across the

globe, which could potentially be a significant source of information for IPV survivors (Cline & Haynes, 2001). It is now widely accepted that people frequently use the internet to retrieve information of all kinds (Ahmann, 2000; Diaz et al., 2002; Eysenbach & Diepgen, 1999; Miyazaki & Fernandez, 2001; Patel & Cobourne, 2015; Storm et al., 2017). It is well-established that the internet is a major source of information, particularly health information (Fergie, Hilton, & Hunt, 2016; Nicholl, Tracey, Begley, King, & Lynch, 2017). The online information source is particularly important for people living in rural areas (Constantino, Crane, Noll, Doswell, & Braxter, 2007; Lariscy, Reber, & Paek, 2010). IPV organizations often use their websites to distribute information to people experiencing IPV through the internet. The potential benefits of presenting high-quality information on the websites are well-recognized in the literature. Study revealed that providing evidence-based online health information led to the reduction of healthcare usage (Spoelman et al., 2016). Hoang and Nguyen (2019) found that providing relevant, understandable, complete, accurate, and timely information on e-commerce websites could enhance customer e-loyalty since having high information quality was perceived to be part of the corporate social responsibility practice. A systematic review conducted by Husson, Mols, and van de Poll-Franse (2011) concluded that providing high-quality information to cancer patients was positively associated with their health-related quality of life and negatively associated with depression and anxiety. Martins (2009) found a negative relationship between patients' satisfaction with information and physical, psychological and global morbidity.

In general, existing research has acknowledged the benefits of online information in providing support, improving individuals' knowledge, helping people to cope and make informed decisions, and reducing distress and anxiety (Bol et al., 2014; Davison, Kirk, Degner, & Hassard, 1999; Harrison-Woermke & Graydon, 1993; Humphris, Duncalf, Holt, & Field, 1999; Michie, Rosebert, Heaversedge, Madden, & Parbhoo, 1996). Particularly, the beneficial effects of using online health information include promoting active patient involvement in health management and decision-making processes, improving patients' understanding of their medical issues, and allowing time for patients to better understand the medical information, all of which may lead to better informed patients and better health outcomes (Abdel-Karim, Abdel-Halim, El-Emeli, Hagra, &

Ali, 2012; Iverson, Howard, & Penney, 2008; Kochhar & Gupta, 2017). According to Stevenson, Kerr, Murray, and Nazareth (2007), online health information can improve communication between physicians and patients. Castleton et al. (2011) found that most people search the internet for information for the purpose of discussing it with their physicians. Specifically, studies have revealed that online information can enhance feelings of emotional support for cancer patients (Fogel, Albert, Schnabel, Ditkoff, & Neugut, 2002; Vilhauer, 2009).

Despite the gravity of the topic, it appears that there are very few studies dedicated specifically to the information seeking behavior of IPV survivors, even less attention is paid to the online context. However, it is noteworthy that the distinction between information seeking behavior and help-seeking behavior is far from being well-articulated in the IPV literature. Researchers have amalgamated these two concepts into a single construct, namely help-seeking behavior, because the boundary between information seeking and help-seeking is blurred. This phenomenon is best illustrated by the landmark study of Harris and Dewdney (1994), as the discussion gradually shifted from the concept of “information seeking” to “help-seeking” without providing any explanation. Similarly, when describing IPV survivors’ information behaviors, Westbrook (2008b) used both terms “information” and “help” interchangeably without explanation or definition. This is also true when Dunne (2002) discussed the information seeking behavior of IPV survivors.

Among the limited empirical data on the extent to which IPV survivors use the internet to find information, the findings are inconsistent. Gilroy, McFarlane, Nava, and Maddoux (2013) reported that the majority (80%) of abused women participants preferred the phone voice and face-to-face communication. Dimond et al. (2011) interviewed ten female residents at a domestic violence (DV) shelter in the United States and found that participants were afraid of using the internet due to the potential risk of cyberstalking. Matthews et al. (2017) revealed that some IPV survivors decided to limit their online information sharing due to safety and security concerns. On the other hand, some studies have found that the information seeking efforts of abused women often start with informal sources, such as the internet (Douglas & Hines, 2011; Douglas et al., 2012;

Finfgeld-Connett, & Johnson, 2013; Gondolf & Fisher, 1988; Harris, 1988; Hines & Douglas, 2013; Raj & Silverman, 2007; Tsui, 2014). Particularly, when the needed information and support is not available in the offline world, IPV survivors may have no choice but to use the internet. Tarzia et al. (2018) interviewed 16 survivors and found that some participants preferred seeking help online to avoid difficult, embarrassing and shameful conversations. Westbrook (2007b) revealed that DV survivors sought information and support through an online bulletin board. Guerra-Reyes, Christie, Prabhakar, Harris, and Siek (2016) suggested that the internet is the primary source of information for postpartum low-income women. Furthermore, Rizo (2016) found that a handful of IPV survivor participants had turned to the internet for information. Finn and Atkinson (2009) surveyed 479 DV survivors in Washington, 77.2% of whom indicated that they were comfortable using the internet, though the researchers recognized that the results could not be generalized as the proportion of women selected to participate in the study at the shelters was unknown. In addition, Kranz and Nakamura (2002) projected that “a significant percentage of internet users are victims of domestic violence” (p.2) by consolidating the suggestions made in two different and dated articles: (1) Rickert and Sacharow (2000) argued that more than half of the internet users were women; and (2) American Psychological Association (1996) suggested that one-third of all women were IPV survivors. However, the projection of Kranz and Nakamura (2002) is inconclusive as it was made without carrying out a meta-analysis of all relevant studies. Apparently, there is also no definitive consensus on gender differences in internet use. For example, the contradicting evidence offered by Barnett-Queen (2003) suggested that more men than women used the internet. Recently, Poushter, Bishop, and Chwe (2018) surveyed 39 countries around the world and found significant differences between men’s and women’s use of the internet in 12 countries. However, the only country where more women used the internet than men was in Lebanon (Poushter et al., 2018).

Studies have found that the use of online information published on the websites by the users is influenced by various factors, such as findability and visibility (McNutt, 2012), awareness (Emmert, Meier, Pisch, & Sander, 2013), quality, complexity, accessibility, amount of information, and time available to read the information (Nielsen, 2011; Santos Lonsdale et al., 2018).

The review has highlighted some significant limitations in the existing IPV literature. Commonly, studies exploring IPV were generated through the use of self-reported data, which was highly subjective and raised reliability and accuracy concerns (Follingstad & Rogers, 2013). Furthermore, the existing evidence in the IPV literature may be influenced by the high number of women victims with low-income and low education level, which may distort the true state of affairs as many IPV studies recruited women participants only (for example, Palmetto, Davidson, Breitbart, & Rickert, 2013) and from local shelters (Parker & Ulrich, 1990).

2.2 Website Awareness

Chang and Chen (2008) defined website awareness as “the ability of a potential buyer to recognize or recall a specific web site” (p.822). It is unclear whether, and to what extent, IPV survivors are aware of the IPV websites. Very little is known about the relationships between website awareness and other factors, such as perceived usefulness and website usage. Peterson and Merino (2003) suggested that information search behavior involves internal information search and external information search. Before conducting external search, the information search process starts by searching internally based on the memory of the information seeker (Peterson & Merino, 2003). If IPV survivors know about a particular website, they may be more inclined to visit the site directly by entering the website address (URL) or searching for the site. On the other hand, it is also uncertain whether website awareness is the precondition of website usage. Arguably, with the sophisticated search engines, IPV survivors may be able to find IPV-related information using keyword searching when they are not aware of any particular IPV website. As a result, keyword searching is the most popular technique used for information search online (Murphy & Chen, 2016) and there is less need to remember websites.

Konetzka and Perrailon (2016) investigated the awareness of an online nursing home rating system and found that most respondents did not know about the website. However, many respondents stated that if they had known about the website, they would have used it. Galizzi et al. (2012) examined the awareness of doctor-rating websites in London, UK

and found that older respondents were less likely to know about the websites because of the lack of internet skills. These researchers also suggested that awareness and willingness to use do not always lead to active usage (Galizzi et al., 2012). Hanauer, Zheng, Singer, Gebremariam, and Davis (2014) found that the awareness and usage of the online physician rating sites are increasing. Similarly, Emmert et al. (2013) investigated the awareness of the German physician rating sites and suggested that the website has higher publicity when more people know about it. Website awareness reflects the level of popularity of a website (Pham & Nguyen, 2019). Therefore, the number of IPV survivors who know about the IPV website could be a major indicator of website success. By examining IPV survivors' awareness of the IPV websites and its relationships with perceived usefulness and website usage, this study aimed to offer insights into the role of website awareness in the performance of the IPV websites.

2.3 Website Visibility

Nowadays, people's lives are heavily dependent on the internet. The concept of website visibility has become a popular topic of investigation for some researchers. However, the definition of Web visibility is still evolving. In general, visibility refers to "the public presence of an individual or organization in the media" (Yang & Kent, 2014, p.563). The term "Web visibility" has been used to refer to various different, but related, concepts: (1) "The extent to which a user is likely to come across a reference to a company's Web site in his or her online or offline environment" (Drèze & Zufryden, 2004, p.22); (2) "The degree of ease with which a search engine crawler can find the webpage" (Weideman, 2009, p.14); (3) The prominence of particular people, objects, and issues etc. on the Web (Ackland, Gibson, Lusoli, & Ward, 2010; Khan & Park, 2011; Kretschmer & Aguillo, 2004; Vaughan & Shaw, 2005); and (4) the extent to which a website reaches an audience (Dennis, Minas, & Lockwood, 2016; Hu, Liu, Tripathy, & Yao, 2011).

Websites must have high visibility to maximize the reach of the messages (Pant & Pant, 2018), to capture the attention of users, and to disseminate information effectively (McNutt, 2012). Currently, there is very little existing empirical data on the visibility of

the IPV websites. However, the concept of website visibility has been applied to investigate phenomena in various settings. McNutt (2012) examined the visibility of government websites to determine e-government's online presence and impact. Likewise, McNutt and Marchildon (2009) measured the Web visibility of public policy institutes to determine its online influence. These authors suggested that Web visibility is a crucial factor in assessing the influence of information (McNutt & Marchildon, 2009). Ortega and Aguillo (2008) examined the link relationships between Nordic universities websites and found that the Danish academic websites were less visible than those of other Nordic countries. Onyancha and Ocholla (2007) conducted link analysis to investigate the visibility and influence of Kenyan and South African universities on the Web. Kannan and Govindan (2011) analyzed the link structure of the top 50 e-commerce websites in the United States and Asia Pacific. They discovered that the US websites were more visible than the Asia Pacific websites. The scholars also found a strong positive association between the age of websites and total number of inlinks among the US websites (Kannan & Govindan, 2011). Wang and Vaughan (2014) investigated the business value of a firm's Web visibility and found that the Web visibility of a firm was positively associated with its advertising efficiency and shareholder value. Similarly, Hu et al. (2011) examined the blog visibility of the S&P500 firms and found that it has a positive relationship with the firms' stock valuation. Wang and Xu (2017) analyzed 2,840 US firms to determine the relationship between Web visibility and firm heterogeneity in terms of business nature, strategic focus, and product nature. These authors found that Web visibility was a significant influential factor of a firm Web traffic, which also improved the short- and long-term performance of the firm (Wang & Xu, 2017).

Studies have reported inconsistencies in the relationship between visibility and perceived usefulness. While Park, Roman, Lee, and Chung (2009) found no association, Thong, Hong, and Tam (2002) established that visibility had a significant positive effect on perceived usefulness. At present, very little attention has been paid to the issue of whether website visibility influences IPV survivors' frequency of use of a website, which calls for a robust study that systematically assesses the visibility of IPV websites.

One of the most important limitations of the website visibility studies lies in the lack of theoretical framework to guide the research designs, which may hinder the quality and development of future studies in the field as “theoretical framework is important to obtain clarity about the relationships between elements or issues in a given phenomenon” (Ackron & Auriacombe, 2016, p.144; Ravitch & Riggan, 2011). In addition, the generalization of the visibility study results may be difficult because of the methodological and sampling issues. For example, Bowler et al. (2011) assessed the visibility of only six teen health Web portals, which were selected from the first five pages of search results produced by the search engines. This is a non-random sampling method because search engines do not generate results in random order (Thelwall, 2004). Wathen and McKeown (2010) attempted to determine whether abused women in Canada could find the information they need online using provincial e-government services. However, the findings of this study may be biased and inconclusive because participants involved in the study were not abused women, but rather trained research assistants.

Furthermore, the assessment methods of Web visibility are far from standardized since many factors can affect website visibility (Hansen, Derry, Resnick, & Richardson, 2003). Both internal (such as site structure, use of tags and keywords) and external website characteristics (such as external inlink counts) are important aspects of website visibility (Bowler et al., 2011; Google, n.d.). Park and Kluver (2009) suggested that the aggressive attitude of politicians towards online communications could also play a role in the visibility of their blog sites. Posting information on social networking sites, such as Facebook, and Twitter, is another effective way to promote visibility as people often turn to social media to find relevant information (Gudivada, Rao, & Paris, 2015; Zhang & Cabage, 2017). Recently, Pant and Pant (2018) investigated the role of information prosociality (the use of links to social media platforms and the in-site blogs and forums on firms’ websites) in determining the website visibility of corporations. In addition to information prosociality, these authors further identified several factors that may affect website visibility, including firm size, industry, media attention, time, information brokerage, and information specificity (Pant & Pant, 2018).

Other evaluation methods were also developed to systematically evaluate website visibility. Drèze and Zufryden (2004) discussed measuring website visibility through survey and five additional drivers: (1) links from other websites, (2) listing in online directories, (3) online search, (4) total advertising, and (5) online advertising (p.29). Lim and Park (2011) examined the Web visibility of South Korea's 18th National Assembly members by analyzing the mentions of the politicians' names on the internet. Aaltojärvi, Arminen, Auranen, and Pasanen (2008) investigated the Web visibility of the Nordic sociology departments and their researchers by examining the number of hits returned in a Google Scholar search. Wouters, Reddy, and Aguillo (2006) used the percentage of the size of the website measured by the Web crawler to measure the website visibility. Furthermore, Russell, Ainsworth, and Díaz-Aguilar (2012) evaluated the visibility of scientific production by examining the characteristics of institutional websites and comparing the institutional scientific production listed on the institutional websites with those listed in the online bibliographic databases: *Web of Science*, *Scopus*, *Clase* and *Periódica*. Recently, García Santiago and Olvera-Lobo (2017) proposed a framework for measuring website visibility: Identification, Presence, Audience, Browsability, and Accessibility.

The concepts of website visibility and search engine optimization (SEO) are closely related. SEO studies have suggested three major SEO strategies: (1) Content; (2) Link building; and (3) Social sharing / social mentions (Barrell, 2019; Killoran, 2013; O'Neill & Curran, 2011; Zhang & Cabage, 2017). In the field of SEO, content of the website refers to the technical aspects of Web design, such as site structure, keywords, HTML code, and tags (Zhang & Cabage, 2017), which are beyond the scope of this study. The second strategy, inlink count, reveals the number of times other websites have used and referred to a website, which has been used by various studies to measure the visibility of a website. It is well-recognized that the more inlinks a website has, the higher search ranking and more Web traffic it gets (Barrell, 2019; Onaifo & Rasmussen, 2013; Zhang & Cabage, 2017). The third strategy aims at maximizing social mentions because the more social mentions a website has, the more traffic it gets (Zhang & Cabage, 2017). The following sub-sections provide a detailed review on three major visibility indicators: (1) search engine rankings; (2) inlink counts; and (3) social media mentions.

2.3.1 Search Engine Rankings

“Search engines are gateways to the Web” (Gao & Shah, 2020, p.1). To find desired information online, the vast majority of internet users often conduct keyword search of the related topics using search engines, such as Google, Yahoo!, and Bing (Al-Kabi, Alsmadi, & Wahsheh, 2015). First, users must enter the search terms based on their information needs into the search box and submit their queries to the search engine. Then, in response to each query, the search engine attempts to return a Search Engine Results Page (SERP) with highly relevant search results using complex ranking and indexing algorithms. Unfortunately, information on the ranking algorithms and the factors used in the ranking of the search engines results remains very limited (Luh, Yang, & Huang, 2016). While the ranking algorithms of the commercial search engines remain to be a trade secret, some major factors have been identified. Dean (2018) identified 210 ranking factors of Google and suggested that organic click-through rate, total number of backlinks and content quality are among the most important factors. Moz (2015) gathered survey data from over 150 SEO professionals and identified some ranking factors of Google: quantity of links, quantity of linking root domains, content relevance and quality, click-through rate of queries, and quantity and quality of tweeted links and Facebook shares to the page. Studies have also found evidence identifying the following ranking factors: the number of backlinks, keyword density and frequency, hyperlink structure, click-through rate, and social media content (Baye, Gatti, Kattuman, & Morgan, 2009; Brin & Page, 1998; Chapelle & Zhang, 2009; Gandal, 2001; Joachims, 2002; Ghose, Ipeirotis, & Li, 2012; Liu & Belkin, 2015; Luh et al., 2016).

It is widely accepted that users will most likely view and click on the results positioned on top of the SERP (Liebl et al., 2015; Pan et al., 2007; van Deursen & van Dijk, 2009). According to Advanced Web Ranking (2019), the click-through rates for search results from desktop devices were: 31.56% (1st positions); 16.08% (2nd position); and 9.81% (3rd position). The click-through rates for positions eight and above were under 2%. Therefore, the ranking of a website in a SERP plays a crucial role in the findability and visibility of a website (Drèze & Zufryden, 2004).

However, what complicates matters is that search engines have introduced personalization capability in Web search to improve user experience. Given the rapid increase in the amount of information available online, search engines try to improve the precision of the results to meet the particular needs of different users by using personalization technique based on user-specific information, such as user query history (Bennett et al, 2012; Leung, Ng, & Lee, 2008; Sontag et al., 2012; White, Bennett, & Dumais, 2010), click history (Cai, Wang, & Rijke, 2017; Kim, Hassan, White, & Zitouni, 2014), profile (Fakhfakh, Feki, Ben Ammar, & Ben Amar, 2016; Kim, Lee, Lee, & Kang, 2010; Zhu, Xu, Ren, Tian, & Li, 2007), location (Arif et al., 2018), and identity (Saxena, Agarwal, & Katiyar, 2016). Consequently, same keyword query made by different users may generate different results based on users' interests (Saxena et al., 2016). Thus, the level of visibility of a website in terms of search engine result ranking varies across users. Although many IPV survivors may have similar interests in topics of IPV, this study recognizes the potential impact on the search results due to the personalization feature of the internet.

2.3.2 Inlink Counts

The internet is a global network of information facilitated by hyperlinks (Fu, 2018; Warren, Boldyreff, & Munro, 1999). Park (2003) defined hyperlink as “a technological capability that enables one specific website (or webpage) to link with another (p.49). Hyperlinks are often used to help users travel efficiently between different websites to obtain additional related information on a topic. From the information viewpoint, a hyperlink is an electronic referral of information from one website to another website (Bowler et al., 2011). This interconnection between related websites through hyperlinks forms an information referral network of different players on the internet.

There are different types of hyperlink. Inlinks (also known as backlinks) refer to “hyperlinks on websites outside of the one under consideration but pointing to it” (Weideman, 2009, p.59). Particularly, Vaughan, Tang, and Du (2009) defined external inlinks as “links coming from websites outside the site in question” (p.958). By the same

token, outlinks are those pointing out of a website (Yi & Jin, 2008). “Link counting refers to the process of collecting web pages using Web data collection tools (e.g. personal Web crawlers, commercial search engines) and then counting the occurrence of an event from the retrieved results” (Yi & Jin, 2008, p.328). The number of inlinks is also the numerator of the formula of the revised Web impact factor, which is defined as the ratio of “the number of links pointing to a site, divided by the number of pages in the site” (Bar-Ilan, 2004, p.258). It can also be used to evaluate website visibility (Kannan & Govindan, 2011).

The creation of hyperlinks to other websites often involves strategic decisions of the organizations (Bach & Stark, 2004; Dysart, 2002; Jackson, 1997; Rogers & Marres, 2000; Tremayne, 2004). Vaughan, Gao, and Kipp (2006) found that most links were created for business purposes, but links to competitors were extremely rare. Website owners may create hyperlinks to other related sites to improve the credibility of their own sites (De Maeyer, 2012; Kropczynski & Nah, 2011). Ackland and Gibson (2013) suggested that politicians often use links to promote themselves to the online audience. Park and Thelwall (2008b) found that the linking practices of politicians in South Korea were associated with party affiliations and friendship networks. Vaughan and Wu (2004) found that the number of inlinks to the websites of top 100 information technology companies in China was associated with their revenue, profit, and research and development expenses, which could be used as a source of business information.

Moreover, many scholars have assumed that the creation of hyperlinks to other websites has positive intentions (De Maeyer, 2012; Thelwall, 2003), such as acknowledgement, recommendation, endorsement (Ceri et al., 2013; DiMuzio & Sundar, 2012; Park, 2003), referral to information (Bowler et al., 2011), popularity and impact (Erfanmanesh & Didegah, 2011), validation (Biermann, Golladay, Greenfield, & Baker, 1999; O’Neil & Ackland, 2006; Rogers & Marres, 2000; Vreeland, 2000), trust (Brunn & Dodge, 2001; Davenport & Cronin, 2000; Palmer, Bailey, & Faraj, 2000), and authority (Chakrabarti et al., 1999; Finkelstein, 2008; Kleinberg, 1999; Rogers, 2010b). Websites with more external inlinks are perceived to be more trustworthy, authoritative, reputable, and credible (Bowler et al., 2011; Finkelstein, 2008; Park & Thelwall, 2003; Park, 2003;

Sundar, 2008; Weideman, 2009). McNutt (2012) argued that when Website X creates a hyperlink pointing to Website Y, Website X recognizes the reliability and relevance of the information published on Website Y. However, these assumptions may result in an overestimation of the value of the website as a link can mean criticism and disagreement rather than praise (Thelwall, 2006). The fact that Website X creates a hyperlink pointing to Website Y does not necessarily mean that Website X agrees with or endorses the contents published on Website Y (McNutt, 2012). Therefore, the reasons behind having high link counts may have nothing to do with the contents and quality of the websites (Thelwall, 2006), but for reasons opposite to those generally assumed by many researchers.

Despite the criticism, hyperlink plays a significant role in indexing and ranking algorithms, which is used by most commercial search engines, such as Google, to determine the value and importance of websites when generating search result ranking since website owners have little power to manipulate the amount of external inlinks coming to their websites (Brin & Page, 1998; Espadas, Calero, & Piattini, 2008; Henzinger, 2001; Kropczynski & Nah, 2011; Weideman, 2009; West, Paranjape, & Leskovec, 2015). Vaughan and Thelwall (2004) confirmed the correlation between external inlink counts to a website and the site's search engine coverage. The number of external inlinks has been widely accepted as one of the most powerful indicators of website visibility and search engine ranking (Borodin, Roberts, Rosenthal, & Tsaparas, 2005; Bowler et al., 2011; Finkelstein, 2008; McNutt & Marchildon, 2009; Rogers, 2010a; Wang & Vaughan, 2014; Weideman, 2009; Wouters et al., 2006; Yi & Jin, 2008). Therefore, arguably, the more external inlinks pointing to a website, the higher the search result ranking, and thus the higher visibility of the website (Fahy, Hardikar, Fox, & Mackay, 2014).

External inlink count is arguably the most popular measure used to evaluate the visibility of websites (Bowler et al., 2011; McNutt & Pal, 2011; Onyanha & Ocholla, 2007; Rathimala & Marthandan, 2010; Wang & Vaughan, 2014; Yi & Jin, 2008). Inlink data has been analyzed in various contexts. Bowler et al. (2011) analyzed inlinks to evaluate the visibility of six teen health websites and to identify those that referred teens to

reliable health information. These authors found that the studied websites had a low level of visibility and a lack of referrals from health-related groups (Bowler et al., 2011). Yi and Jin (2008) also measured the number of inlinks to test the website visibility of seven ALA-accredited Canadian library and information science schools. Gao and Vaughan (2005) used inlinks to assess the Web visibility of four newspaper websites. Vaughan and You (2005) examined inlink data of e-commerce websites and found that Web visibility is crucial for their success as revenue was highly correlated with inlink count. Rathimala and Marthandan (2010) also found that inlink counts could be used to measure the website visibility and business performance of commercial organizations. Recently, Vaughan (2016) analyzed inlink data collected from social media and general Web and found that this method was useful to identify outliers that had lower visibility in one or both of these media. Vaughan and Thelwall (2003) found that journal websites with more content were more visible as they received more inlinks. Similarly, studies have revealed that hosting a wide range of topics and types of material can improve the visibility of the websites of library and information science schools (Chu, He, & Thelwall, 2002; Thomas & Willett, 2000). Fu and Shumate (2015) indicated that the higher the number of total social media posts, the higher the number of inlinks, and thus higher visibility. Although Huertas et al. (2011) explicitly argued that interactivity rather than inlink count was a decisive factor in website visibility, the results showed that the number of inlinks and interactivity (user-user interactivity and user-administrator interactivity) were correlated. Sundar et al. (2003) also found that websites with more hyperlinks were more interactive than those with fewer hyperlinks.

Furthermore, external inlink count is usually one of the measures performed in Hyperlink Network Analysis (HNA), which is a robust quantitative approach to investigate network structures and social phenomena on the Web (Jackson, 1997). From the social science point of view, HNA has been used to investigate various phenomena, such as assessing visibility, authority, trust, and relevance of web pages (Ackland, Fry, & Schroeder, 2007; Brunn & Dodge, 2001; Danesh, Soheili, & Shafiei, 2008; Finkelstein, 2008; Kannan & Govindan, 2011; Kemp & Collings, 2011; Rogers, 2010b; Thelwall, Vaughan, Cothey, Li, & Smith, 2003); mapping and exploring virtual networks characteristics (McNutt & Pal, 2011; Shumate, 2012; Shumate & Dewitt, 2008; Shumate & Lipp, 2008); monitoring

the academic performance and research activities (Harries, Wilkinson, Price, Fairclough, & Thelwall, 2004; Park, 2010; Thelwall, 2001); and examining information flows between new websites (Chang, Himelboim, & Dong, 2009; Dimitrova, Connolly-Ahern, Williams, Kaid, & Reid, 2003; Dimitrova & Neznanski, 2006; Kenney, Gorelik, & Mwangi, 2000; Quandt, 2008; Tremayne, 2005; Tsui, 2008). HNA is particularly popular in the field of political science to examine political affiliations (Park & Jankowski, 2008; Park & Thelwall, 2008b; Park, Kim, & Barnett, 2004; Park, Thelwall, & Kluver, 2005), investigate political homophily (Ackland & Shorish, 2009; Adamic & Glance, 2005; Hsu & Park, 2011), trace public debates (Marres, 2004; Rogers & Ben-David, 2008; Rogers & Marres, 2000), and map the interactions between bloggers (Bruns, 2007; Etling, Kelly, Faris, & Palfrey, 2009; Etling et al., 2010; Kelly & Etling, 2008; Lin, Halavais, & Zhang, 2007; Tremayne, Zheng, Lee, & Jeong, 2006).

For practical reasons, the vast majority of the findings from the existing hyperlink research have been based on hyperlink data collected using various Web crawler tools. However, this approach raises several concerns. First, little is known about the details, reliability, and validity of the Web crawling tools (Cothey, 2004). Second, according to Thelwall (2004), Web crawlers can only find websites that “(1) are allowed to visit, (2) are linked to or previously known about, (3) are linked to in a way in which the crawler can extract from the linking page, and (4) match the crawl parameters” (p.20). The age of websites also plays a role in the potential biases. Studies have revealed that older websites tend to attract more inlinks (Jeyashree & Ravichandran, 2015; Kannan & Govindan, 2011; Vaughan & Thelwall, 2003). Web crawlers may not be able to locate new websites that have no inlinks (Thelwall, 2004). However, with the development of Web crawler, the hidden Web crawler can now be used to search for information on the Web that cannot be retrieved by following the hyperlinks (Kumar, Bhatia, & Rattan, 2017). Finally, these link data may only represent a snapshot of the websites’ visibility without considering the rapidly changing and evolving nature of the internet (Drèze & Zufryden, 2004). To improve the reliability and validity of the results, researchers often use mixed research methods, employ semi-automatic methods, and collect additional datasets rather than solely relying on link counts (De Maeyer, 2012). In addition, content or text analyses are the popular choices for examining other Web contents in HNA

(Adamic & Adar, 2003; Etling et al., 2010; Park & Jankowski, 2008; Rogers & Marres, 2000; Rogers & Ben-David, 2008).

In addition, several HNA studies have used the functions offered by the commercial search engines, such as Google, Yahoo! and Bing, to collect hyperlink data (Bowler et al., 2011; Vaughan & Romero-Frías, 2010). Vaughan and Thelwall (2004) examined three major search engines and found coverage bias towards US websites, which might explain why websites in countries, such as China, Taiwan, and Singapore, have not been examined in most existing HNA studies (Thelwall, 2004; Vaughan & Thelwall, 2004). Furthermore, the possibility of replicating the results from these HNA studies is very unlikely as many inlink search functions are no longer available through the commercial search engines (Thelwall, 2004; Vaughan, 2012), not to mention the constantly changing environment of the Web.

2.3.3 Social Media Mentions

Social media are becoming more and more popular. According to Clement (2019), there were approximately 25.3 million social network users in Canada in 2018. Social media platforms, such as Facebook and Twitter, have been used to facilitate discourse related to various public issues, such as IPV (Carlyle et al., 2019; Cravens et al., 2015; McCauley, Bonomi, Maas, Bogen, & O'Malley, 2018) and sexual violence (Bogen, Bleiweiss, Orchowski, & Orchowski, 2019; Maas, McCauley, Bonomi, & Leija, 2018; Salter, 2013). Studies have recognized the potential of social media as a tool in combating IPV around the world (Carlyle, 2017; Carlyle, Guidry, & Burton, 2018). McCauley et al. (2018) suggested that the use of social media might change the health behavior of IPV survivors.

The term “social media” is defined as “a group of internet-based applications that build on the ideological and technological foundations of Web 2.0, and that allow the creation and exchange of User Generated Content” (Kaplan & Haenlein, 2010, p.61). It consists of a wide range of user-generated contents through social networking sites (e.g. Facebook, Instagram, LinkedIn, and TikTok); microblogging platforms (e.g. Tumblr, Twitter);

forums (e.g. Reddit); rating and review websites (e.g. Amazon, Tripadvisor); collaborative information tools (e.g. Wikipedia, wikiBooks); photo sharing sites (e.g. Instagram, Flickr; Pinterest); and video sharing sites (e.g. YouTube).

Recent data from the Pew Research Center collected between 2016 and 2018 indicated that a median of 53% of respondents across 39 developed and developing countries used social networking sites online (Poushter et al., 2018). Studies have shown that social media have been used to raise the level of visibility of people, objects, and issues, such as activists (Uldam, 2018); female athletes (Toffoletti & Thorpe, 2018); political candidates (Kruikemeier, Gattermann, & Vliegthart, 2018); organizations (Parveen, Jaafar, & Ainin, 2015; Taneja & Toombs, 2014; Yang & Kent, 2014); scholarly articles (Bar-Ilan et al., 2012); and social movements (Blackwell et al., 2016; Bonilla & Rosa, 2015). Particularly, social media have increasingly been used by the public to facilitate communication and information sharing about IPV-related issues (Bogen, Bleiweiss, & Orchowski, 2018; Cravens et al., 2015; McCauley et al., 2018). Posting the name or URL of IPV websites on social media has the potential to promote website visibility as IPV survivors may turn to social media for information and support (Capurro et al., 2014; Gudivada et al., 2015; Zhang & Cabage, 2017), despite the potential risks, such as cyberstalking. Therefore, the visibility of a website can be determined by the number of social media mentions of that particular website (Lim & Park, 2011). This concept is known as social media visibility, which refers to “how frequently social media users discuss an individual, organization, or related issue” (Yang & Kent, 2014, p.563). Search engines have also incorporated social content into their search algorithms (Odden, 2012).

2.4 Web-based Information Quality

The existing literature on web-based information quality is expected to be diverse, complex and multidisciplinary (Batini & Scannapieco, 2016). First, it is necessary to review the definitions of information quality. The literature review highlights that there is no consensus on the distinction between data quality and information quality (Madnick, Wang, Lee, & Zhu, 2009). In this thesis, both terms are used interchangeably. Although

the concept of “fitness for use” has been widely adopted to define information quality (Stvilia, Gasser, Twidale, & Smith, 2007, p.1721), multiple definitions have been proposed to capture the essence of information quality in different contexts. Nurse et al. (2011) defined information quality as “an assessment or measure of how fit an information object is for use” (p.493). McKinney, Yoon, and Zahedi (2002) suggested that web-based information quality be referred to “the customers’ perception of the quality of information presented on a Web site” (p.299). Rieh (2002) proposed an operationalized definition of information quality as “the extent to which users think that the information is useful, good, current, and accurate” (p.146). Abdel-Karim et al. (2012) defined quality of information in the context of health care as “provide data about information providers, date, update and source of information, review process, base for information provided, presence of a quality seal, editorial policy, authority approval for health products or drugs” (p.74). In 2008, the International Organization for Standardization (ISO) attempted to standardize the definition and evaluation criteria of data quality within a computer system. According to ISO/IEC25012:2008, data quality is “the degree to which the characteristics of data satisfy stated and implied needs when used under specified conditions” (Batini & Scannapieco, 2016, p.18; ISO, 2008).

Where there is information, there is concern for information quality. Wang and Emurian (2005) suggested that information seekers would only trust the information of the websites if it was clear, accessible, coherent, and accurate. A website must have high information quality in order to gain confidence from IPV survivors (Nurse et al., 2011). Although online information is critical to every internet user around the world, information published on the internet is largely unregulated (Zhang et al., 2015; Zuk et al., 2016). There is also very little peer-review of online information. Any individuals and organizations can claim expertise in any area and mislead the audience into believing that the website is authoritative by creating an “official looking” website (Pereira & Bruera, 1998, p.61). Internet users often face challenges in differentiating credible information from other information, such as personal opinion and advertising. Studies have found that the quality of online information in terms of accuracy, completeness and comprehensiveness etc. varies widely across the Web (Allam, Schulz, & Nakamoto, 2014; Impicciatore, Pandolfini, Casella, & Bonati, 1997; Iverson et al., 2008; Purcell,

Wilson, & Delamothe, 2002). Dyer (2001) suggested that the internet was full of unlicensed, unqualified, unregulated and unreliable information. Similarly, Vise (2005) commented that the internet was “replete with out-of-date, conflicting, and inaccurate information” (p.147). Social media and non-professional forums also play a significant role in spreading poor-quality information (Bailey, Rice, Robinson, Nedeljkovic, & Alvarez-Jimenez, 2018). Particularly, in the health field, multiple studies have expressed concerns over the quality of health information (Butler & Foster, 2003; Eysenbach, Powell, Kuss, & Sa, 2002; Hainer, Tsai, Komura, & Chiu, 2000; Pérez-López & Pérez Roncero, 2006). Even more troubling, a systematic review conducted by Eysenbach et al. (2002) revealed that 70% of the studies have concluded that the quality of online health information is inadequate.

Although empirical evidence on the information quality of IPV websites is scarce, the negative impacts of using poor-quality information are well-recognized. “Use of poor-quality information always leads to the poor quality of decision-making” (Mahmood, 2017, p.451). Poor-quality information can “contaminate thinking”, reasoning, decision-making, and acting (Holma, 2017, p.9). In terms of health-related behavior, studies have found that the use of poor-quality health information online can lead to physical, emotional, or financial harms (Crocco, Villasis-Keever, & Jadad, 2002; Guttmacher, 2001). Similarly, information with poor quality can potentially be harmful to IPV survivors, who may rely on online information to make life changing decisions, exercise their legal rights, select service providers, develop safety plans, access support and legal services, perform self-diagnoses, and engage in self-treatment without consulting their physicians (Iverson et al., 2008; Marinac et al., 2007). Kortum, Edwards, and Richards-Kortum (2008) found that high school students with a science-focused education background had trouble identifying trustworthy medical websites. This is of particular concern for the vulnerable populations, such as IPV survivors, who may not have the ability to evaluate and verify the quality of online information (Henwood, Wyatt, Hart, & Smith, 2003; Peterson, Aslani, & Williams, 2003; Peterson & Fretz, 2003; Walther, Wang, & Loh, 2004; Westbrook, 2015a; 2015b).

There are inconsistent findings on the relationships between information quality and perceived usefulness. Several studies have found that information quality is positively associated with perceived usefulness (Cheng, 2012; 2014; Gao & Bai, 2014; Lin, 2007; Lin & Lu, 2000; Tsai, Cheng, & Chen, 2011; Zhou, 2011). However, Kuo and Lee (2009) discovered that the effect of information quality on perceived usefulness was not significantly positive.

The following sub-sections review the literature on information quality dimensions, evaluation tools, and evaluation methodologies.

2.4.1 Information Quality Dimensions

It is well-recognized that information quality is an abstract notion and a multi-dimensional construct (Arazy & Kopak, 2011; Eppler, Helfert, & Gasser, 2004). However, there is no consensus on which factors are associated with information quality. Generally, information quality dimensions refer to “various rulers of measuring information quality, and they reflect the quality of information from different aspects and angles” (Lin, Jing, & Fang-fang, 2011, p.326). However, the definitions of information quality and dimensions may vary depending on the contexts and users’ perspectives (Alkhatabi, Neagu, & Cullen, 2010). The appropriate criteria needed to adequately assess each information quality dimension also differ depending on the definitions. The information quality literature does not provide a standard set of metrics and criteria for evaluating information quality. However, the literature provides a thorough list of quality dimensions (Eysenbach et al., 2002; Kim, Eng, Deering, & Maxfield, 1999; O’Grady, 2006; Silberg, Lundberg, & Musacchio, 1997). According to Fahy et al. (2014), the “gold standard” of online health information measures include “accuracy, completeness and currency of information” (p.25). However, indirect measures of quality, such as “readability, design and disclosures”, are useful and commonly used because they are objective and straightforward to perform without the need of involving experts (Fahy et al., 2014). Wang and Strong (1996) developed a conceptual framework of data/information quality, which divided the data/information quality into four categories:

(1) Intrinsic (believability, accuracy, objectivity, and reputation); (2) Contextual (value-added, relevancy, timeliness, completeness, and appropriate amount of data); (3) Representational (interpretability, ease of understanding, representational consistency, and concise representation); and (4) Accessibility (accessibility and access security). ISO identified 15 data quality dimensions, such as compliance, confidentiality, efficiency, precision, and traceability etc. (Batini & Scannapieco, 2016, p.18; ISO, 2008). Stvilia, Mon, and Yi (2009) identified seven health-related information quality dimensions, which included accuracy, authority, completeness, currency, objectivity, relevancy, and understandability.

Furthermore, there is no universally accepted definition of each information quality dimension (Wand & Wang, 1996). While some studies have relied on the intuitive meanings of the dimensions without providing clear definitions, others have defined the same dimensions differently and not in measurable manners depending on the study contexts (Batini & Scannapieco, 2016). To illustrate this issue, this review considers one of the popular dimensions used in information/data quality literature: "Completeness". Various definitions have been proposed by the researchers. Wang and Strong (1996) defined completeness as "the extent to which data are of sufficient breadth, depth, and scope for the task at hand" (p.32). Pearson, Tadisina, and Griffin (2012) proposed that information completeness refers to "the information content and hyperlinks being available to users in order for them to effectively complete tasks" (p.204). According to Fisher and Kingma (2001), completeness is "the degree to which values are present in a data collection" (p.110). Schwabe and Prestipino (2005) described completeness as "the ability of a medium to serve information needs" (p.5). The other way around is also possible when different scholars offered similar definitions for different dimensions, such as timeliness and currency (Ballou & Pazer, 1985; Bovee, Srivastava, & Mak, 2003; Pipino, Lee, & Wang, 2002; Rieh, 2002; Silberg et al., 1997; Wand & Wang, 1996). To complicate matters even further, some dimensions are defined in terms of other dimensions. For example, Flanagan and Metzger (2008) used "believability" to define "credibility" (p.141).

Some scholars have evaluated the information quality of the websites based on the dimensions identified in the existing literature without considering the views of information users (Alamoudi & Hong, 2015; Aldairy, Laverick, & McIntyre, 2011; van der Marel et al., 2009). This study argues that the importance of different information quality dimensions may vary considerably among IPV survivors as it is largely subject to survivors' specific needs. Thus, this study considered the characteristics and contexts of IPV survivors when identifying information quality dimensions for evaluation. The following sub-sub-sections review the research on the following information quality dimensions: Accessibility, Relevance, Readability, Interactivity, and Privacy and Data Protection:

2.4.1.1 Accessibility

IPV affects people from diverse backgrounds, including people with disabilities. It is crucial that IPV websites can be accessed by everyone regardless of disability (Yang, Zhao, Liu, & Bielefield, 2020). According to the 2017 Canadian Survey on Disability, more than six million people over the age of 15 have disabilities in Canada (Morris, Fawcett, Timoney, & Hughes, 2019). In order for people with disabilities to be able to access Web content, the federal and provincial governments have adopted legislation to remove and prevent barriers. For example, the *Accessible Canada Act* was passed in 2019 (Naef & Perez-Leclerc, 2019).

Web accessibility refers to “whether or not a site can be easily accessed” by all people regardless of race, nationality, religion and disability (Grantham, Grantham, & Powers, 2012; Zhang et al., 2015, p.2076). Similarly, the Web Accessibility Initiative suggested that “Web accessibility means that websites, tools, and technologies are designed and developed so that people with disabilities can use, perceive, understand, navigate, interact with and contribute to them” (W3C, 2019). The World Wide Web Consortium (W3C) developed the Web Content Accessibility Guidelines (WCAG) (Web Content Accessibility Guidelines (WCAG) Overview, 2018) to define website accessibility and to ensure that websites are accessible to people with physical, sensory, or cognitive

disabilities. WCAG 2.1 divided the technical accessibility guidelines into three levels: Level A, Level AA, and Level AAA (W3C, 2018). Level A guidelines are the minimum level of conformance that must be satisfied (W3C, 2018). While Level AA guidelines are recommended, Level AAA conformance is not mandatory (W3C, 2018). The WCAG 2.0 guidelines have been adopted by the websites of the Government of Canada (Government of Canada, 2011).

Although the issue of Web accessibility has been recognized as an important component of website design, studies have examined websites of different industries and have identified various accessibility errors that need improvement. For example, studies have found that many library websites in Canada and the United States were not accessible (Oud, 2012; Southwell & Slater, 2012). Yang et al. (2020) examined the accessibility of eight university library websites in the United States and identified various accessibility errors and issues in all websites. Rahmatizadeh and Valizadeh-Haghi (2018) investigated the accessibility of 50 medical university websites and identified various accessibility issues. Alahmadi and Drew (2017) evaluated the accessibility of 60 top world, Oceania, and Arab universities and identified a lot of serious accessibility errors. Furthermore, Alhuwail, AlMeraj, and Boujarwah (2018) examined the accessibility of 15 hospital websites in the State of Kuwait according to WCAG and found that no website passed the Level AA guidelines. Sik-Lanyi and Orbán-Mihálykó (2019) evaluated the accessibility of the healthcare-related websites from nine European countries and identified various accessibility issues that effectively prevented people with disabilities from accessing healthcare-related information online. Yoon, Hulscher, and Dols (2016) investigated the accessibility of the database tutorials created by the vendors and found that they contained various technical accessibility issues. Loiacono and McCoy (2004) examined the accessibility of the homepages of 96 non-profit organizations and found that only 10% of the webpages were accessible. Moreover, Kane, Shulman, Shockley, and Ladner (2007) evaluated the accessibility of 100 top international university webpages using the combination of automated evaluation tools and manual tests. These authors found that 36 webpages had no Level A errors, while only two were error-free for all levels. They also analyzed the accessibility policies of the websites, searched for a text-only version of the webpage, and searched for the presence of an alternate language of the home page (Kane

et al., 2007). Solovieva and Bock (2014) evaluated the accessibility of 509 webpages at a large public university in the United States and found that only 35 percent of the webpages passed the accessibility tests using WAVE.

WAVE is an online automated evaluation tool developed by WebAIM at Utah State University and is freely available (About WAVE, n.d.). WAVE has been developed to provide standards to make online information more accessible to people with disabilities (WAVE Help, n.d.). In addition to checking for the compliance with the WCAG (Web Content Accessibility Guidelines (WCAG) Overview, 2018), WAVE also tests other accessibility issues that are not included in the WCAG (WAVE Help, n.d.). This tool has been used by several researchers in their studies (Akgül & Vatansever, 2016; Ismail & Kuppusamy, 2018; Solovieva & Bock, 2014; Yang et al., 2020).

The findability/visibility and accessibility of Web contents are closely related (Kopackova, Michalek, & Cejna, 2010; Navarrete & Lujan-Mora, 2015). Larson (2019) treated the findability of a website as one of the criteria for accessibility, while Navarrete and Lujan-Mora (2015) evaluated the findability of the websites based on their accessibility, usability and information architecture. Elgharabawy and Ayu (2011) found that there was a significant positive relationship between Webometrics ranking system and WCAG conformance.

2.4.1.2 Relevance

The concept of relevance has been a major research area in the fields of information retrieval and information science for decades (Cosijn & Ingwersen, 2000; Saracevic, 1996). Although relevance is a concept that is intuitively understood, it is very difficult to define (Cosijn & Ingwersen, 2000). This concept is multidimensional and dynamic in nature, which may be perceived and assessed differently by different users and may be changed over time for the same user (Borlund, 2003). Mainly, there are two broad approaches to defining and measuring relevance: user-oriented (subjective) and system-oriented (objective) approaches. The user-oriented view of relevance defines relevance as

“a dynamic exchange of information and communication that depends on the quality of the relationship between information and information needs of the user” (Cosijn & Ingwersen, 2000, p.535; Schamber, Eisenberg, & Nilan, 1990). Subjective relevance refers to the notion that the determinations of whether the retrieved documents or information are relevant and meet the users’ information need could only be made by the users themselves (Mao et al., 2016; Swanson, 1986).

On the other hand, the system-oriented view of relevance refers to “matches between subject terms in queries and subject terms in documents” (Schamber et al., 1990, p.757; Saracevic, 2017). Objective relevance is usually assessed based on topicality – “how well the topic of the information retrieved matches the topic of the request” (Harter, 1992, p.602). Information is “topically relevant if it can help to answer a user’s question” (Saracevic, 2017, p.22). The relevance of the contents of the IPV websites in this study was evaluated objectively based on this approach.

Many scholars have applied the objective approach to evaluate the relevance of various Web contents. For example, Castillo-Ortiz et al. (2017) examined the web pages from the first 30 pages of Google search results using a keyword search technique to assess the relevance of websites with information on rheumatoid arthritis. Bilal (2012) evaluated the relevance of search engine results by analyzing 30 queries made by children to find information using five search engines: Google, Yahoo!, Bing, Yahoo! Kids, and Ask Kids. Furthermore, Jansen, Spink, and Saracevic (2000) examined the transaction logs of users’ queries using Excite search engine to evaluate the relevance feedback command (*More Like This*) of the search engine.

2.4.1.3 Readability

Studies have showed that almost 25% of the adult population in the United States and Canada are functionally illiterate with reading ability below the fifth grade (Friedman, Hoffman-Goetz, & Arocha, 2006; Kingsley, Johnson-West, & D’Alessandro, 2001). According to the International Adult Literacy Survey, the average reading level of both

American and Canadian adults was at a grade eight or nine level (Kingsley et al., 2001). Hango (2014) further concluded that 49% of all Canadian adults aged 25 to 65 in 2012 had low literacy proficiency. As a result, health organizations like the American Medical Association and National Institutes of Health recommended that patient education materials should be written at or below a sixth-grade reading level (American Medical Association Foundation, 2007; National Institutes of Health, n.d.; Weiss, 2003). The Centers for Disease Control and Prevention also proposed a maximum reading level of eighth grade (Centers for Disease Control and Prevention, 1999).

Readability refers to “a measure of the difficulty experienced by people reading a text and a measure of the linguistic characteristics of a given text” (Manchiaiah, Kelly-Campbell, Bellon-Harn, & Beukes, 2020; McLaughlin, 1969). It is also defined as “whether or not the content of a site is understandable for general consumers without medical background” (Zhang et al., 2015, p.2076). The readability is assessed using different formulas based on characteristics of the passage, such as average sentence length, number of words, number of sentences, number of syllables, and average number of syllables per word (Gemoets, 2004). Beaunoyer, Arsenault, Lomanowska, and Guitton (2017) suggested four tools that can be used to analyze health-related online materials: the Flesch Reading Ease (FRE), the Flesch-Kincaid Grade Level (FKGL), the Simple Measure of Gobbledygook (SMOG), and the Gunning Fog Index (GFI). All of these tools are highly reliable and have been validated (Wang, Miller, Schmitt, & Wen, 2013). According to Wang et al. (2013), the FRE and FKGL were the most popular readability tools used in the health care literature. The FRE score ranges from 0 to 100 based on the length of sentences and syllable count (Alamoudi & Hong, 2015; D'alessandro, Kingsley, & Johnson-West, 2001). The higher the FRE score, the easier the text. A FRE score of under 60 indicates that the text is difficult to read, while a score of over 70 means that the text is easy to read (D'alessandro et al., 2001). The standard score is between 60 and 70, which represents that the text is written at approximately the high school level (D'alessandro et al., 2001). On the other hand, the scores of FKGL reflect the estimated academic level of education required to understand a piece of writing (Alamoudi & Hong, 2015). However, the FKGL can only accurately measure the readability of materials between US grades 3 and 12 (D'alessandro et al., 2001). For example, a FKGL

score of 6.0 means that readers must have at least 6th grade level to comprehend the text. Therefore, the lower the FKGL, the easier the text.

2.4.1.4 Interactivity

The study of Web interactivity has attracted much attention in recent years. However, there is no agreement as to the definition of interactivity. According to Liu and Shrum (2002), interactivity is defined as “the degree to which two or more communication parties can act on each other, on the communication medium, and on the messages and the degree to which such influences are synchronized” (p.54). The concept of interactivity consists of three dimensions: active control of the information flow, two-way communication, and synchronicity (Liu & Shrum, 2002). In addition, interactivity can refer to the technological features or user’s perception of interactivity (Wu, Wang, Wei, & Yeh, 2013). The former was the focus of this study. In this study, interactivity refers to “the capacity of a site to allow users to communicate with the system or with other users” (Zhang et al., 2015, p.2076).

There is also no consensus on how to measure interactivity. Various interactive features have been investigated. For example, Sundar, Bellur, Oh, Xu, and Jia (2013) examined six interactivity features: click-to-download, drag, mouseover, slide, zoom-in/out, and 3D carousel and found that they had significant effects on user experience. Sutcliffe and Hart (2017) investigated avatars and videos and confirmed the positive effects of these features on user experience. Freeman and Chapman (2012) evaluated the interactivity of tobacco websites by examining 10 website features: “multimedia (images, videos, podcasts), stay-informed tools (newsletter/RSS feed or share/tag tools and widgets), click-and-choose activities (polls, quizzes, contests, calculators), comment on content, forums/discussion, Twitter page link, Facebook page link, YouTube channel, online personalized quit plan, and games” (p.860). Based on previous studies, Nurdin and Aratusa (2020, p.855) identified 13 criteria of website interactivity as follows:

1. Email
2. Telephone contact
3. Suggestion and comments feature

4. News and announcement
5. Link to other education institution websites
6. Link to relevant non-government institution websites
7. Download forms (such as registration and study planning forms)
8. Online inquiry feature
9. Online complaint feature
10. Online chat feature
11. Universities social media sites (one score for each social media site)
12. Log in to intranet facility
13. Online payment system

The effects of interactivity have been examined by many studies. However, results are inconclusive. Gao (2011) revealed that interactivity had significant effect on both perceived entertainment and perceived informativeness. Yang and Shen (2018) found that Web interactivity was significantly correlated with user enjoyment, positive attitudes, and desirable behavioral intentions. However, it did not have significant positive effects on comprehension, elaboration, knowledge acquisition, and information recall (Yang & Shen, 2018). Another meta-analysis conducted by these authors suggested that interactivity significantly enhanced user involvement, while extremely high levels of interactivity might be detrimental to users (Yang & Shen, 2019). Furthermore, Kim and Stout (2010) found that interactivity had significant positive effects on the processing of mental illness-related information and on attitudinal dimensions of mental illness stigma. Wu et al. (2013) suggested that interactivity significantly increased users' perceived interactivity, involvement, and satisfaction of the website, which then further increased their intention to revisit and recommend the website. Warnick, Xenos, Endres, and Gastil (2005) found that interactivity had a positive effect on users' cognitive engagement, time spent on the site, and information recall. However, these authors confirmed that too much interactivity could overwhelm users and negatively affect their ability to recall information (Warnick et al., 2005).

2.4.1.5 Privacy and Data Protection

Many websites collect personal information for the purpose of improving users' experience (Kaur, Dara, Obimbo, Song, & Menard, 2018). However, survivors' personal information, such as locations and contact information, may be misused for criminal activities (Dangi, Tajuddin, Bahsri, & Zamakhsari, 2016). Baruh, Secinti, and Cemalcilar (2017) found that users with privacy concerns were less likely to use online services and share personal information. Privacy and data protection refer to "whether a site respects the privacy and confidentiality of personal data submitted by visitors" (Zhang et al., 2015, p.2077). Privacy and data protection issues are primary barriers IPV survivors face when using the internet. IPV survivors may be afraid of using the internet for information because violence against them can be triggered by the simple act of seeking for information (Dimond et al., 2011; Westbrook, 2009b).

The internet provides a new medium of communication that keeps people connected, yet the rapid growth of the internet technology poses new threats to IPV survivors and provides abusers more control over the movements of their victims, which may make survivors more difficult to leave the relationships. Abusers may use spyware (Chatterjee et al., 2018; Freed et al., 2017), cellular phone monitoring chips, global positioning system (GPS) devices, and surveillance video cameras to track and monitor the locations, activities, and communications of their victims (Freed et al., 2017; Freed et al., 2018; Freed et al., 2019; Kranz & Nakamura, 2002; Matthews et al., 2017; Southworth, Finn, Dawson, Fraser, & Tucker, 2007). The internet activities of IPV survivors through WiFi can also be tracked easily by their abusers using free packet sniffing software, such as WireShark, Net Stumbler, and Ethereal (Jackson, n.d.). These powerful tools allow abusers to maintain control over their victims without temporal and spatial constraints and with minimal risk of detection (Dimond et al., 2011; Fraser, Olsen, Lee, Southworth, & Tucker, 2010; Woodlock, 2016).

"The use of the internet, e-mail, and other electronic communication devices to stalk another person" is referred to as cyberstalking (U.S. Department of Justice, 2001). This phenomenon in the context of DV has been well-recognized in the cyberstalking literature (Burgess & Baker, 2002; King-Ries, 2010; Smoker & March, 2017; Woodlock,

2016). Particularly, when survivors try to leave an abusive relationship, the risk of being victims of cyberstalking increases (Fernet, Lapierre, Hébert, & Cousineau, 2019). Many news stories and court cases surrounding this issue have also reflected the magnitude of the problem. For example, Johnathan Barnes in Alberta, Canada used internet keyloggers and fake email addresses to harass his ex-girlfriend by hacking into her cellphone and bank accounts and sending embarrassing pictures of hers to her friends and family (CBC News, 2006, Mar 16). Similarly, when searching for online information, IPV survivors' internet movements and personal information may be tracked and gathered without their knowledge and consent. Compared with traditional offline stalking, cyberstalking often has a more devastating and far-reaching impact on victims, which may involve physical, behavioural, psychological, social, and financial consequences (Bocij, 2003; Short, Linford, Wheatcroft, & Maple, 2014). Cyberstalking victims tend to suffer loss of personal safety, hypervigilance, high levels of stress and anxiety, sleeplessness, recurring nightmares, eating disorders, change in work or social habits, and loss of job (Bocij, 2003; Gregorie, 2001; Short et al., 2014). In some cases, cyberstalking activities may result in murder (Bocij, 2003; Bocij, Griffiths, & McFarlane, 2002) and femicide (Zara & Gino, 2018). More importantly, cyberstalking provokes an element of fear in victims (Short et al., 2014) and reduces the informational value of the internet (Saban, McGivern, & Saykiewicz, 2002), which may steer IPV survivors away from seeking information online (Freed et al., 2017).

In response to the increasing privacy concerns of users, many websites have implemented privacy policies, which is a legal document outlining the data practices of the organization (Kaur et al., 2018). For the most part, privacy policies are used to disclose how an organization collects, uses, manages and discloses a customer's personal data (Chua, Herbland, Wong, & Chang, 2017). Studies have found that privacy policies play a major role in reducing consumers' privacy concern when sharing personal information (Milne & Culnan, 2004; Wu, Huang, Yen, & Popova, 2012). However, in Canada, the issues regarding whether a website provides a privacy policy and the extent to which information is provided on the privacy policy are largely a matter of choice, rather than compulsion.

An escape button is another privacy and safety measure that is particularly relevant to IPV survivors. It is a web feature that redirects the users to a different website by clicking on it once (Sorenson, Shi, Zhang, & Xue, 2014). This feature allows the users to quickly leave the website when they do not want other people to know which site they are visiting (Sorenson et al., 2014). Sorenson et al. (2014) found that one-third of the home pages offered an escape button after examining the usability of 261 websites that served abused women.

2.4.2 Information Quality Evaluation Tools

After identifying the appropriate dimensions that constitute information quality, each dimension must be evaluated by specific measures and criteria. The evolving nature of information published on the Web must also be considered in the evaluation processes (Batini & Scannapieco, 2016). However, the literature does not provide a standard set of measures and criteria that can be applied by researchers. Not only the choice of evaluation instruments depends on the preference of the researchers, but also the number of instruments used in any particular study is different. In the field of online health information, Bernstam, Shelton, Walji, and Meric-Bernstam (2005) identified 273 quality evaluation tools in 2004. Abdel-Wahab et al. (2019) conducted a scoping review to identify standards for the development of online health-related information and suggested that information quality components and criteria must be modified regularly to keep in pace with the dynamic nature of the technology. A systematic review conducted by Zhang et al. (2015) found that over half (67.9%) of the selected articles used a total of 29 different pre-existing evaluation instruments developed by third parties, such as DISCERN, HONcode, and JAMA benchmarks. To achieve the goal of the studies, researchers have also developed unique evaluation instruments based on existing studies and their professional judgment (Abdel-Karim et al., 2012; Bari, Kemeny & Bari, 2014; Hendrick et al., 2012; Zhang, et al., 2015). Numerous instruments have been developed to facilitate health information quality evaluation (Bernstam et al., 2005; Gagliardi & Jadad, 2002; Jadad & Gagliardi, 1998). Furthermore, researchers often use the same instrument to evaluate multiple dimensions. For example, HONcode was used as an

indicator to evaluate three similar but different dimensions: credibility (Neumark, Flum, Lopez-Quintero, & Shtarkshall, 2012); authoritativeness (Cassidy & Baker, 2016); and trustworthiness (Bastos, Paiva, & Azevedo, 2014; Zhang et al., 2015). This limitation may add complexity and practical challenges to the evaluation process (Zhang et al., 2015).

2.4.3 Information Quality Evaluation Methodologies

There is a lack of uniformly accepted methodology for assessing website information quality. Numerous evaluation frameworks have been developed in the field to achieve different research objectives and address various research questions (Eppler & Wittig, 2000; Knight & Burn, 2005; Parker, Moleshe, De la Harpe, & Wills, 2006). For example, Lee, Strong, Kahn, and Wang (2002) proposed an AIMQ methodology to assess information quality, which consists of three components: (1) An information quality dimensions model; (2) A questionnaire to measure information quality; and (3) The analysis techniques for interpreting the information quality measures (p.133). Samadbeik, Ahmadi, Mohammadi, and Saravi (2014) assessed the quality of websites providing Persian health-related information using the Bomba and Land Index, which includes content, usability, availability, advertising, complimentary and confidentiality. Recently, Gandhi, Hidayanto, and Shihab (2016) proposed a four-phase Information Quality framework that integrated information quality assessment and improvement strategies. Pauer et al. (2017) assessed the online information quality concerning rare diseases by asking the information providers to complete a self-disclosure questionnaire with 13 evaluation criteria. This review highlights the diverse approaches in assessing web-based information quality, which may lead to more rigorous evaluation standards. However, such diversity may weaken the ability to generalize the results and add another layer of complexity to the study design.

2.5 Relationship between Visibility and Information Quality

The interplay between the visibility and information quality of a website has been a topic of debate with little consensus in the findings. Existing research can be broadly divided into two groups. One group of scholars argues that the higher the information quality of websites, the higher the website visibility and vice versa. Some earlier studies have suggested that website visibility is determined by the reputation of a website for providing credible information that is reliable, accurate, and accessible (Briggs, Burford, De Angeli, & Lynch, 2002; Vedder & Wachbroit, 2003; Wang & Emurian, 2005). Recently, Abu-Serriah, Wong, Dhariwal, and Banks (2014) found that almost two-thirds of respondents associated online visibility with the good reputation of the organization. Researchers also argued that organizations with good reputation for providing trustworthy information receive more inlinks (McNutt, 2012; McNutt & Marchildon, 2009; McNutt & Pal, 2011). Similarly, Kouchay (2014) suggested that websites with higher quality tend to attract more links. Qiu, Oliveira, Shirazi, Flammini, and Menczer (2017) found a weak correlation between quality and popularity of information in social media. Therefore, this group of scholars believes that having high and valid external inlink counts is the most powerful positive indicator of website visibility and quality (Bowler et al., 2011; Finkelstein, 2008; McNutt & Marchildon, 2009; Rogers, 2010a; Weideman, 2009).

In contrast, another group of scholars contends that there is no direct relationship between visibility and information quality of a website (Caro et al., 2011; Meric et al., 2002; Saberi & Mohd, 2013). Particularly, McNutt and Marchildon (2009) found that website visibility and relevance did not correspond. Sandvik (1999) revealed that the number of inlinks to a website did not reflect its quality. Pérez-López (2004) found that the number inlinks did not correlate with quality indicators, such as “display of authorship, attribution or references, currency of information, and disclosure” (p.276). These findings may be explained by the “rich-get-richer” phenomenon discovered by Yi and Jin (2008), which indicated that webpages with a high number of inlinks will continue to attract more inlinks over time since major commercial search engines give a higher ranking to these webpages regardless of their quality (p.341). Nowadays, the visibility of a webpage

depends heavily on its ranking in the SERP because the majority of users only click the links on the first results page of the search engine (Gudivada et al., 2015). However, websites with high quality may not be ranked highly in the popular search engines (Soobrah & Clark, 2012; Tavare, Alsafi, & Hamady, 2012). van der Marel et al. (2009) found a poor association between SERP ranking and quality of a webpage. Likewise, studies have revealed that page rank of the major search engines is not a reliable predictor of a site's overall content quality (Kaicker, Wu, & Athreya, 2013; Tan, Kostapanagiotou, & Jilaihawi, 2009). One of the major reasons for this is that SERP ranking can be manipulated by employing various search-engine optimization strategies, such as spamdexing, keyword research, meta tags, and backlinks (Gudivada et al., 2015). Also, most commercial search engines do not independently assess the information quality in their complex ranking algorithm (van der Marel et al., 2009). When search engines do not directly consider quality as a factor in website ranking, there is no motivation for Web designers or owners to take into account the information or content quality as part of the website visibility-maximizing effort. Thus, websites with the highest visibility may not necessarily have the best data or information quality and vice versa.

2.6 Theoretical Background and Conceptual Framework

The literature review in this study highlighted the major factors that may affect IPV survivors' perceived usefulness and frequency of use of an IPV website, including the awareness, visibility, and information quality of the IPV websites. Building on these insights, a conceptual framework was developed to guide this study.

Given the lack of existing blueprint for predicting IPV survivors' perceived usefulness and frequency of use of a website, results from the literature review showed that some of the components of the Uses and Gratifications Theory (U&G) and the Technology Acceptance Model (TAM) are particularly relevant to this study. Therefore, these two theoretical concepts contributed towards the development of the conceptual framework of this study.

Before discussing the conceptual framework of this study, it is necessary to first review the literature on U&G and TAM.

2.6.1 Uses and Gratifications Theory (U&G)

U&G also known as the “Needs and Gratifications Theory” is one of the most influential theories in media literature (Roy, 2009, p.878). It measures the reasons and motivations for information acquisition through media (Lariscy, Tinkham, & Sweetser, 2011). This theory examines the functions and features of a medium from users’ perspective to determine users’ needs and desires (Anderson & Meyer, 1975; McQuail, 1995). It assumes that people actively select media and content to satisfy their goals and needs (Katz, Blumler, & Gurevitch, 1973; Kaye & Johnson, 2002; Lariscy et al., 2011; Rubin, 1994). For example, people use Web browsers to satisfy their information needs (Garramone, Harris, & Anderson, 1986; James, Wotring, & Forrest, 1995; Kaye, 1998; Papacharissi, & Rubin, 2000).

The application of U&G has evolved from studying the use of traditional mass communication media, such as newspapers, radio and television, (Rubin, 1981; Ruggiero, 2000) to the use of modern interactive social media (Chen, 2011; Chiang, 2013; Chung & Austria, 2010; Joinson, 2008; Kaye, 1998; Lampe, Wash, Velasquez, & Ozkaya, 2010; LaRose, Mastro, & Eastin, 2001; Papacharissi & Mendelson, 2011; Quan-Haase & Young, 2010; Riaz, Aksar, & Pasha, 2016; Ruggiero, 2000; Smock, Ellison, Lampe, & Wohn, 2011). U&G has also been used to examine the motives behind using the internet or various specific websites (Ebersole, 2000; Eighmey, 1997; Eighmey & McCord, 1998; García-Jiménez, López-Ayala-López, & Gaona-Pisionero, 2012; Hicks et al., 2012; Johnson & Kaye, 2003; Kaye, 1998; Korgaonkar & Wolin, 1999; Lin, 1999; Papacharissi & Rubin, 2000; Parker & Plank, 2000; Roy, 2009; Ruggiero, 2000; Stafford, Stafford, & Schkade, 2004; Weiser, 2001). Walker et al. (2017) employed the U&G approach to examine new mothers’ use and preferences of e-Health media to satisfy their health information needs. Wok (2016) applied U&G to investigate how satisfaction related to usage, awareness, perception, attitude and behavior of the Islamic websites. Gan and Li

(2018) used U&G to determine how gratifications affect the continued usage of WeChat, a social networking site. Incollingo (2018) employed U&G to explore the role of gratifications in the decision to read digital news using mobile devices.

Particularly, researchers have applied the U&G approach to investigate users' motives for turning to the Web for political information. For example, Alao, Alao, Ogunwemimo, and Alao (2016) investigated the role of social media in political participation in Nigeria using U&G. Kaye and Johnson (2002) also employed U&G to investigate the interplay between motivations for using the Web for political information and political attitudes, such as self-efficacy. These authors identified four motivations: guidance; information seeking and surveillance; entertainment; and social utility, and found significant correlations between these four motivations and amount of use, trust in government, feelings of efficacy, interest in politics, and the likelihood of voting (Kaye & Johnson, 2002, p.54). Furthermore, Kaye and Johnson (2004) conducted an online survey during the 2000 presidential election to examine users' motives for using the internet, electronic mailing lists/bulletin boards and chat rooms for political information based on U&G. By comparing the results from both 1996 and 2000 presidential election, Kaye and Johnson (2004) found that entertainment/social utility, information seeking, convenience, and guidance drove the use of message board/electronic mailing lists for online political information. Guided by U&G, Lariscy et al. (2011) explored the relationship between political Web use and both political information efficacy (empowerment) and political cynicism (p.750). The findings showed that young Americans in Georgia considered searching for political information as political participation (Lariscy et al., 2011).

Despite its popularity, U&G has been criticized for its simplicity and narrow focus because it centers mainly on the behavior of users in a particular study, which makes generalization almost impossible and causes difficulties to consider situations in a broader social level (Carey & Kreiling, 1974; Elliott, 2000). Although some viewed this user-oriented approach as a strength of U&G, others questioned its reliability because media users may not be able to accurately identify and explain the reasons behind their media choice (Ruggiero, 2000). Scholars have also complained that U&G only provides lists of reasons that explain why people use certain media without adequately

distinguishing the differences between gratifications sought and gratifications obtained (Curras-Perez, Ruiz-Mafe, & Sanz-Blas, 2014; Wang, Yang, & Chen, 2016). Furthermore, some critics suggested that U&G has weak predictive and explanation power (Ruggiero, 2000), and a lack of internal consistency and theoretical justification (Stanford, 1983). The validity of the results using self-report data to determine users' motives may also form reasonable grounds for concern (Ruggiero, 2000). In response to these criticisms, various extensions have been proposed to strengthen the theoretical lenses of U&G by integrating additional theories, such as Expectancy-Value Theory (Mondi, Woods, & Rafi, 2008; Palmgreen & Rayburn, 1982); the Theory of Planned Behavior (Curras-Perez et al., 2014); and Dependency Theory (Wenner, 1982), as well as incorporating other methods, such as experimental (Bryant & Zillmann, 1984), ethnographic (Lemish, 1985), and diary / narrative (Massey, 1995) methods. Rubin (1994) defended U&G and suggested that comparison and generalization can be achieved by replicating and comparing findings of various existing studies.

The relevance of U&G in this study is predicated on its assumptions and media applications. Particularly, its active audience assumption is relevant to this study as IPV survivors are active information seekers (Harris & Dewdney, 1994). IPV survivors essentially control their choice of whether to use the website or not. Furthermore, U&G is grounded in the idea that users choose to use the media to satisfy their own needs. "Needs" is an important factor in users' decision-making process. Another major factor of U&G is gratification or satisfaction, which is affected by use and need. U&G posits that there are mainly two reasons for using a website: (1) the content offered by the website, and (2) the experience gained from using the website (Cutler & Danowski, 1980; Stafford & Stafford, 1996). As the backbone of this study, the motives that drive IPV survivors to use the IPV websites are based on two major assumptions derived from U&G (1) the information needs of the survivors; and (2) the satisfaction obtained by the survivors after information needs are met. Thus, the role of U&G in this study is to support the assumptions of the theoretical framework in this study that IPV survivors turn to the internet for information to satisfy their information needs.

2.6.2 Technology Acceptance Model (TAM)

The Technology Acceptance Model (TAM) is a popular model used in the information system field to explain computer system usage behavior (Davis, Bagozzi, & Warshaw, 1989). The major strength of this model is that it is simple and easy to use. It has been applied successfully to explain a wide range of technology adoption decisions and behaviour in different contexts, such as smart glasses (Rauschnabel & Ro, 2016), mobile learning (Al-Emran, Mezhuyev, & Kamaludin, 2018); e-commerce (Fedorko, Bacik, & Gavurova, 2018); driverless car technology (Koul & Eydgahi, 2018). TAM is also one of the most well-recognized models used to assess website usage behavior (Wang, 2016). Its validity and reliability have been well-established in multiple empirical studies (Adams, Nelson, & Todd, 1992; Doll, Hendrickson, & Deng, 1998; Hendrickson, Massey, & Cronan, 1993; King & He, 2006; Subramanian, 1994). It originated from the Theory of Reasoned Action (TRA) and the Theory of Planned Behavior (TPB) (Marangunić & Granić, 2015). TAM is developed to predict and analyze users' intention to use an information technology based on two factors: perceived usefulness and perceived ease of use (Davis, 1989). Perceived usefulness is defined as “the degree to which a person believes that using a particular system would enhance his or her job performance” (Davis, 1989, p.320). Perceived ease of use refers to “the degree to which a person believes that using a particular system would be free of effort” (Davis, 1989, p.320). According to TAM, technologies are perceived to be more useful when they are easier to use (Davis, 1989).

Studies have found that perceived usefulness is the main measure for evaluating user acceptance and technological success (Alsabawy, Cater-Steel, & Soar, 2016; Wang, 2016). It has been widely accepted as one of the most significant factors of technology adoption (Mota, Bellini, Souza, & Oliveira, 2016). It has also been a popular measure in technology acceptance studies to examine users' intention to use a website, such as e-government (Almahamid, Mcadams, Al Kalaldehy, & Al-Sa'eed, 2010; Hung, Chang, & Yu, 2006; Kumar, Mukerji, Butt, & Persaud, 2007; Rana, Dwivedi, & Williams, 2013; Wangpipatwong, Chutimaskul, & Papisratorn, 2008); online learning course websites (Chang & Tung, 2008; Liaw, 2008); social network sites (Sledgianowski & Kulviwat,

2009); and e-commerce websites (Smith, 2008). Furthermore, studies have found that perceived usefulness is positively influenced by various factors, such as perceived privacy protection (Chung, Park, Wang, Fulk, & McLaughlin, 2010), perceived convenience (Yoon & Kim, 2007), subjective norm (Choi, 2013), and perceived informativeness (Holdack, Lurie-Stoyanov, & Fromme, 2020), which indirectly affect the intention to use a technology. The more IPV survivors perceive a website as being informative and convenient, the more they perceive that website as useful and more they are likely to use it.

When compared with other technology acceptance theories, the strengths of TAM are highlighted. TAM has been found to have greater explanatory power to predict information technology user behavior than TRA and TPB (Ajzen, 1985; Davis et al., 1989; Mathieson, 1991; Netemeyer, Ryn, & Ajzen, 1991). Davis (1989) found mixed results when comparing TAM and TRA. Mathieson (1991) compared TAM with TPB and found that both models were capable of effectively predicting intention to use, whereas TAM was slightly better from an empirical perspective. Although both TAM and TPB are empirically valid, compared to TPB, TAM is easier and less expensive to use (Mathieson, 1991). Furthermore, TAM is effective in gathering general information about users' perception of a system, while TPA is capable of providing more specific information and insight into the reasons for users' dissatisfaction (Mathieson, 1991).

However, TAM is not free of criticism. The simplicity of TAM is a double-edged sword as it comes at the expense of ignoring the complexity of human decision-making process. Straub and Burton-Jones (2007) complained about TAM's "deceptively straight-forward constructs and measures" (p.227). Bagozzi (2007) identified various limitations of TAM, such as the lack of supporting theory and method for the determinants, the lack of social and cultural consideration, and the huge discrepancies between this over-simplified model and reality (Bagozzi, 2007). Benbasat and Barki (2007) raised various theoretical concerns about the side-effects of TAM's evolution. Legris, Ingham, and Collette (2003) highlighted the limitation of using self-reported data in most of the TAM studies.

As technology continues to evolve at a rapid pace, various extensions and modifications of TAM have been proposed with additional constructs to increase its expressive power in different contexts (Lee, Kozar, & Larsen, 2003; Legris et al., 2003; Marangunić & Granić, 2015). Moon and Kim (2001) applied TAM with an additional measure, perceived playfulness, to investigate people's internet acceptance behavior. Koufaris (2002) integrated TAM with environmental psychology and flow theory to examine online consumer behavior. Hsu, Li, Li, and Liu (2016) modified TAM by incorporating website quality features (information, system and service quality) and cognitive absorption to explore social network site usage. Lim, Lim, and Heinrichs (2008) examined the e-shopping website usage by extending TAM to include perceived enjoyment, perceived information risk and perceived site trust dimensions. Ramayah (2010) added voluntariness of use to TAM as a possible determinant of students' usage of a course website. Singh, Fassott, Chao, and Hoffmann (2006) extended TAM to incorporate cultural adaptation in the investigation of international websites usage. Similarly, Shen and Chuang (2010) introduced interactivity and perceived self-efficacy, as additional constructs, to investigate interactive whiteboard technology.

2.6.3 IPV Website Usage Model (IPV-WU)

This study draws on the key theoretical concepts and components of U&G and TAM with additional constructs to examine the underlying factors that affect the website usage behavior of IPV survivors. This is not the first study integrating U&G and TAM to study the intention to use a website. For example, Hwang and Cho (2018) applied these concepts to investigate the factors that influence the continued usage of Instagram, a social networking site. Florenthal (2019) also integrated both theories to examine young consumers' engagement with brands on social media sites.

To investigate the factors that influence the website usage decisions of IPV survivors, this study applied U&G as an overarching concept emphasizing the motivation of IPV survivors for using the IPV websites. Based on U&G, this study assumes that IPV survivors use a website because they believe that the website is useful in satisfying their

information needs. Hence, information need is not considered as a separate factor in this study.

In addition, this study integrated TAM and proposed that perceived usefulness is associated with website usage. Several empirical studies have found that perceived usefulness, but not perceived ease of use, is a significant determinant of intention to use and is positively associated with behavioral intention to use an information system or information technology (Adams et al., 1992; Chau, 1996; Chau & Hu, 2002a; 2002b; Gefen & Keil, 1998; Hu, Chau, Sheng & Tam, 1999; Singh et al., 2006; Szajna, 1996). Thus, assessing the perceived ease of use is beyond the scope of this study.

This study proposed an IPV Website Usage (IPV-WU) model, as shown in Figure 2.1, to guide this research. Drawing on the existing literature, this model consists of five major components: Website awareness, website visibility, website quality, perceived usefulness, and frequency of use. The double-headed arrows in Figure 2.1 represent the correlation between variables.

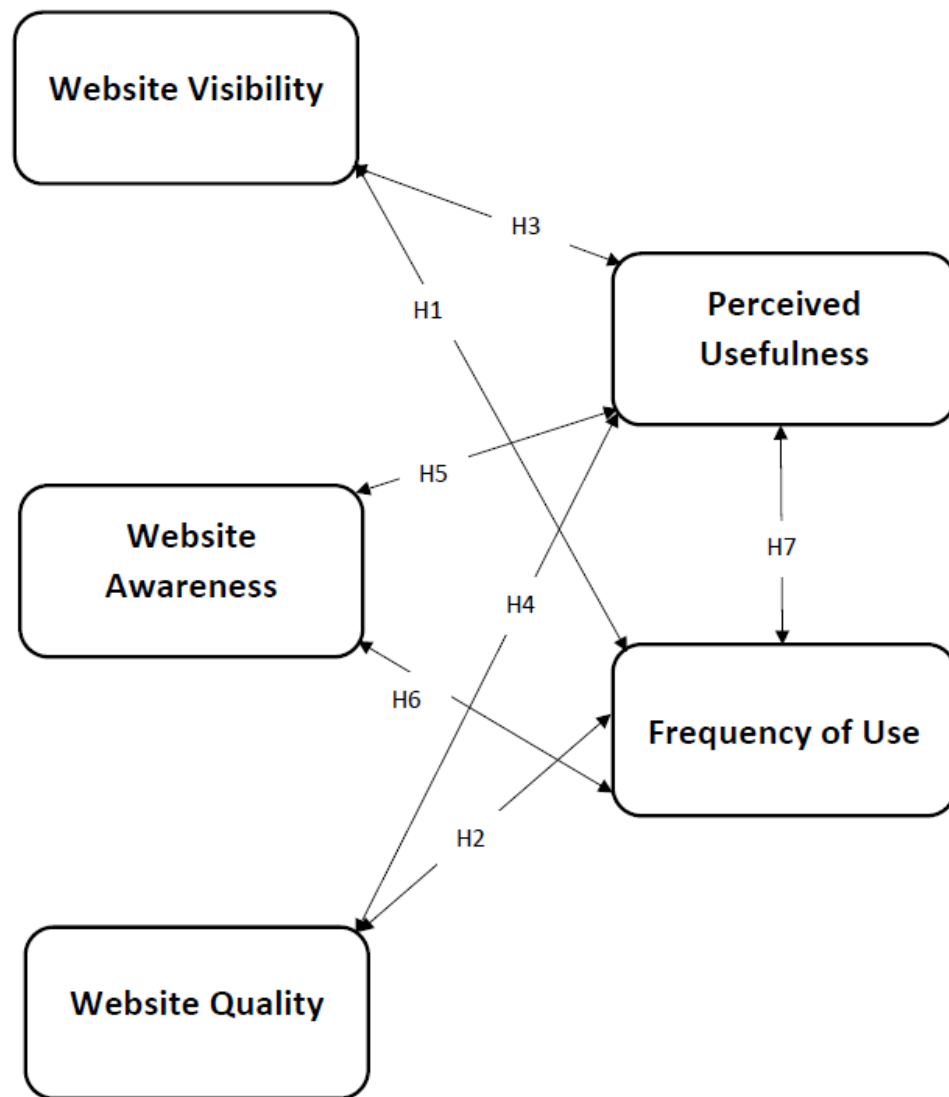


Figure 2.1: IPV Website Usage (IPV-WU) Model

Chapter 3

3 Methodology

Based on the IPV-WU model, this chapter presents the research design and procedures of this study. The data collection stages and data analysis processes are also discussed.

3.1 Research Design

This study aimed to investigate three major factors affecting IPV survivors' perceived usefulness and website usage, including website awareness, website visibility, and information quality of the website. To test the hypotheses, multiple data-gathering techniques were used in this study. Data were collected in four stages: (1) Identification of IPV websites; (2) Determination of the visibility of the identified IPV websites; (3) Determination of the quality of the identified IPV websites; and (4) Development of user survey to gather primary data on IPV survivors' perception. The visibility and quality data sets were collected directly from the IPV websites. The survey data set contained the information needs, awareness, perceived usefulness and usage data collected from the participants. Thus, the results of this study were generated not only from systematic quantitative analysis, but also by incorporating the perspective of IPV survivors.

This multiple data-gathering approach is important because it allows for triangulation of data to enhance the richness of the results (Galliers & Newell, 2001; Stake, 1995). To illustrate, the IPV websites in this study were not only assessed for visibility and information quality, but also assessed by IPV survivors for website awareness, perceived usefulness, and frequency of use. Thus, each website was evaluated on multiple measures, which can then be used to determine the overall performance and importance of the websites. In addition, to offer a more comprehensive view and increase confidence in the findings, the visibility and information quality of the websites were assessed by combining the findings from multiple rigorous measures (Heale & Forbes, 2013). For visibility, search engine ranking, external inlink counts, and social media mentions were assessed. For information quality, accessibility, relevance, readability, interactivity, and

privacy and data protection were evaluated. This technique also serves well in incorporating several layers of information to provide a comprehensive and holistic perspective of the issues. Furthermore, this approach is capable of addressing the major limitations of the existing literature and improving the reliability and validity of the findings (Galliers & Newell, 2001; Stake, 1995).

3.2 Stage 1: Identification of IPV websites

3.2.1 Inclusion Criteria

The IPV websites of this study were selected according to a set of criteria, which included (1) the website must publish IPV-related information, which was operationally defined as information pertaining to IPV programs, services, resources, definitions, stories, and opportunities for victims or abusers or their children (Brown & Joshi, 2014); (2) the contents of the website must be published in English language; (3) the website must be clearly identified as Canadian, such as having a Canadian contact address; and (4) the website must be freely and publicly available to anyone to view with no subscription or payment required.

3.2.2 Procedure

The selection process started with an internet search using the search engine, Google, on December 1, 2018. Studies have found that the majority of health information seekers use general search engines, such as Google, Bing, and Yahoo! to find health information (Berland et al., 2001; Chen & Siu, 2001; Eysenbach & Köhler, 2002; Fox & Duggan, 2013; Fox & Lee, 2002; Hansen et al., 2003; Peterson et al., 2003; Skinner, Biscope, Poland, & Goldberg, 2003). Aside from being the most popular public search engine (Alamoudi & Hong, 2015; Alexa, 2020; Brigo et al., 2014), Google was chosen because it is the “tool most used for problem-specific information seeking” (Jamali & Asadi, 2010, p.282). This characteristic is important because IPV survivors are more likely to use Google in their specific information needs, such as shelter and counselling.

All queries were made in incognito mode (private browsing) of Google Chrome internet browser and from a virtual private network (VPN) based in Canada to minimize the influence of prior internet browsing history. Google Chrome was used in this study because it has the highest market share of 63.62% worldwide in December 2019 (Statcounter, 2019a). More importantly, Google Chrome Incognito mode has been tested by several studies, which have consistently found that it is relatively more secure and private compared to other Web browsers, such as Mozilla Firefox, Internet Explorer, and Safari (Montasari & Peltola, 2015; Said, Al Mutawa, Al Awadhi, & Guimaraes, 2011). To reduce the bias in search results influenced by the browsing histories recorded on the researcher's computer, all cookies and browsing histories were deleted before performing any search. These Web search protocols were applied consistently throughout all searching activities in this study.

The search terms “domestic violence” and “intimate partner violence” were used. The region settings were limited to “Canada” only. The search produced approximately 2,600,000 results. The first 1,000 sites in the search results generated by Google were examined based on the inclusion criteria. One hundred and thirty-nine sites fulfilled all the criteria and were selected for further evaluations and analysis. The Uniform Resource Locators (URLs) of the selected IPV websites were recorded on a Microsoft Excel spreadsheet for analysis. An identification number was assigned to each IPV website. The selected IPV websites were then categorized into different groups and subgroups. A classification scheme with definition of each group and subgroup is presented in Appendix B, which was developed based mainly on the existing literature. Additional categories were added to accommodate the unique characteristics of the websites. The coding scheme was applied consistently to all selected websites.

In Appendix C, a group of 139 Canadian IPV websites were categorized into the following groups and subgroups:

- Health Organizations
 - General hospital
 - Medical clinic
 - Children's hospital
 - Other health organizations

- Non-Profit Organizations (NPOs)
 - Counselling
 - News
 - Religious organizations
 - Research organizations
 - Victims of crime
 - IPV / DV / Elder abuse
 - For Men
 - For Women
 - General

- Schools
 - Primary schools
 - Secondary schools
 - Colleges and universities
 - Others

- For-Profit Organizations (FPOs)
 - Counselling
 - News
 - Pharmaceutical
 - Research Organization / Journals / Articles
 - Other companies

- Governments
 - Government – Federal
 - Government – Provincial
 - Government – Regional
 - Government – Municipal
 - Government – Foreign
 - Government – Other government agencies

- Others
 - Associations / Unions
 - Blog / Forum / Other interactive media
 - Libraries
 - Online directory
 - Other regulatory bodies
 - Police departments
 - Other online resources
 - Link not found

3.3 Stage 2: Determination of the visibility of the IPV websites

After identifying the IPV websites, the visibility of the IPV websites was determined. There are several indicators that can be used to evaluate website visibility. To ensure the validity and reliability of the findings, multiple approaches were used to objectively measure the visibility of the identified IPV websites: (1) the search engine ranking; (2) the number of external inlinks; and (3) the number of Web and social media mentions or references of the websites. The average value of these visibility measures was used to compare the visibility level of the IPV websites.

3.3.1 Search engine ranking

According to Caro et al. (2011, p.43), website visibility is defined as “a website’s ranking in search engine results”. According to Wathen and McKeown (2010), the following 16 DV content elements are crucial to improve the quality of life of the abused women:

1. Warning signs
2. Escape plan
3. Restraining / protection orders
4. Shelter information
5. Child custody
6. Child support
7. Cyber Safety
8. Definition of IPV
9. General statistics / facts about IPV
10. Hotline / referral service
11. Job information / training
12. Legal resources / assistance
13. Medical facilities
14. Mental health
15. Provincial / territory specific statistics / facts about IPV
16. Substance abuse

This study assumes that these 16 DV content elements are the most common keywords and search phrases used by IPV survivors when performing online information search. These content elements were used as search terms on December 17, 2018 in three major

search engines, Google, Bing, and Yahoo!. According to Statcounter (2019b), the top three search engines in the world in terms of market share are: Google (92.71%), Bing (2.32%), and Yahoo! (1.59%). The same Web search protocols described previously in 3.2.2 were applied. The URLs of the first six pages (with approximately 60 results) of the SERP of each search were recorded using Moz, as most users will not proceed beyond this point (Liebl et al., 2015). All URLs starting with “http://”, “https://”, or “www.” were removed. They were analyzed using the root domain of the web pages. A numeric value ranging from 1 (first ranked result) to 60 (60th ranked result) was assigned to the selected IPV websites associated with each content element query based on the search engine ranking position of the root domain of the IPV websites in each search engine. Then, the position values were converted to a 0-100 scale where the higher the score, the higher the ranking position. A website ranked first was awarded 100 points, while websites positioned 51+ on the SERP were awarded 0 points. The final score of each selected IPV website in this indicator was calculated by averaging all scores obtained from the three search engines. There may be a chance that the same root URL appears in multiple positions of the SERP. Only the first hit of each query was recorded. The visibility of each selected IPV website was determined using the average score of all content element queries of the website. The higher the average score of the website, the higher its website visibility. Finally, the selected websites were ranked in a descending order according to the average score starting from the most visible to the least.

3.3.2 External inlinks analysis

Website visibility is also defined as “the number of external links that a website has” (Huertas et al., 2011, p.134). The external inlinks of each identified IPV website were analyzed to systematically measure the visibility of the websites. Analyzing the external inlinks of the IPV websites can provide clues to the characteristics of the websites referring to the identified IPV websites because the creation of hyperlinks to other websites often involves strategic decisions of the organizations (Bach & Stark, 2004; Dysart, 2002; Jackson, 1997; Rogers & Marres, 2000; Tremayne, 2004).

On December 16, 2018, Moz (moz.com/link-explorer) was used to extract the inlinks of the selected IPV websites. Compared to other tools, such as MajesticSEO, Ahrefs, and Alexa, Moz is positioned as the most appropriate tool for this study because the reliability of this tool has been tested by multiple studies (Ninkov & Vaughan, 2017; Orduña-Malea & Regazzi, 2014; Sud & Thelwall, 2014; Vaughan & Ninkov, 2018). The URL of each inlink was provided by Moz. The data set collected from Moz was manually verified for accuracy. A database of inlinks was developed for further analysis. Duplicate URLs and internal inlinks (i.e. links coming from a web page of the same website in question) were excluded as they have little contribution to the purpose of evaluating website visibility (Vaughan & You, 2005). The number of inlinks to each selected IPV website was recorded to determine the visibility of the site. The more inlinks a site has, the more visible a site is. Then, the selected websites were ranked in a descending order according to the number of inlinks starting from the most visible to the least.

Next, each inlink source page was examined and categorized into groups and subgroups as outlined in Appendix B for further analysis. The coding scheme of this study was modified from Bowler et al. (2011), which was developed to analyze the inlinks of sixteen health sites. Appendix B presented the coding scheme, which was applied consistently to all websites. URLs were excluded if they were not accessible and/or were not published in English. Although conducting this type of analysis is very time-consuming, this approach is particularly well-suited “in studying hidden behaviors and intentions on the web” (Yi & Jin, 2008, p.328). The results provided insights into what kind of organizations were referring IPV survivors to the identified IPV websites.

3.3.3 Number of social media mentions

The number of social media mentions of a website is also an indicator of visibility (Lim & Park, 2011). Thus, the visibility of the identified IPV websites was partly measured using the number of mentions of the websites in various online social networking settings. The data was collected using a social media search engine, Social Searcher (<https://www.social-searcher.com/>), which allows users to search for publicly posted

content in real-time and in multiple social networks, including Twitter, Google+, Facebook, Youtube, Instagram, Tumblr, Reddit, Flickr, Dailymotion and Vimeo etc. Combining multiple sources of data can improve data quality and strengthen the study results (Jadidoleslamy, 2012; Opasjumruskit, König-Ries, & Expósito, 2015). The same Web search protocols described previously in section 3.2.2 were applied. The search terms included the URL and/or the name of the identified IPV websites. The number of mentions of each query was recorded. The visibility of each selected IPV website was determined according to the number of social media mentions of the website. The higher the number of mentions of the website, the higher its visibility. Finally, the selected websites were ranked in a descending order according to the number of mentions starting from the most visible to the least.

3.4 Stage 3: Evaluation of the quality of the IPV websites

Based on the literature review, this study identified and examined the following dimensions of information quality: accessibility, relevance, readability, interactivity, and privacy and data protection.

3.4.1 Accessibility

This study defined accessibility as “whether or not a site can be easily accessed” by all people regardless of race, nationality, religion and disability (Grantham et al., 2012; Zhang et al., 2015, p.2076). To achieve more robust results, this study used the combination of automated evaluation tool and manual tests based on objective indicators to evaluate the accessibility of the IPV websites. First, a series of manual tests was performed, which included determining (1) whether special software, login, or membership was needed to view any portion of the content; (2) whether the website had features that allow access by a wide variety of audience, including people with disabilities; (3) whether the website required any advanced installation or training at the user-end; (4) whether the website offered multiple languages in addition to English

(Zhang et al., 2015). One point was given for the presence of each accessibility feature. The number of points earned by each website ranged from 0 (least accessible) to 4 (most accessible). The scores were then transformed into a 0-100 scale for ease of comparison.

Next, one whole point was deducted for each accessibility error identified by WAVE, a Web accessibility evaluation tool. The accessibility of the IPV websites was determined by the final score. The higher the final score, the more accessible the website.

3.4.2 Relevance

In this study, relevance refers to “whether a website is concerned with the interests of the consumer” (Chen & Cheng, 2009, p.338). This study measured the relevance of the IPV websites objectively by determining whether the contents published by the IPV websites “can help to answer a user’s question” (Saracevic, 2017, p.22). Most people search for information online using keyword searching (Murphy & Chen, 2016). This study assumes that the 16 DV content elements identified by Wathen and McKeown (2010), as shown in section 3.3.1, are the most used keywords and search phrases by IPV survivors when performing online information search. Based on this assumption, this study evaluated the relevance of the IPV websites by the number of the content elements appearing within each identified IPV website. Due to the similar nature of the content elements, “Provincial / territory specific statistics / facts about IPV” was combined with “General statistics / facts about IPV”. A series of searches were conducted by combining Google’s “Site:” operator with the URL of the website and each of the content elements as keywords. The number of results returned by each query was recorded. The relevance of each identified IPV website was determined using the total number of hits. The scores were then converted to a 0-100 scale for ease of comparison. The higher the score, the more relevant the website is to the IPV survivors.

3.4.3 Readability

Readability refers to “whether or not the content of a site is understandable for general consumers without medical background” in this study (Zhang et al., 2015, p.2076). This study used the most popular evaluation tools to measure the readability of the website content: (1) Flesch Reading Ease (FRE) Score; and (2) Flesch-Kincaid Grade Level (FKGL) (Zhang et al., 2015). Using the online readability calculator (<https://www.webpagefx.com/tools/read-able/>), the FRE Score and FKGL were calculated. This online tool has been used by multiple studies (Choi et al., 2018; Fowler, Baker, Lee, & Brown, 2017). The FRE Score ranges from 0 (least readable) to 100 (most readable), while the FKGL varies from first to twelfth grades (Alamoudi & Hong, 2015). For analysis and comparison purposes, the scores of the FKGL were converted to a 0-100 scale, from 0 (least readable) to 100 (most readable). Then, the readability of each identified IPV website was determined using the average of FRE and FKGL scores.

3.4.4 Interactivity

In this study, interactivity refers to “the capacity of a site to allow users to communicate with the system or with other users” (Zhang et al., 2015, p.2076). Based on the literature review, various interactivity dimensions have been identified to be particularly relevant for this study. The interactivity of the websites was measured by determining whether the website (1) had internal search capability; (2) offered help features, such as FAQ and contact information; and (3) facilitated information exchange between the users through chat room, blog, forum, and social networks (Liu, 2003; Mpinganjira, 2016; Yoo, Lee, & Park, 2010; Zhang et al., 2015). One point was given for each interactivity feature. The number of points earned by each website ranged from 0 (least interactive) to 3 (most interactive). The scores were then converted to a 0-100 scale for ease of comparison. The higher the score of the website, the more interactive the website.

3.4.5 Privacy and Data Protection

This study defined privacy and data protection as “whether a site respects the privacy and confidentiality of personal data submitted by visitors” (Zhang et al., 2015, p.2077). This study evaluated the privacy and data protection of the websites according to the assessment criteria outlined in the privacy principle of HONcode (Health On the Net Foundation, 2018), which is one of the most popular tools used to evaluate information quality of health websites (Ahmed, Sullivan, Schneiders, & McCrory, 2011). The privacy and data protection of the IPV websites were determined based on (1) whether the website presented the privacy policy stipulating what users’ information is collected and how it is used; and (2) whether the websites had a “Quick Exit” button (Zhang et al., 2015, p.2077). Studies have used the existence and content of the privacy policies to evaluate the privacy protection level of the websites (Alhuwail et al., 2018; Perez, Zeadally, & Cochran, 2018).

Manual search was conducted for the privacy policies of the websites. The search procedure was based on steps that a user might take when trying to find the privacy policy of the website. First, the home page of the IPV websites was examined to find a link to the policy. Next, the terms “privacy” and “privacy policy” were searched using the search function of the websites. If no privacy policy was found, the IPV website was labeled as not having a privacy policy. Otherwise, one point was given for each privacy and data protection feature. The number of points earned by each website ranged from 0 (least safe) to 2 (most safe). The scores were then converted to a 0-100 scale for ease of comparison. The higher the final score of the website, the safer the website.

3.5 Stage 4: Assessment of user experience

IPV survivors’ decisions on whether to use a website may largely depend on the value they perceive in using the website, which may vary based on their context. To find insights, a web-based survey instrument was developed to gather data on IPV survivors’ perception of their information needs, website awareness, perceived usefulness, and frequency of use of the IPV websites. This user perception approach is particularly useful

to reveal users' first-hand online information seeking experience. The rationale for conducting an online survey was to gather representative empirical data from a large number of IPV survivors so that valid inferences could be made about the determinants of IPV survivors' perceived usefulness and frequency of use of the IPV websites, which include the awareness, visibility, information quality of the websites (Creswell, 2013). However, one of the downsides of conducting online survey is the potential data security and privacy risk because the information provided by the participants may be captured and used by third parties, such as internet service providers and social networking companies, for ulterior purposes without consent. To minimize the potential harm, the researcher of this study has complied with the requirements regarding personal information collection, storage, use, disclosure, and security stipulated in Canadian privacy legislation. The recruitment poster was not distributed in a way that would allow the online device to track whether an individual clicked the link. The participants were able to leave the survey quickly at any time by clicking on the "Exit Button", which would return to the Google home page. Furthermore, this self-report approach may weaken the researcher's ability to verify the age and IPV survivor status of the participants in this study.

3.5.1 Recruitment

The participants in this study were recruited through various online channels: (1) Advertisements were electronically published on various IPV online communities, blogs, listservs, and social networking sites, such as Facebook and Twitter; (2) Personalized electronic messages with Letter of Information and Recruitment Poster of this study were sent to various community leaders, researchers, and major IPV organizations; and (3) Online posts were distributed through various IPV online support groups and forums. All electronic messages and advertisements were targeted to English-speaking individuals living in Canada based on the following criteria: (1) aged 18 years and older; (2) able to read English, and (3) have either a current or past experience of IPV at any time in their life. This study kept the exclusion criteria to a minimum to encourage any interested and eligible individuals to participate, regardless of gender, sexual orientation, physical

ability, ethnic origin, and socioeconomic status. This is necessary because the internet is predicated on several major principles, such as openness, access, and borderless (Weber, 2015), and IPV has a far-reaching health and economic impact on individuals and families regardless of age, gender, religion, ethnicity, and culture (Walsh, Seabrook, Tolman, Lee, & Singh, 2020; World Health Organization, 2013). All electronic messages and advertisements included information about this study, a link to the online survey instrument, and a request for help spread the word about this study. This recruitment method was appropriate for this study to reach IPV survivors who were internet users with diverse background across the nation.

3.5.2 Survey Instrument

The survey instrument was reviewed by three expert researchers, Dr. Isola Ajiferuke, Dr. Richard Booth and Dr. Tara Mantler, at the University of Western Ontario (UWO). Their comments were incorporated in the final version of the survey instrument.

At the beginning of the survey, participants must first answer three screening questions, as shown in Appendix R, to confirm their eligibility. Then, participants were asked to read the information of this study before providing their informed consent. After providing consent for this study, participants then proceeded to answer the rest of the survey questions. The “I choose not to answer” option was provided in each survey question with zero point. There were four survey questions. The first survey question was used to determine the information needs of the participants. Sixteen DV content elements developed by Wathen and McKeown (2010) were listed. The “Other, please specify” free-text response option was added to allow the participants to provide additional information. Participants were asked to identify the type(s) of information needed to help them move towards a safer life.

In Questions 2, 3 and 4, participants were asked to evaluate a list of 20 IPV websites systematically selected from the 139 IPV websites identified in Stage 1 in this study. The process used in selecting the 20 sites from the 139 IPV websites is described in section

4.4. The second Yes/No survey question was about website awareness. Participants were asked to indicate whether they were aware of each of these websites. Next, participants were asked to provide the frequency of their use of each of these websites. Responses were measured on a five-point scale (1 = Never, 2 = Rarely, 3 = Sometimes, 4 = Often, 5 = Always). Then, participants were asked to rate the usefulness of the information provided on each of these websites. Responses were measured on a five-point scale (1 = Not at all useful, 2 = Not so useful, 3 = Somewhat useful, 4 = Very useful, and 5 = Extremely useful). After that, a few demographic questions, including gender, ethnic origin, location, education, and marital status, were asked to enrich the data for further analysis. Finally, a debriefing form with information of this study and IPV-related resources were provided. Participants were offered an option to request that all responses be removed and permanently deleted from the study. The survey took approximately 20 minutes to complete. The survey instrument is presented in Appendix S.

3.5.3 Ethical Considerations

Ethics board approval was obtained before the initiation of this study. The researcher of this study has an ethical responsibility to take every possible precaution to protect the vulnerable participants (IPV survivors) from risks of physical or emotional harm resulting from participating this research. The burden of this ethical responsibility remains with the researcher despite evidence showed that the risk of generating adverse effect against IPV survivors due to research participation is low (Hellmuth & Leonard, 2013). In fact, participants may gain positive benefits from participating in this study. For example, they may find helpful resources and information from the 20 IPV websites (Btoush & Campbell, 2009; Griffin, Resick, Waldrop, & Mechanic, 2003; Hlavka, Kruttschnitt, & Carbone-López, 2007; Johnson & Benight, 2003; Newman, Walker, & Gefland, 1999; Ruzek & Zatzick, 2000; Shorey, Cornelius, & Bell, 2011; Walker, Newman, Koss, & Bernstein, 1997).

Several major ethical issues require planning in advance: (1) Safety concerns of the participants and the researcher; (2) Obtain informed consent from the participants; (3)

Identity protection of the participants; and (4) Anonymity, confidentiality and security of the data collected from IPV survivors. After reviewing various guidelines on ethics of DV research, this study developed a set of ethical guidelines, entitled IPV Research Guideline and Protocol, as presented in Appendix T (Btoush & Campbell, 2009; Cook & Dickens, 2009; Ellsberg & Heise, 2002; Ellsberg, Heise, & World Health Organization, 2005; Fontes, 1998; 2004; Kaiser, 2009; Langford, 2000; Parker & Ulrich, 1990; Sullivan & Cain, 2004; World Health Organization, 2001). The best practices of online recruitment processes based on existing literature have also been incorporated into this protocol (Curtis, 2014). It was prepared based on the assumption that the entire research process was handled by the researcher only. Otherwise, the safety and training issues of the members of the research team, such as research assistants, should also be considered.

In addition, the use of the internet and social media in the recruitment process may raise ethical issues. The population of this study involved IPV survivors, who were doubly vulnerable. It is particularly important to protect the participants from being exploited. However, the risks of taking part in this study were small as minimal sensitive personal information from the participants was collected. It is important to recognize that information concerning the identity of being an IPV survivor may be gathered by third parties. By clicking on the recruitment advertisement, the personal and sensitive information of the potential participants may be collected and used without their knowledge and consent before participating in this study (Bender, Cyr, Arbuckle, & Ferris, 2017; Curtis, 2014). This privacy issue is significant because third party advertising companies may trace the identifiable trail left by the interested participants to distribute targeted advertisements. Even worse, the abusers may track the internet activities of the interested participants and pose threats to their safety. Therefore, the researcher of this study was required to comply with the requirements regarding personal information collection, storage, use, and security stipulated in Canadian privacy legislation.

The researcher was required to obtain a click-through consent from the participants with the following information:

- a) The risks and potential benefits of participating in this study;

- b) The location of the server of Qualtrics, the online survey tool;
- c) The kind of information to be collected;
- d) The potential limits of confidentiality and privacy, including how the information to be accessed and used; and
- e) The right to refuse to participate and to withdraw from the research at any time without penalty or loss of benefits to which the participants are otherwise entitled (Curtis, 2014; Krogstad, Diop, Diallo, Mzayek, Keating, Koita, & Touré, 2010).

To address the potential ethical issues, the principles of Privacy by Design (PbD), introduced in the 1990s by the former Information and Privacy Commissioner of Ontario, Canada, Dr. Ann Cavoukian, were used to guide the research design process of this study (Cavoukian, 2013). PbD is one of the most popular approaches in handling privacy and data protection issues. Cavoukian proposed seven foundational principles and promoted the concept of integrating privacy and data protection strategies right from the beginning at the design phase of system development and organizational processes (Cavoukian, 2013).

Several privacy and data protection measures that align with the principles of PbD were taken in this study. First, the privacy protection was built into the research design before the beginning of the recruitment process (PbD Principles 2 & 3). The recruitment advertisements with the purpose of this study, a brief research description, and the contact information of the researcher were provided electronically. Individuals interested in participating in this study could choose to contact the researcher directly for further details without clicking on the link. This is a win-win strategy as it could increase the reach of potential participants without jeopardizing privacy (PbD Principle 4). Second, the recruitment advertisements included a warning message and privacy notice written in plain language to proactively inform the interested individuals about the potential risks of clicking on any links within the advertisements, which echoed the visibility and

transparency principle of PbD (PbD Principles 1, 6, & 7) (Bender et al., 2017). Finally, by applying and embedding the privacy protection strategies and the IPV Research Guideline and Protocol, as presented in Appendix T, in the research design before the recruitment, the privacy and confidentiality of the participants were protected from start to finish (PbD Principle 5) (Cavoukian, 2011).

3.5.4 Survey Data Collection

This study was approved on May 13, 2019 by the Western University Non-Medical Research Ethics Board. Appendix Q contains the approval letter from the Board. The survey was published online using Qualtrics on May 14, 2019. A total of 104 anonymous responses were recorded from May 26, 2019 to January 19, 2020. Of the 104 responses, two participants requested that their responses be removed from this study, fifteen participants did not meet the screening criteria as they either answered “No” or did not provide a response to any of the screening and consent questions. Therefore, a total of 87 usable surveys were included in the data analysis of this study.

The survey was administered by Qualtrics, which is a user-friendly online survey tool with various advanced functionalities. Apart from the economic advantages of being freely available to all UWO students, Qualtrics was chosen because all data collected are hosted in Ireland, not the United States (Using Qualtrics for Research Surveys, 2017), which is important for data protection and privacy concerns of this study.

3.5.5 Validity

Validity of the instrument was tested. Validity refers to “how well the instrument measures what it is intended to quantify” (Eiras, Escoval, Grillo, & Silva-Fortes, 2014). According to O’Dawyer and Bernauer, 2016, there are various types of validity, such as external validity and instrument validity.

External validity refers to “the capacity to make generalizations to other participants and settings” (O’Dawyer & Bernauer, 2016, p.76). This study used a purposive sampling

technique to select IPV websites and survey participants (IPV survivors) from the target population. The purposive sample is “made up of elements that possess a particular characteristic or attribute that the researcher is interested in studying” (O’Dwyer & Bernauer, 2016, p.83). For example, the IPV websites were selected based on the inclusion criteria set out in section 3.2.1., while survey participants were recruited according to the criteria outlined in section 3.5.1. Owing to the low response rate to the survey, the researcher acknowledged that the participants were not representative and may be different from the population. As a result, the external validity of this study is relatively weak.

Instrument validity indicates “the accuracy of the inferences made from the data provided by the instrument” (O’Dwyer & Bernauer, 2016, p.100). The instrument was reviewed by three experts in the field to ensure its instrument validity (O’Dwyer & Bernauer, 2016).

3.5.6 Reliability

Instrument reliability refers to “the degree to which the instrument provides consistent information” (O’Dwyer & Bernauer, 2016, p.100). The reliability of the survey instrument of this study was tested using Cronbach’s alpha with zero indicating unreliability and one indicating high reliability (Cooper & Schindler, 2013; O’Dwyer & Bernauer, 2016). A reliability coefficient of 0.7 or higher is considered acceptable (Habibi et al., 2014). As shown in Table 3.1, the Cronbach’s alpha for the items in Questions 2, 3, and 4 exceeded 0.7, indicating a high level of reliability and internal consistency. Question 1 of the survey asked the participants to identify the type(s) of information needed to help them move towards a safer life, which did not involve scale. Thus, the measure of internal consistency through the Cronbach’s alpha does not apply.

Table 3.1: Results of reliability analysis

Question No.	Question Topics	Cronbach's Alpha
2	Awareness	0.913
3	Frequency of Use	0.975
4	Perceived Usefulness	0.975

3.6 Data Analysis

Descriptive and inferential statistics were performed to draw conclusions in this study. The statistical analyses were performed using IBM SPSS Statistics, Version 26.

3.6.1 Descriptive Statistics

Descriptive statistics were conducted to report the characteristics of the data in the study. The frequency distributions and measures of central tendency were used to identify patterns in the characteristics of the IPV websites (N = 139) and the IPV survivors (N = 87). Since this study involved ordinal data, the median of the distribution of the perceived usefulness and frequency of use of the IPV websites was a more appropriate measure of the central tendency (Manikandan, 2011). Missing data was excluded from the analysis in this study, which included the readability scores of six websites that were not generated by the readability calculator.

3.6.2 Inferential Statistics

Inferential statistical analyses were performed to test the following hypotheses:

H1: The frequency of use of IPV websites is not the same for different website visibility types.

- H2: The frequency of use of IPV websites is not the same for different website quality types.
- H3: The perceived usefulness of IPV websites is not the same for different website visibility types.
- H4: The perceived usefulness of IPV websites is not the same for different website quality types.
- H5: The perceived usefulness of IPV websites is higher when users are aware of the websites.
- H6: The frequency of use of IPV websites is higher when users are aware of the websites.
- H7: User's perceived usefulness of websites is positively associated with the frequency of use of the websites.

For H1, H2, H3, and H4, Kruskal-Wallis H tests were used to compare the differences between three independent groups of each dependent variable, as shown in Table 3.2. For H5 and H6, Mann-Whitney U tests were used to compare the differences between two independent groups of each dependent variable. For H7, Spearman's rank-order correlation test was conducted to test whether there was a correlation between perceived usefulness and frequency of use. The significance level was set at 5% ($\alpha = 0.05$). In other words, the maximum probability of making a Type I error (rejecting the null hypothesis when the null hypothesis is true) is 5%.

These non-parametric tests were appropriate because the assumptions of these tests were met. First, both dependent variables: frequency of use and perceived usefulness of the websites, were measured at the ordinal level using Likert scales. The frequency of use was measured on a five-point scale (1 = Never, 2 = Rarely, 3 = Sometimes, 4 = Often, 5 = Always). Similarly, the perceived usefulness was also assessed on a five-point scale (1 = Not at all useful, 2 = Not so useful, 3 = Somewhat useful, 4 = Very useful, and 5 =

Extremely useful). All missing data, as well as the “Don’t know/never used it before” and the “I choose not to answer” responses were excluded from the analysis. Second, each independent variable was categorized into groups, as shown in Table 3.2. Finally, there is no relationship between the observations in each group.

Table 3.2: Independent variable groups

Independent Variables	Group 1	Group 2	Group 3
Website awareness of the participants	Aware	Not aware	
Website visibility of the 20 IPV websites	Low/Medium (20 - < 60)	High (60 - < 80)	Very High (80 – 100)
Website quality of the 20 IPV websites	Medium (40 - < 60)	High (60 - < 80)	Very High (80 – 100)

Chapter 4

4 Determination of Visibility and Quality of the Identified IPV Websites

In this chapter, the results of the assessment of visibility and quality of the IPV websites are presented with an overview of the profile of 139 IPV websites. The selection process of the 20 IPV websites for the survey purpose is also discussed.

4.1 Website Profile

In December 2018, a group of 139 IPV websites were selected according to the following inclusion criteria: (1) the website must publish IPV-related information, which is operationally defined as information pertains to IPV programs, services, resources, definitions, stories, and opportunities for victims or abusers or their children (Brown & Joshi, 2014); (2) the contents of the website must be published in English language; (3) the website could be clearly identified as Canadian, such as having a Canadian contact address; and (4) the website is freely and publicly available to anyone to view with no subscription or payment required.

The selected IPV websites were categorized into different groups and subgroups according to their organization type. The coding scheme is shown in Appendix B. The groups and subgroups of the IPV websites are presented in Appendix C. Figure 4.1 shows the distribution of 139 IPV websites by group. Not surprisingly, a large proportion of IPV websites (61, 43.88%) were NPOs, most of which were serving the IPV, domestic violence (DV), and/or elder abuse communities (43, 70.49%) (see Figure 4.2). Some websites of different levels of government (24, 17.27%) also provided IPV-related information, over half of which were Provincial government (13, 54.17%) and a quarter of which were Federal government (6, 25%) (see Figure 4.3). Many health organizations (19, 13.67%) offered IPV-related information online, most of which were general hospitals (14, 73.68%) (see Figure 4.4). While only seven (5.04%) websites were colleges or universities, it is noteworthy that “College and University” was the only

subgroup of “School” that published IPV-related information online. There were seven (5.04%) for-profit organizations (FPOs), which consisted of three counselling businesses, two news organizations, and two other types of companies. The others category (21, 15.11%) was made up of police departments (17) and associations or unions (4). Nevertheless, it is important to note that no Canadian libraries were found during the IPV website selection process in this study, which may indicate that no IPV-related information was published on the websites of the public libraries in Canada.

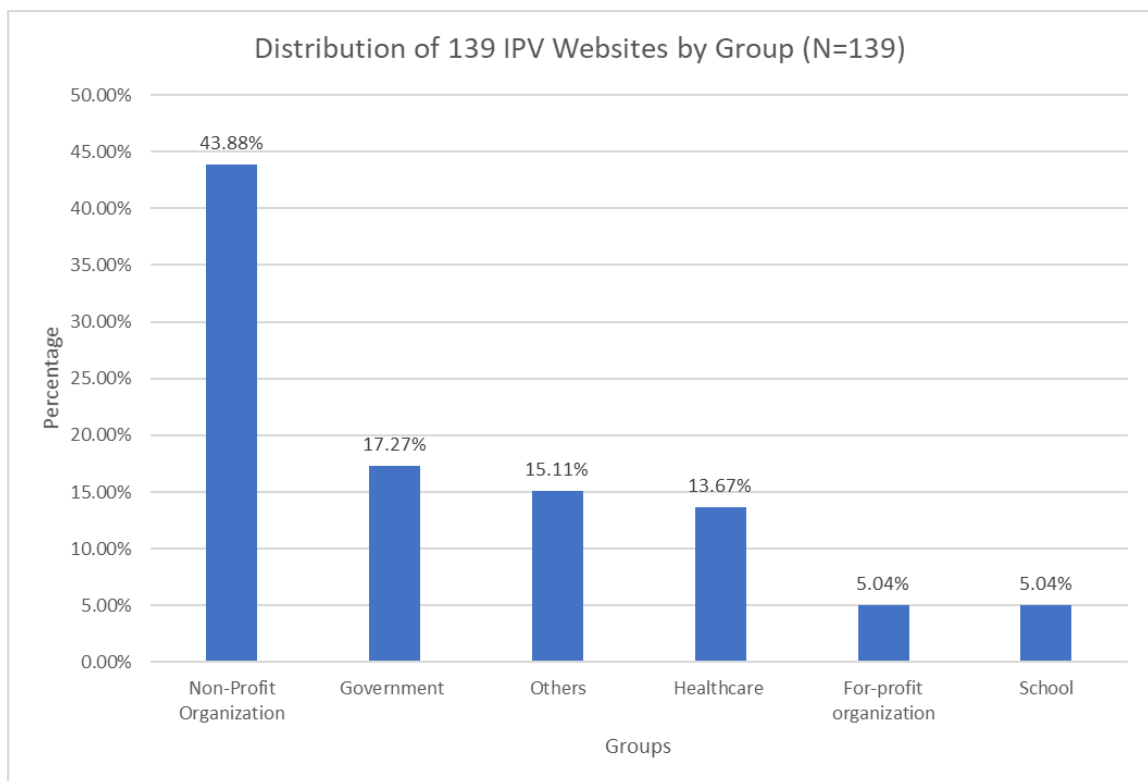


Figure 4.1: Distribution of 139 IPV websites by group (N=139)

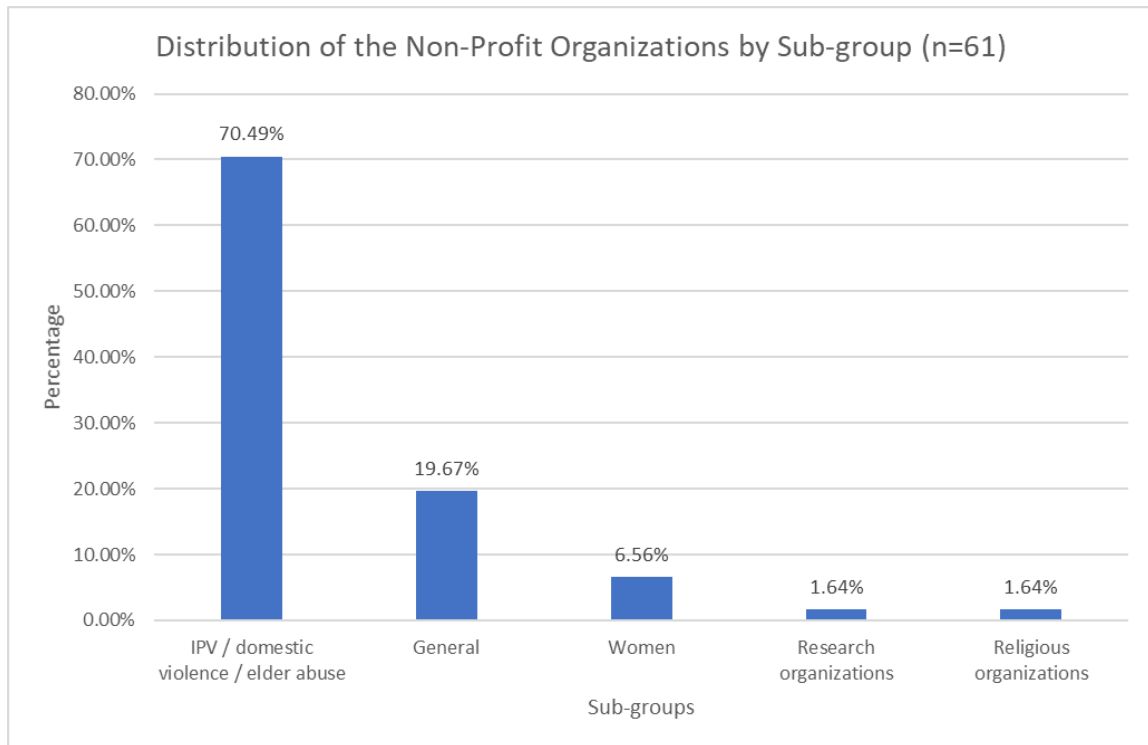


Figure 4.2: Distribution of the NPOs by subgroup (n=61)

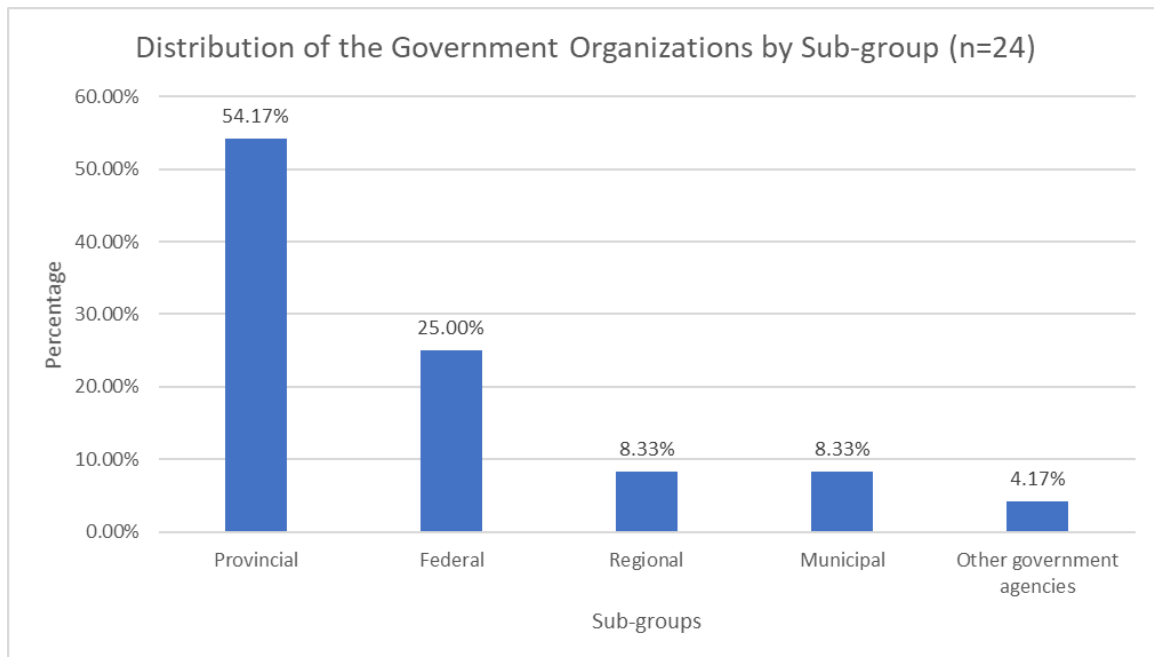


Figure 4.3: Distribution of the government organizations by subgroup (n=24)

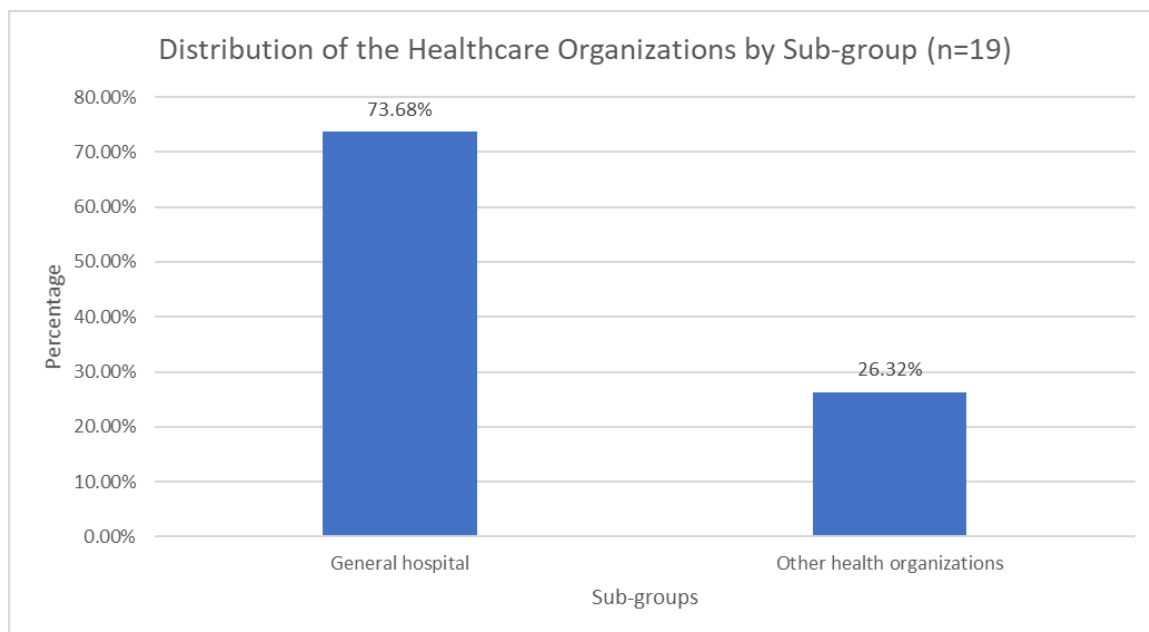


Figure 4.4: Distribution of the healthcare organizations by subgroup (n=19)

4.2 Website Visibility

This section presents the results of the following measures of website visibility: inlink counts, search engine rankings, and social media mentions. The average visibility of each of the 139 IPV websites determined based on these measures is calculated at the end of this section.

4.2.1 Inlink Profile and Inlink Counts

A total of 88,040 inlinks of 139 IPV websites were examined and categorized into groups and subgroups according to the classification scheme presented in Appendix B. All invalid URLs (7,849, 8.96%) were classified as “Link Not Found”, which were excluded from the analysis. In addition, 420 websites published in a foreign language were excluded. The distribution of 79,771 inlinks of the IPV websites is presented in Appendix D. The total number of inlinks received by the IPV websites ranged from 0 to 13,097. Hope247.ca received the most inlinks (13,097), almost all of which (98.14%) were

coming from healthcare organizations. Table 4.1 shows the number of IPV websites by range of inlinks. Over half of the IPV websites (94, 67.63%) received less than 100 inlinks, while over a quarter of the websites (37, 26.62%) had no inlinks.

Table 4.1: The number of IPV websites by range of inlinks (N=139)

Range of Inlinks	No. of IPV Websites	% of IPV Websites
0-99	94	67.63%
100-199	7	5.04%
200-299	5	3.60%
300-399	3	2.16%
400-499	1	0.72%
500-599	2	1.44%
600-699	2	1.44%
700-799	1	0.72%
800-899	2	1.44%
900-999	1	0.72%
1100-1199	1	0.72%
1400-1499	1	0.72%
1500-1599	2	1.44%
1600-1699	1	0.72%
1800-1899	1	0.72%
1900-1999	2	1.44%
2000-2099	1	0.72%
2200-2299	2	1.44%
2400-2499	1	0.72%
2600-2699	1	0.72%
3100-3199	1	0.72%
3900-3999	2	1.44%
4200-4299	1	0.72%
4400-4499	1	0.72%
4900-4999	1	0.72%
6300-6399	1	0.72%
13000-13099	1	0.72%

Table 4.2 shows the distribution of inlinks by group. Overall, the IPV websites created by NPOs attracted the most inlinks (60.22%), the largest proportion of which were received

from healthcare organizations (40.48%) and NPOs (25.43%). The same is true for the overall inlink counts, which over half of all inlinks were generated by healthcare organizations (31.34%) and NPOs (25.55%). Interestingly, the IPV websites created by healthcare organizations received very few inlinks (289, 0.36%).

Table 4.2: Distribution of inlinks by group

		Inlink Counts													
		Healthcare		Non-Profit Organization		Others		School		For-Profit Organization		Government		Total	
		n	%	n	%	n	%	n	%	n	%	n	%	n	%
IPV Websites	Non-Profit Organization	19444	24.38%	12214	15.31%	8075	10.12%	581	0.73%	4491	5.63%	3230	4.05%	48035	60.22%
	School	783	0.98%	2435	3.05%	1376	1.73%	5550	6.96%	339	0.42%	470	0.59%	10953	13.73%
	Government	4265	5.35%	586	0.73%	307	0.38%	598	0.75%	877	1.10%	847	1.06%	7480	9.38%
	Others	420	0.53%	5058	6.34%	4356	5.46%	63	0.08%	369	0.46%	119	0.15%	10385	13.02%
	For-Profit Organization	0	0.00%	3	0.00%	2286	2.87%	12	0.02%	306	0.38%	22	0.03%	2629	3.30%
	Healthcare	87	0.11%	82	0.10%	38	0.05%	55	0.07%	13	0.02%	14	0.02%	289	0.36%
	Total	24999	31.34%	20378	25.55%	16438	20.61%	6859	8.60%	6395	8.02%	4702	5.89%	79771	100.00%

Appendix E presents the inlink counts of 139 IPV websites distributed by inlink groups and subgroups. Table 4.3 shows the inlink counts of IPV website subgroups. The results revealed that the IPV websites serving the IPV, DV, or elder abuse communities attracted the most inlinks (54.37%), followed by colleges and universities (13.73%). Only 5.56% of the inlinks were generated by the police departments and almost all of which (95.06%) were pointing to a webpage of the Vancouver Police Department (<https://vancouver.ca/police/organization/investigation/investigative-services/special-investigation/domestic-violence-criminal-harassment.html>). About one-third (33.90%) of the inlinks generated by blog/forum/other interactive media were pointing to surreywomenscentre.ca. Over half (67.46%) of the inlinks generated by colleges and universities were pointing to three IPV websites created by UWO: learningtoendabuse.ca (35.32%), vawlearningnetwork.ca (16.40%), and neighboursfriendsandfamilies.ca

(15.74%). It is important to note that there was a dearth of inlinks coming from the libraries (0.09%), 52% of which were pointing to endingviolence.org. Interestingly, the majority of inlinks created by the non-profit IPV organizations were pointing to octevaw-cocvff.ca (68.97%).

Table 4.3: Inlink counts of IPV website subgroup

IPV Website Groups & Subgroups	Inlink Count	% of Total Inlink Count
NPO - IPV / DV / elder abuse	43371	54.37%
School - College & University	10953	13.73%
Government - Provincial	6273	7.86%
Others - Association/Union	6039	7.57%
NPO - General	4562	5.72%
Others - Police Department	4346	5.45%
FPO - Other types of company	2626	3.29%
Government - Federal	1140	1.43%
Healthcare - General hospital	289	0.36%
NPO - Women	95	0.12%
Government - Other government agency	65	0.08%
NPO - Research organization	7	0.01%
FPO - News	3	0.00%
Government - Municipal	1	0.00%
Government - Regional	1	0.00%

4.2.2 Search Engine Rankings

On December 17, 2018, a series of 96 searches was performed using three major search engines: Bing, Google, and Yahoo! (2 groups of queries x 3 search engines x 16 content elements). Thirty-two queries were run on each search engine. Two groups of queries were run on each search engine: (1) the DV group; and (2) the IPV group. Six queries were carried out on each of the following content elements adopted from Wathen and McKeown (2010):

1. Warning signs
2. Escape plan
3. Restraining / protection orders

4. Shelter information
5. Child custody
6. Child support
7. Cyber Safety
8. Definition of IPV
9. General statistics / facts about IPV
10. Hotline / referral service
11. Job information / training
12. Legal resources / assistance
13. Medical facilities
14. Mental health
15. Provincial / territory specific statistics / facts about IPV
16. Substance abuse

Each query consisted of three components: (1) the content element; (2) “domestic violence” for the DV group or “intimate partner violence” for the IPV group; and (3) “Canada” as a location search term. The quotation mark operator was not used in queries to maximize the number of search results. The first 60 URLs of each query returned by the search engines and their ranking positions were recorded. Then, the root domains of these URLs were used to match the URLs of the IPV websites.

There were six queries for each content element and it was noted if an IPV website appeared in the top 60 results for at least one of the queries. The number of IPV websites that were ranked in the top 60 results for at least one of the six queries searched on a content element can be found in Table 4.4. Also, the number of content elements in which an IPV website appeared in at least one of the queries for the content element can be found in Appendix F.

Only four (2.88%) IPV websites were ranked top 60 in at least one query of all 16 content elements: canada.ca, cwhn.ca, learningtoendabuse.ca, and vawlearningnetwork.ca.

Table 4.4: Distribution of IPV websites that were ranked top 60 in at least one query of the content elements

Content Elements	No. of IPV Websites	% of IPV Websites
Hotline / referral service	34	24.46%
Legal resources / assistance	34	24.46%
Job information / training	30	21.58%
Shelter Info	28	20.14%
Warning Signs	27	19.42%
Escape Plan	25	17.99%
Restraining / protection orders	25	17.99%
Cyber Safety	23	16.55%
Child Custody	22	15.83%
Child Support	22	15.83%
Mental Health	21	15.11%
Substance Abuse	19	13.67%
General statistics / facts about IPV	17	12.23%
Provincial / territory specific statistics / facts about IPV	17	12.23%
Medical Facilities	14	10.07%
Definition of IPV	8	5.76%

4.2.3 Social Media Mentions

Appendix H shows the social media mentions of the IPV websites. Out of 139 IPV websites, 107 (76.98%) of them received social media mentions ranging from one to 46. Over half of the 107 websites (54, 50.47%) were NPOs, 40 (74.07%) of which were focused on IPV, DV and elder abuse. Seventeen of the 107 websites (15.89%) were government organizations, 13 (12.15%) were police departments, 11 (10.28%) were healthcare organizations, five (4.67%) were colleges and universities, four (3.74%) were FPOs, and three (2.80%) were associations / unions. The results indicated that the top five websites with the highest social media mentions were all NPOs focusing on the IPV, DV and/or elder abuse issues. Particularly, atira.bc.ca received the most social media mentions (46), followed by surreywomenscentre.ca (38) and 1infour.ca (35).

4.2.4 Average Visibility

Before calculating the average visibility of the websites, the raw scores of the visibility measures: inlink counts, search engine rankings, and social media mentions, were transformed to a 0-100 scale using the percentile scores. For example, a k percentile score in inlink counts implies that the website received equal or higher number of inlinks than k% of the websites.

The transformed scores of the inlink counts, the search engine rankings, and the social media mentions were used to calculate the average visibility of each IPV website, as shown in Appendix I. The average visibility scores of the IPV websites ranged from 31.67 to 95. On average, neighboursfriendsandfamilies.ca achieved the highest visibility, followed by makeitourbusiness.ca and vawlearningnetwork.ca.

For hypothesis testing and further analysis purposes, the IPV websites were categorized into five groups: very low (0 - < 20); low (20 - < 40); medium (40 - < 60); high (60 - < 80); and very high (80-100), based on their average visibility scores. On average, the majority of the IPV websites had either medium (58, 41.73%) or high (43, 30.94%) visibility, 26 (18.71%) had low visibility, and 12 (8.63%) had very high visibility. No website had very low visibility.

4.3 Information Quality of the Websites

This section presents the results of the following information quality dimensions: accessibility, relevance, readability, interactivity, and privacy and data protection. For descriptive and discussion purposes, the IPV websites were categorized into five groups: very low (0 - < 20); low (20 - < 40); medium (40 - < 60); high (60 - < 80); and very high (80-100), based on their 0-100 scores of each dimension.

4.3.1 Accessibility

In this study, accessibility of the IPV websites was assessed using the combination of manual and automated tests. First, the IPV websites were evaluated manually based on four criteria: (1) no need for special software, login, or membership in order to view any portion of the content; (2) had features that allow access by a wide variety of audience, including people with disabilities; (3) no requirement for advanced installation or training at the user-end; (4) offered multiple languages in addition to English. One point was given for the presence of each accessibility feature. A maximum of four points could be earned by each website. Appendix J shows the accessibility of the IPV websites. Out of 139 websites, 22 (15.83%) satisfied all four criteria, nine (40.91%) of which were government organizations, five (22.73%) were NPOs, four (18.18%) were police departments, two (9.09%) were healthcare organizations, one (4.55%) was association/union, and one (4.55%) was FPO. None of the IPV websites required advanced installation or training prior to using them.

Table 4.5 presents the frequency distribution of IPV website groups with no need for special software/login/member. Out of 139 websites, 125 (89.93%) of which did not need any special software, login, or membership. Nearly half of these 125 websites (55, 44%) were NPOs.

Table 4.5: Frequency distribution of IPV website groups with no need for special software/login/member (n-125)

IPV Website Groups	Frequency	Percentage
NPO	55	44.00%
Government	21	16.80%
Others	20	16.00%
Healthcare	16	12.80%
School	7	5.60%
FPO	6	4.80%

Table 4.6 shows the frequency distribution of IPV website groups with features that allow access by a wide variety of audience, including people with or without disabilities. Less than half of the IPV websites (58, 41.73%) had some features, over a quarter (15, 25.86%) of which were government organizations, 12 (20.69%) were NPOs, and 11 (18.97%) were healthcare organizations.

Table 4.6: Frequency distribution of IPV website groups with features that allow access by a wide variety of audience regardless of people with or without disabilities (n=58)

IPV Website Groups	Frequency	Percentage
Government	15	25.86%
NPO	12	20.69%
Others	12	20.69%
Healthcare	11	18.97%
School	6	10.34%
FPO	2	3.45%

Table 4.7 shows the frequency distribution of IPV website groups that published information in multiple languages. Out of 139 websites, less than half (56, 40.29%) of them provided content in multiple languages. Almost half (25, 44.64%) of the 56 websites were NPOs and 14 (25%) were government organizations.

Table 4.7: Frequency distribution of IPV website groups that published information in multiple languages (n=56)

IPV Website Groups	Frequency	Percentage
NPO	25	44.64%
Government	14	25.00%
Others	10	17.86%
Healthcare	6	10.71%
FPO	1	1.79%

Next, the scores were transformed into a 0-100 scale. Then, one whole point was deducted for each accessibility error identified by WAVE, a Web accessibility evaluation tool. The accessibility of the IPV websites were determined by the final scores, though negative scores were rounded up to zero. The higher the final score, the more accessible the website.

According to WAVE, the number of accessibility errors of the IPV websites ranged from 0 to 354, as shown in Appendix J. The meaning of each accessibility error is described in Appendix K. Only eight (5.76%) out of 139 IPV websites were error free, four (2.88%) were police departments, three (2.16%) were NPOs, and one (0.72%) was federal government. Particularly, hamiltonpolice.on.ca had the most accessibility errors (354). Overall, swc-cfc.gc.ca and londonpolice.ca achieved top scores as they not only satisfied all accessibility measures, but were also error free.

For descriptive and discussion purposes, the accessibility scores were categorized into five groups: very low (0 - < 20); low (20 - < 40); medium (40 - < 60); high (60 - < 80); and very high (80-100). Over one-third (46, 33.09%) of the IPV websites had high accessibility and 16 (11.51%) had very high accessibility. The rest of the websites had either medium accessibility (33, 23.74%), very low accessibility (24, 17.27%), or low accessibility (20, 14.39%).

4.3.2 Relevance

This study assumes that the 16 domestic violence content elements identified by Wathen and McKeown (2010) are the most used keywords and search phrases by IPV survivors in performing online information search. Based on this assumption, this study evaluated the relevance of the IPV websites by the number of content elements appearing within each identified IPV website. A series of queries were conducted by combining Google's "Site:" operator with each of the content elements as keywords. The quotation mark operator was not used in queries to maximize the number of search results.

Between January 2 and 6, 2019, a series of 2,085 queries were performed using Google Chrome (15 queries x 139 websites). Fifteen queries were run on each IPV website. Each query consisted of three elements: (1) site;; (2) the URL of the IPV website; and (3) one of the following content elements:

1. Warning signs
2. Escape plan
3. Restraining / protection orders
4. Shelter information
5. Child custody
6. Child support
7. Cyber Safety
8. Definition of IPV
9. General statistics / Provincial / territory specific statistics / facts about IPV
10. Hotline / referral service
11. Job information / training
12. Legal resources / assistance
13. Medical facilities
14. Mental health
15. Substance abuse

Due to the similar nature of the content elements, “Provincial / territory specific statistics / facts about IPV” was combined with “General statistics / facts about IPV.”

Appendix L presents the relevance of the IPV websites. The total number of results ranged from 0 to 2122. Out of 139 websites, 117 (84.17%) had at least one hit in one of the 15 queries, 42 (35.90%) of which were NPOs focusing on IPV, DV, or elder abuse issues. However, only four (3.42%) of the 117 websites mentioned all 15 content elements: acws.ca, cdhpi.ca, domesticviolenceinfo.ca, and octevaw-cocvff.ca. Overall, acws.ca received the most hits (2,122), followed by endingviolence.org (1,730), and learningtoendabuse.ca (1,211).

Table 4.8 shows the number of IPV websites receiving at least one hit per content element. The results revealed that over half of the IPV websites mentioned the keywords: “legal resources / assistance” (58.27%) and “shelter information” (54.68%). However, only 16 (11.51%) websites mentioned the term “cyber safety.”

Table 4.8: Number of IPV websites receiving at least one hit per content element

Content Elements	No. of Websites	% of Websites
Legal resources / assistance	81	58.27%
Shelter information	76	54.68%
Mental health	66	47.48%
Medical facilities	65	46.76%
Escape plan	58	41.73%
Hotline / referral service	58	41.73%
Restraining / protection orders	55	39.57%
Warning signs	49	35.25%
General statistics / Provincial / territory specific statistics / facts about IPV	47	33.81%
Job information / training	44	31.65%
Substance abuse	36	25.90%
Child custody	29	20.86%
Definition of IPV	29	20.86%
Child support	27	19.42%
Cyber Safety	16	11.51%

The relevance scores were converted to percentiles and then categorized into five groups: very low (0 - < 20); low (20 - < 40); medium (40 - < 60); high (60 - < 80); and very high (80-100). The average relevance scores ranged from 15 to 100. There were 33 (23.74%) websites had medium relevance, 28 (20.14%) had very high relevance, 28 (20.14%) had high relevance, 28 (20.14%) had low relevance, and 22 (15.83%) had very low relevance.

4.3.3 Readability

The American Medical Association recommended that health-related materials be written at or below a sixth-grade reading level (American Medical Association Foundation, 2007). The readability of the website contents was measured using two evaluation tools: (1) Flesch Reading Ease (FRE) Score; and (2) Flesch-Kincaid Grade Level (FKGL). Appendix M shows the readability of the IPV websites. The readability scores of six websites were not generated by the readability calculator, a zero score was assigned to these websites, which were excluded from the analysis (n=133).

4.3.3.1 Flesch Reading Ease

Based on the FRE reading level and predicted reading grade adopted from Gavvani, Mirzadeh-Qasabeh, Hanaee, and Hamishehkar (2018), as shown in Table 4.9, the results showed that the contents of all IPV websites were written above the recommended sixth-grade reading level.

Table 4.9: FRE reading level and predicted reading grade

FRE Score	Reading Level	Predicted Reading Grade
90–100	Very easy	5th grade
80–90	Easy	6th grade
70–80	Fairly easy	7th grade
60–70	Standard	8th–9th grade
50–60	Fairly difficult	10th–11th grade
30–50	Difficult	College grade
0–30	Very difficult	College graduate

The readability of the IPV websites (n=133) ranged widely from the 7th grade (4, 3.01%) to the college graduate level (8, 6.02%). The majority of websites (117, 87.97%) were rated “difficult” (65, 48.87%), “fairly difficult” (44, 33.08%), and “very difficult” (8, 6.02%), which were equivalent to readability levels from 10th grade to college graduate (see Table 4.10).

Table 4.10: Frequency distribution of the reading levels of the IPV websites (n=133)

FRE Reading Levels	Predicted Reading Grade	Frequency	Percentage
Difficult	College grade	65	48.87%
Fairly Difficult	10th-11th grade	44	33.08%
Standard	8th-9th grade	12	9.02%
Very Difficult	College graduate	8	6.02%
Fairly Easy	7th grade	4	3.01%

Table 4.11 shows the frequency distribution of the FRE reading levels of the IPV website groups. Over one-third (49, 36.84%) of the IPV websites created by NPOs were either “Difficult” (29, 21.80%), “Fairly Difficult” (16, 12.03%), or “Very Difficult” (4, 3.01%), while 33 (67.35%) of these NPOs served the IPV, DV, and elder abuse communities.

Table 4.11: Frequency distribution of the FRE reading levels of the IPV website groups (n=133)

Groups	Difficult		Fairly Difficult		Standard		Very Difficult		Fairly Easy		Total	
	n	%	n	%	n	%	n	%	n	%	n	%
NPO	29	21.80%	16	12.03%	4	3.01%	4	3.01%	4	3.01%	57	42.86%
Government	13	9.77%	8	6.02%	3	2.26%	0	0.00%	0	0.00%	24	18.05%
Others	10	7.52%	8	6.02%	2	1.50%	1	0.75%	0	0.00%	21	15.79%
Healthcare	8	6.02%	7	5.26%	0	0.00%	2	1.50%	0	0.00%	17	12.78%
School	2	1.50%	2	1.50%	2	1.50%	1	0.75%	0	0.00%	7	5.26%
FPO	3	2.26%	3	2.26%	1	0.75%	0	0.00%	0	0.00%	7	5.26%
Total	65	48.87%	44	33.08%	12	9.02%	8	6.02%	4	3.01%	133	100.00%

4.3.3.2 Flesch-Kincaid Grade Level

Based on the FKGL predicted reading grade with the similar reading levels adopted from FRE shown in Table 4.12, the results showed that the readability of the IPV websites (n=133) ranged widely from the 4th grade (6, 4.51%) to the 12th grade level (1, 0.75%). Less than one-third (42, 31.58%) of the IPV websites were written at a 6th grade or lower reading level (see Table 4.13). The contents of over half of the IPV websites (91, 68.42%) were written above the recommended sixth-grade reading level.

Table 4.12: FKGL predicted reading grade

FKGL Score	0-100 FKGL Score	Reading Level	Predicted Reading Grade
4.0-4.9	90-100	Extremely easy	4 th grade
5.0-5.9	80 - <90	Very easy	5 th grade
6.0-6.9	70 - <80	Easy	6 th grade
7.0-7.9	60 - <70	Fairly easy	7 th grade
8.0-8.9	50 - <60	Standard	8 th grade
9.0-9.9	40 - <50	Standard	9 th grade
10.0-10.9	30 - <40	Fairly difficult	10 th grade
11.0-11.9	20 - <30	Fairly difficult	11 th grade
12.0-12.9	10 - <20	Very difficult	12 th grade

Table 4.13: Frequency distribution of the FKGL reading grades of the IPV website groups (n=133)

Group	4th grade		5th grade		6th grade		7th grade		8th grade		9th grade		10th grade		11th grade		12th grade		Total	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
NPO	5	3.76%	4	3.01%	9	6.77%	13	9.77%	14	10.53%	6	4.51%	4	3.01%	1	0.75%	1	0.75%	57	42.86%
Government	0	0.00%	2	1.50%	5	3.76%	10	7.52%	5	3.76%	2	1.50%	0	0.00%	0	0.00%	0	0.00%	24	18.05%
Others	1	0.75%	2	1.50%	4	3.01%	6	4.51%	4	3.01%	3	2.26%	1	0.75%	0	0.00%	0	0.00%	21	15.79%
Healthcare	0	0.00%	0	0.00%	4	3.01%	5	3.76%	2	1.50%	4	3.01%	1	0.75%	1	0.75%	0	0.00%	17	12.78%
School	0	0.00%	2	1.50%	1	0.75%	1	0.75%	2	1.50%	0	0.00%	1	0.75%	0	0.00%	0	0.00%	7	5.26%
FPO	0	0.00%	1	0.75%	2	1.50%	1	0.75%	2	1.50%	1	0.75%	0	0.00%	0	0.00%	0	0.00%	7	5.26%
Total	6	4.51%	11	8.27%	25	18.80%	36	27.07%	29	21.80%	16	12.03%	7	5.26%	2	1.50%	1	0.75%	133	100.00%

4.3.3.3 Average Readability

The FRE and FKGL scores were mostly consistent. A Spearman's rank-order correlation was run to confirm the relationships between the FRE score and FKGL score. The results showed that there was a very strong, negative relationship between them ($r = -0.958$, $n = 133$, $p = 0.000 < 0.05$). Thus, the higher the FRE score, the lower the FKGL.

To compute the readability level of each IPV website, the two readability levels obtained for each IPV website were averaged, but first, the scores of the FKGL must be

transformed into a 0-100 scale, from difficult to easy. No transformation was needed for FRE because the FRE scores were ranged from 0 to 100, from difficult to easy.

For descriptive and discussion purposes, the readability scores were categorized into five groups: very low (0 - < 20); low (20 - < 40); medium (40 - < 60); high (60 - < 80); and very high (80-100). Six of the websites were not rated for readability. Of the remaining 133 websites, over half (68, 51.13%) of the websites had medium readability, over one-third (44, 33.08%) of the websites had high readability, 15 (11.28%) had low readability, only five (3.76%) had very high and one (0.75%) had very low readability.

The readability of the IPV websites is shown in Appendix M. On the average, the contents of autumnhouse.ca and mhws.ca were the easiest, while sheltersafe.ca was the most difficult.

4.3.4 Interactivity

The interactivity of the IPV websites (N=139) was assessed by three criteria: (1) had internal search capability; (2) offered help features, such as FAQ and contact information; and (3) facilitated information exchange between users through chat room, blog, forum, and social networks. Appendix N shows the interactivity of the IPV websites. The results indicated that over half (72, 51.80%) of the websites satisfied all three criteria.

Table 4.14 presents the frequency distribution of IPV website groups with internal search capability. Over half (90, 64.75%) of the 139 websites had internal search capability. Nearly one-third of them (27, 30%) were NPOs.

Table 4.14: Frequency distribution of IPV website groups with internal search capability (n=90)

IPV Website Groups	Frequency	Percentage
NPO	27	30.00%
Government	22	24.44%
Others	18	20.00%
Healthcare	14	15.56%
School	7	7.78%
FPO	2	2.22%

Table 4.15 shows the frequency distribution of IPV website groups with help features. Almost all (131, 94.24%) IPV websites offered help features, nearly half (55, 41.98%) of which were NPOs.

Table 4.15: Frequency distribution of IPV website groups with help features (n=131)

IPV Website Groups	Frequency	Percentage
NPO	55	41.98%
Government	23	17.56%
Others	21	16.03%
Healthcare	18	13.74%
School	7	5.34%
FPO	7	5.34%

Table 4.16 shows the frequency distribution of IPV website groups that facilitated information exchange between users. The majority of the websites (110, 79.14%) facilitated information exchange between users, almost half (45, 40.91%) of which were NPOs.

Table 4.16: Frequency distribution of IPV website groups that facilitated information exchange between users (n=110)

IPV Website Groups	Frequency	Percentage
NPO	45	40.91%
Government	21	19.09%
Others	17	15.45%
Healthcare	15	13.64%
FPO	7	6.36%
School	5	4.55%

For descriptive and discussion purposes, the interactivity scores were categorized into five groups: very low (0 - < 20); low (20 - < 40); medium (40 - < 60); high (60 - < 80); and very high (80-100). Over half (72, 51.80%) of the 139 websites had very high interactivity and over one-third (53, 38.13%) had high interactivity. On the other hand, only nine (6.47%) websites had low interactivity and five (3.60%) had very low interactivity.

4.3.5 Privacy and Data Protection

The privacy and data protection of the IPV websites (N=139) was assessed by two criteria: (1) presented the privacy policy stipulating what users' information is collected and how it is used; and (2) had a "Quick Exit" button. Appendix O shows the privacy and data protection of the IPV websites. The results revealed that only 21 (15.10%) of the websites satisfied both criteria.

Table 4.17 presents the frequency distribution of IPV website groups with privacy policy. Over half (77, 55.40%) of the 139 websites had privacy policy.

Table 4.17: Frequency distribution of IPV website groups with privacy policy (n=77)

IPV Website Groups	Frequency	Percentage
NPO	20	25.97%
Government	18	23.38%
Healthcare	16	20.78%
Others	12	15.58%
School	6	7.79%
FPO	5	6.49%

Table 4.18 presents the frequency distribution of IPV website groups with a “Quick Exit” button. The results showed that almost one-third (43, 30.94%) of the 139 IPV websites had a “Quick Exit” button, the majority of which (34, 79.07%) were NPOs. It is important to note that none of the IPV websites in the “Healthcare”, “FPO”, and “Others” groups offered the quick exit feature.

Table 4.18: Frequency distribution of IPV website groups with a “Quick Exit” button (n=43)

IPV Website Groups	Frequency	Percentage
NPO	34	79.07%
Government	5	11.63%
School	4	9.30%
Others	0	0.00%
FPO	0	0.00%
Healthcare	0	0.00%

For descriptive and discussion purposes, the scores of privacy and data protection were categorized into five groups: very low (0 - < 20); low (20 - < 40); medium (40 - < 60); high (60 - < 80); and very high (80-100). Over half (78, 56.12%) of the 139 websites had medium privacy and data protection, 40 (28.78%) websites had very low privacy and data protection, and 21 (15.11%) websites had very high privacy and data protection.

4.3.6 Average Quality

The transformed scores of the quality measures were used to calculate the average quality of each IPV website, as shown in Appendix P. The average quality scores of the IPV websites ranged from 7.80 to 87.86. On average, endingviolence.org achieved the highest quality, followed by learningtoendabuse.ca and neighboursfriendsandfamilies.ca.

For hypothesis testing and further analysis, the IPV websites were categorized into five groups: very low (0 - < 20); low (20 - < 40); medium (40 - < 60); high (60 - < 80); and very high (80-100), based on their average quality scores. Out of 139 websites, almost half (68, 48.92%) of the websites had medium quality, over one-third (52, 37.41%) had high quality, ten (7.19%) had low quality, seven (5.04%) had very high quality, and two (1.44%) had very low quality.

4.4 The Selection Process of the 20 IPV Websites

For the convenience of the respondents, they were asked to evaluate 20 instead of 139 IPV websites. The selection process of the 20 IPV websites involved three steps, as shown in Table 4.19. The first ten websites were selected through steps 1 and 2: (1) identifying IPV websites with either high visibility or high quality that were dedicated to serve the IPV community; and (2) selecting IPV websites that were developed by researchers affiliated with UWO . The rest of the ten websites were selected through step 3: randomly selecting 10 websites from the rest of the 129 IPV websites.

Table 4.19: The selection process of the 20 IPV websites

Selection Step	IPV Website URLs	Group & Subgroup
Step 1	1infour.ca/	NPOs for IPV / DV / elder abuse
Step 1	atira.bc.ca/	NPOs for IPV / DV / elder abuse
Step 1	endingviolence.org/	NPOs for IPV / DV / elder abuse
Step 1	acws.ca/	NPOs for IPV / DV / elder abuse
Step 1	octevaw-cocvff.ca/	NPOs for IPV / DV / elder abuse
Step 1	surreywomenscentre.ca/	NPOs for IPV / DV / elder abuse
Step 2	learningtoendabuse.ca/	Schools - Colleges & Universities
Step 2	makeitourbusiness.ca/	Schools - Colleges & Universities
Step 2	neighboursfriendsandfamilies.ca/	Schools - Colleges & Universities
Step 2	vawlearningnetwork.ca/	Schools - Colleges & Universities
Step 3	maws.mb.ca/index.htm	Association/Union
Step 3	healthlinkbc.ca/health-topics/te7721	Government - Provincial
Step 3	familyservicetoronto.org/	NPOs - General
Step 3	autumnhouse.ca/	NPOs for IPV / DV / elder abuse
Step 3	cornerstonenorthumberland.ca/	NPOs for IPV / DV / elder abuse
Step 3	mhwss.ca/	NPOs for IPV / DV / elder abuse
Step 3	naomisociety.ca/	NPOs for IPV / DV / elder abuse
Step 3	hope247.ca/	NPOs for IPV / DV / elder abuse
Step 3	nwpolice.org/blog/2017/04/10/domestic-violence-never-ok/	Police Department
Step 3	mta.ca/Community/Student_services/Health_and_wellness/Harassment_Advisor/Intimate_partner_violence_(abuse)/Intimate_partner_violence_(abuse)/	Schools - Colleges & Universities

Table 4.20 shows the distribution of the 20 IPV websites by group and subgroup. Over half (11, 55%) of the 20 IPV websites were NPOs focused on IPV, DV, and/or elder abuse. A quarter of them (5, 25%) were colleges or universities, while one (5%) each belonged to the police department, provincial government, association/union, and NPOs.

Table 4.20: Distribution of the 20 IPV websites by group and subgroup (n=20)

IPV Website Groups & Subgroups	Frequency	Percentage
NPOs for IPV / DV / elder abuse	11	55.00%
Schools - Colleges & Universities	5	25.00%
Police Department	1	5.00%
Government - Provincial	1	5.00%
Association/Union	1	5.00%
NPOs - General	1	5.00%

The average visibility of the 20 selected IPV websites ranged from 31.67 to 95. Out of 20, eight (40%) of the IPV websites had very high visibility, eight (40%) had high visibility, only two (10%) had medium visibility and two (10%) had low visibility. The results indicated that neighboursfriendsandfamilies.ca had the highest level of visibility, on average, followed by makeitourbusiness.ca and vawlearningnetwork.ca.

The average quality scores of the 20 selected IPV websites ranged from 52.28 to 87.86. Out of 20, five (25%) of the IPV websites had very high quality, 11 (55%) had high quality, and four (20%) had medium quality. neighboursfriendsandfamilies.ca achieved the highest quality, followed by endingviolence.org and learningtoendabuse.ca.

Chapter 5

5 Survey Results

In this chapter, the survey results of this study are presented. First, an overview of the profile of 87 respondents is provided. Then, the results regarding the information needs, website awareness, perceived usefulness and frequency of use of the 20 IPV websites were reported. Finally, this chapter offers the results from the inferential analyses performed to test the hypotheses of this study.

5.1 Respondent Profile

Of the 87 responses (N=87), 17 (19.54%) respondents did not respond to the demographic questions. In terms of gender breakdown, the majority of participants were female (68, 78.16%), and only two (2.3%) classified themselves as “other”, as shown in Figure 5.1. The predominance of female respondents in this study is in agreement with the findings of previous IPV literature (Conceição, Bolsoni, Lindner, & Coelho, 2018). Although there was no gender restriction for participation, coincidentally there was no male participant in this study. Consequently, it was not possible for this study to draw gender comparisons. The age of all participants was 18 and above as it was one of the criteria for participating in this study.

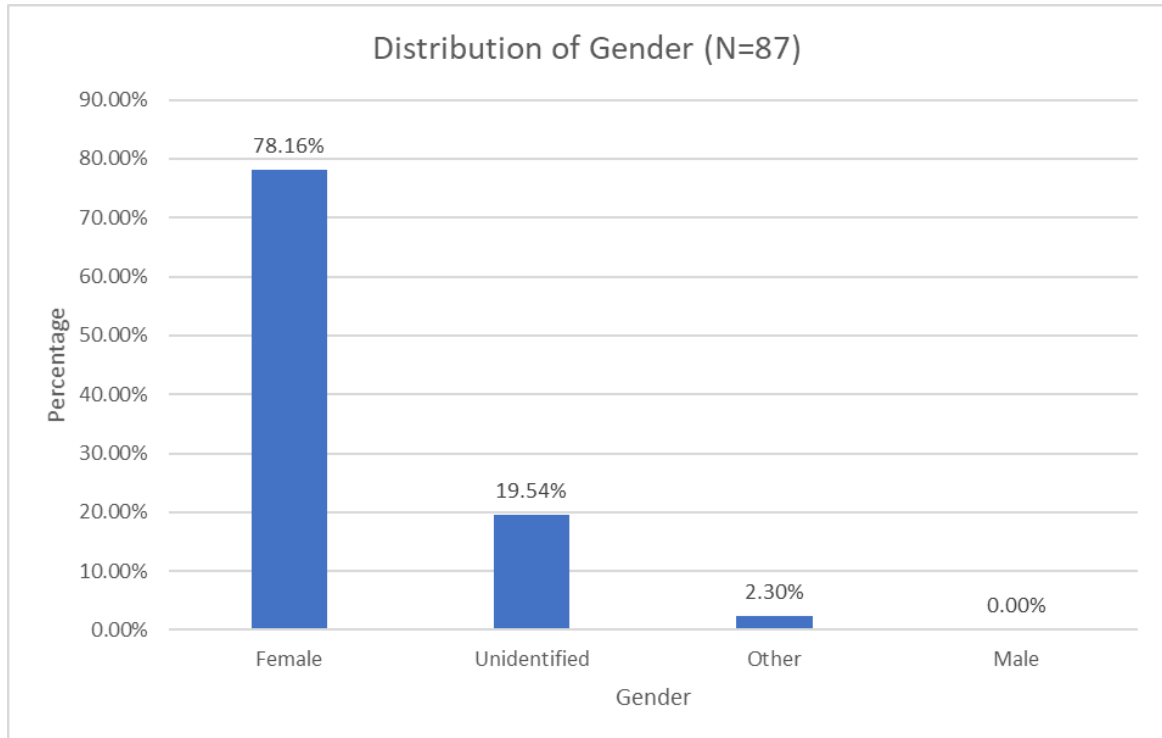


Figure 5.1: Distribution of Gender (N=87)

The participants were classified into 10 major ethnic groups, including “Other” and “I choose not to answer”. The ethnic origin of the participants was widely distributed, as shown in Figure 5.2. The largest ethnic group was European (20, 22.99%). Over one-third of the participants were North American Aboriginal (10, 11.49%), Other North American (10, 11.49%), and Latin, Central and South American (10, 11.49%). Some participants were Asian (8, 9.20%), Caribbean (3, 3.45%), African (3, 3.45%), and Other (3, 3.45%). No one was Oceania. Three (3.45%) participants chose not to answer.

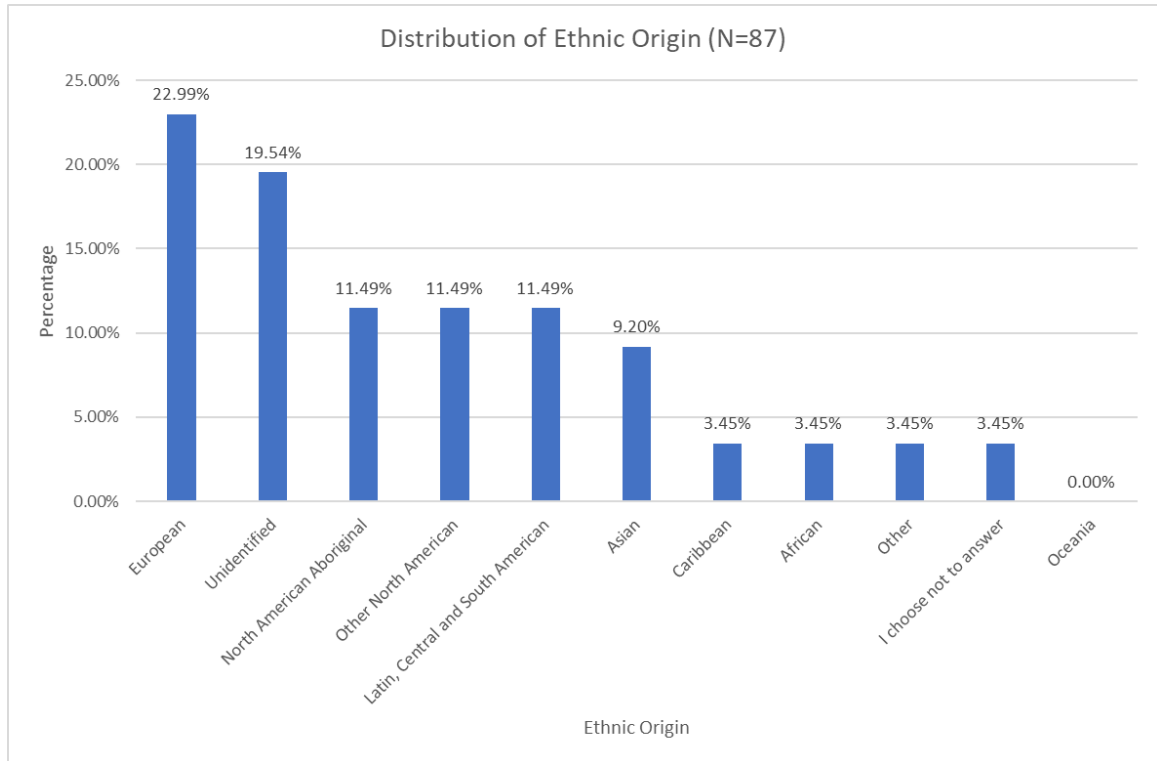


Figure 5.2: Distribution of Ethnic Origin (N=87)

Unsurprisingly, the vast majority of respondents were living in Canada (62, 71.26%), as the recruitment was targeted to the Canadian population (see Figure 5.3). Five (5.75%) participants were living in the United States and one (1.15%) was living in other location. Two (2.30%) chose not to answer.

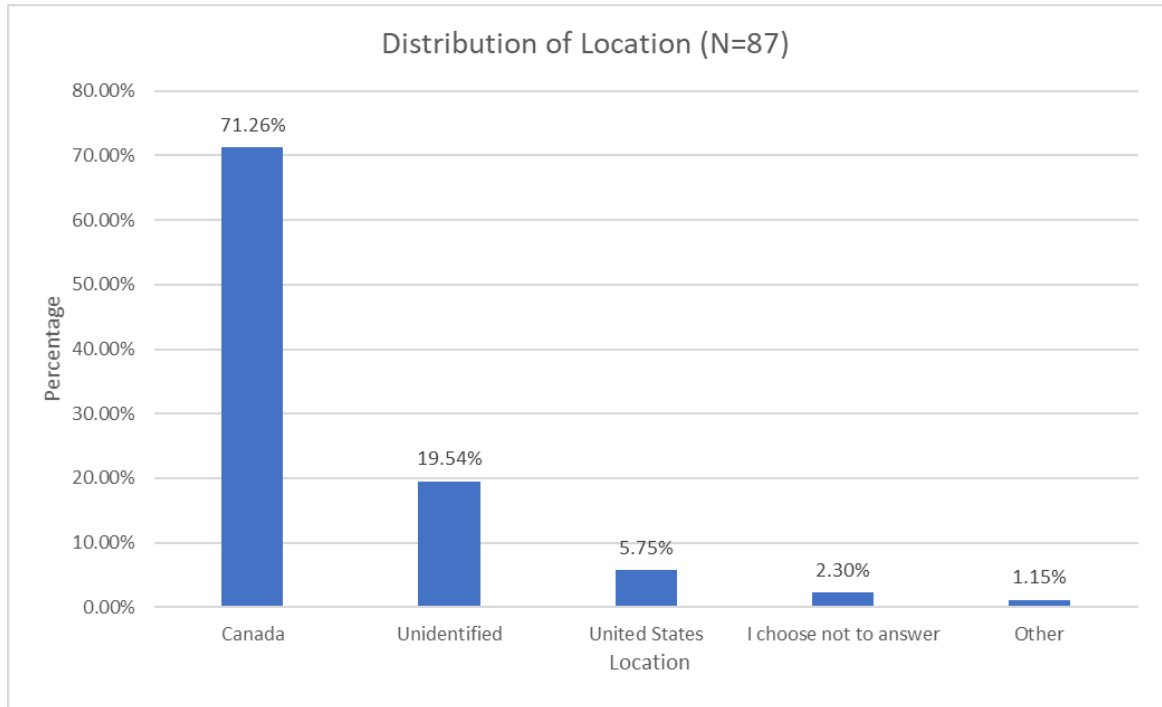


Figure 5.3: Distribution of Location (N=87)

Figure 5.4 shows the distribution of education. Some participants were postgraduates (14, 16.09%) and four-year college graduates (9, 10.34%). However, over half of the respondents reported that they had no college or university education: high school graduates (24, 27.59%), technical school or college graduates (13, 14.94%), and non-high school graduates (9, 10.34%). It is noteworthy that 18 (20.69%) of the participants did not provide a response.

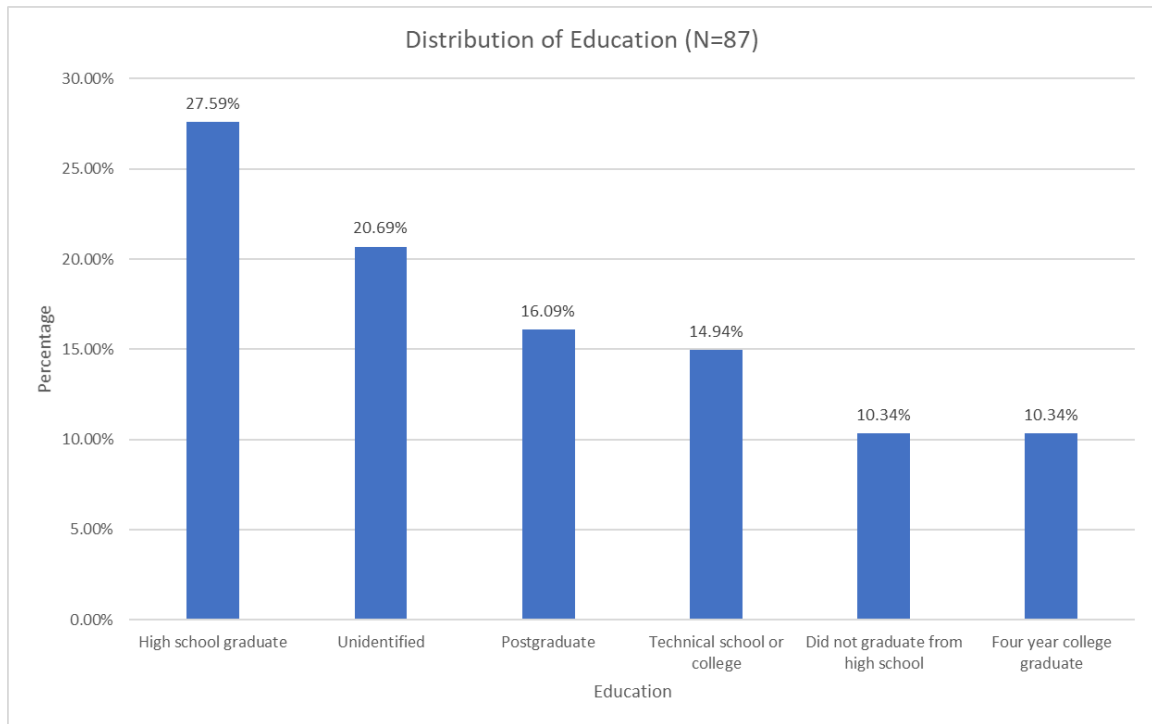


Figure 5.4: Distribution of Education (N=87)

The majority of respondents were not married (55, 63.22%), which included 25 (28.74%) divorced, 15 (17.24%) never married, 14 (16.09%) separated, and one (1.15%) widowed. Only 11 (12.64%) participants were married. In other words, over half of the respondents (51, 58.62%) were either married currently (11, 12.64%) or had been married in the past (40, 45.98%), only 15 (17.24%) participants were never married.

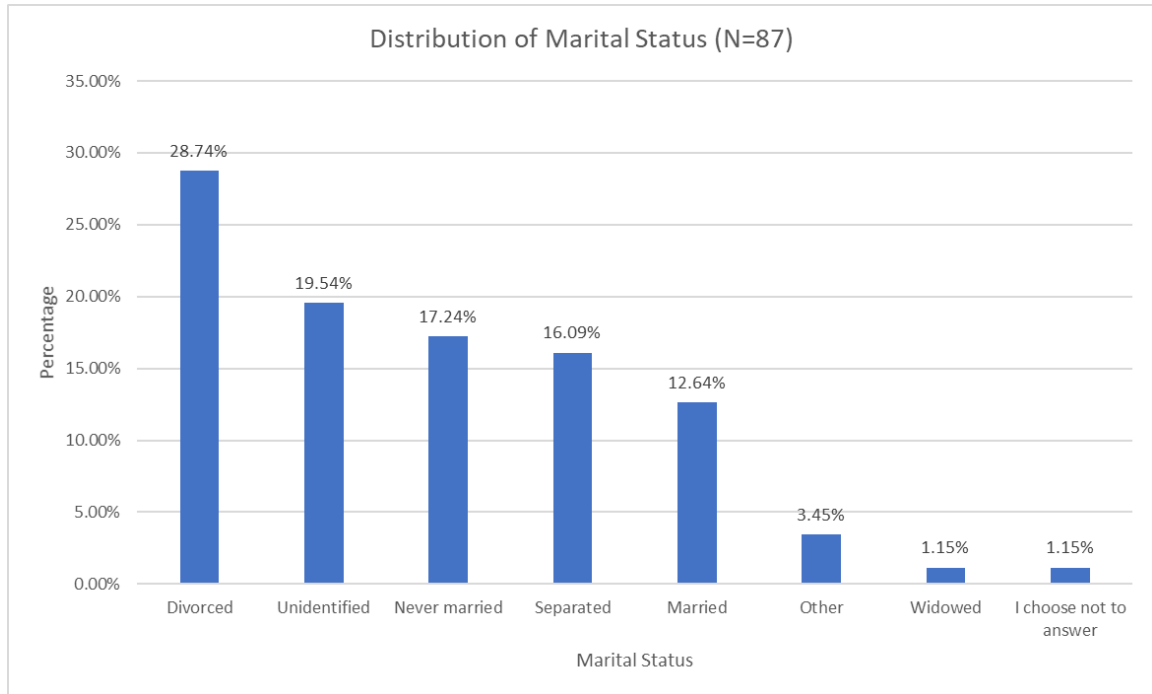


Figure 5.5: Distribution of Marital Status (N=87)

5.2 Information Needs

In this study, participants were asked to identify all of the types of information needed to help them move towards a safer life. This survey question presented 17 types of information needs, including 16 DV content elements adopted from Wathen and McKeown (2010) and the option of “Others”. Table 5.1 presents the number and percentage of participants, who selected the type(s) of information that they needed. Over half of the participants (N=87) (49, 56.32%) reported that they need legal resources / assistance to help them move towards a safer life. Other popular information needs were mental health (40, 45.98%), shelter information (39, 44.83%), job information / training (39, 44.83%), medical facilities (36, 41.38%), escape plan (33, 37.93%), and restraining / protection orders (32, 36.78%).

An “Other, please specify” free-text response option was enabled to allow the participants to provide additional details. Some of the responses included “Police

protocols in domestic violence calls”; “Queer and trans IPV stats and resources”; “A link to a safe, online community for survivors to help each other”; and “Peer support resources”.

Table 5.1: The Number and Percentage of Participants who Selected the Type(s) of Information (N=87)

Type of Information	No. of Participants	% of Participants
Legal resources / assistance	49	56.32%
Mental health	40	45.98%
Shelter information	39	44.83%
Job information / training	39	44.83%
Medical facilities	36	41.38%
Escape plan	33	37.93%
Restraining / protection orders	32	36.78%
Child custody	25	28.74%
Warning signs	23	26.44%
General statistics / facts about IPV	20	22.99%
Hotline / referral service	17	19.54%
Definition of IPV	15	17.24%
Child support	13	14.94%
Cyber Safety	12	13.79%
Provincial / territory specific statistics / facts about IPV	10	11.49%
Others	7	8.05%
Substance abuse	6	6.90%
I choose not to answer	3	3.45%

5.3 Website Awareness

In this study, from a list of 20 IPV websites, participants were asked to identify all websites that were known to them. As presented in Table 5.2, the number and percentage of participants, who knew about the IPV websites, ranged from 4 (4.6%) to 46 (52.87%). Over half of the participants (46, 52.87%) were aware of endingviolence.org, followed by learningtoendabuse.ca (34, 39.08%), and vawlearningnetwork.ca (32, 36.78%). Only less than 20% of the participants were aware of the rest of 17 IPV websites.

Table 5.2: The Number and Percentage of Participants who knew about the 20 IPV Websites (N=87)

IPV Websites URLs	No. of Participants	% of Participants
endingviolence.org	46	52.87%
learningtoendabuse.ca	34	39.08%
vawlearningnetwork.ca	32	36.78%
healthlinkbc.ca/health-topics/te7721	16	18.39%
surreywomenscentre.ca	16	18.39%
makeitourbusiness.ca	14	16.09%
familyservicetoronto.org	14	16.09%
neighboursfriendsandfamilies.ca	14	16.09%
hope247.ca	13	14.94%
autumnhouse.ca	12	13.79%
nwpolice.org/blog/2017/04/10/domestic-violence-never-ok/	10	11.49%
octevaw-cocvff.ca	9	10.34%
1infour.ca	9	10.34%
cornerstonenorthumberland.ca	8	9.20%
acws.ca	7	8.05%
maws.mb.ca	7	8.05%
naomisociety.ca	6	6.90%
mta.ca/Community/Student_services/Health_and_wellness/Harassment_Advisor/Intimate_partner_violence_(abuse)/Intimate_partner_violence_(abuse)/	4	4.60%
atira.bc.ca	4	4.60%
mhwss.ca	4	4.60%

5.4 Perceived Usefulness of the 20 Websites

Table 5.3 shows the number and percentage of participants reporting their perceived usefulness of the 20 IPV websites (N=87). The level of perceived usefulness of the IPV websites was evaluated on a five-point scale ranging from “Not at all useful” (1) to “Extremely useful” (5). The “Don’t know/never used it before/I choose not to answer” responses were treated as missing data and excluded from the analysis. The results revealed that the median of all of the 20 websites was “Somewhat useful” (3). Particularly, nearly 40% of the respondents believed that endingviolence.org was somewhat useful. It is important to note that the number of respondents expressed “Don’t know / never used it before” ranging from 24 (27.59%) to 57 (65.52%). Out of 87

respondents, each website had 21 (24.14%) to 24 (27.59%) respondents did not provide a response.

Table 5.3: Number and Percentage of Participants reporting their Perceived Usefulness of the 20 IPV Websites (N=87)

IPV Websites URLs	Not at all useful (1)		Not so useful (2)		Somewhat useful (3)		Very useful (4)		Extremely useful (5)		Don't know / never used it before (6)		I choose not to answer (7)		Did not respond		Median
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	
endingviolence.org	1	1.15%	1	1.15%	34	39.08%	3	3.45%	0	0.00%	24	27.59%	1	1.15%	23	26.44%	3
healthlinkbc.ca/health-topics/te7721	2	2.30%	0	0.00%	31	35.63%	4	4.60%	0	0.00%	27	31.03%	1	1.15%	22	25.29%	3
vawlearningnetwork.ca	1	1.15%	1	1.15%	30	34.48%	3	3.45%	1	1.15%	29	33.33%	1	1.15%	21	24.14%	3
learningtoendabuse.ca	1	1.15%	0	0.00%	30	34.48%	4	4.60%	1	1.15%	28	32.18%	1	1.15%	22	25.29%	3
hope247.ca	1	1.15%	0	0.00%	26	29.89%	1	1.15%	0	0.00%	34	39.08%	1	1.15%	24	27.59%	3
makeitourbusiness.ca	1	1.15%	2	2.30%	15	17.24%	1	1.15%	3	3.45%	44	50.57%	0	0.00%	21	24.14%	3
surreywomenscentre.ca	1	1.15%	0	0.00%	12	13.79%	3	3.45%	1	1.15%	47	54.02%	0	0.00%	23	26.44%	3
octevaw-cocvff.ca	1	1.15%	2	2.30%	11	12.64%	1	1.15%	1	1.15%	47	54.02%	0	0.00%	24	27.59%	3
mta.ca/Community/Student_services/Health_and_wellness/Harassment_Advisor/Intimate_partner_violence_(abuse)/Intimate_partner_violence_(abuse)/	1	1.15%	1	1.15%	10	11.49%	2	2.30%	0	0.00%	51	58.62%	0	0.00%	22	25.29%	3
autumnhouse.ca	1	1.15%	2	2.30%	10	11.49%	2	2.30%	0	0.00%	49	56.32%	0	0.00%	23	26.44%	3
familyserVICEToronto.org	1	1.15%	4	4.60%	10	11.49%	3	3.45%	0	0.00%	46	52.87%	0	0.00%	23	26.44%	3
neighboursfriendsandfamilies.ca	1	1.15%	3	3.45%	10	11.49%	3	3.45%	2	2.30%	46	52.87%	0	0.00%	22	25.29%	3
acws.ca	1	1.15%	3	3.45%	9	10.34%	1	1.15%	0	0.00%	51	58.62%	0	0.00%	22	25.29%	3
maws.mb.ca	1	1.15%	2	2.30%	9	10.34%	3	3.45%	0	0.00%	49	56.32%	0	0.00%	23	26.44%	3
linfour.ca	1	1.15%	3	3.45%	9	10.34%	2	2.30%	1	1.15%	48	55.17%	0	0.00%	23	26.44%	3
nwpolice.org/blog/2017/04/10/domestic-violence-never-ok/cornerstonenorthumberland.ca	1	1.15%	4	4.60%	8	9.20%	3	3.45%	0	0.00%	49	56.32%	0	0.00%	22	25.29%	3
cornerstonenorthumberland.ca	1	1.15%	4	4.60%	7	8.05%	3	3.45%	0	0.00%	50	57.47%	0	0.00%	22	25.29%	3
naomisociety.ca	1	1.15%	1	1.15%	7	8.05%	1	1.15%	0	0.00%	53	60.92%	0	0.00%	24	27.59%	3
atira.bc.ca	1	1.15%	1	1.15%	5	5.75%	2	2.30%	0	0.00%	54	62.07%	0	0.00%	24	27.59%	3
mhwss.ca	1	1.15%	1	1.15%	3	3.45%	2	2.30%	0	0.00%	57	65.52%	0	0.00%	23	26.44%	3

5.5 Frequency of Use of the 20 Websites

Table 5.4 shows the number and percentage of participants reporting their frequency of use of the 20 IPV websites (N=87). The frequency of use of the IPV websites was assessed on a five-point scale ranging from “Never” (1) to “Always” (5). The “I choose not to answer” responses were treated as missing data and excluded from the analysis. The results showed that the median of the websites ranged from “Never” (1) to “Rarely” (2), while the majority of which was “Never” (1) (17, 85%). Only three (15%) websites achieved a median of “Rarely” (2). Particularly, over three quarters (66, 75.86%) of the

respondents had never used mhws.ca. Over one-third (35, 40.23%) of the respondents used endingviolence.org sometimes, while 32 (36.78%) had never used it. Out of 87 respondents, each website had 12 (13.79%) to 16 (18.39%) respondents did not provide a response.

Table 5.4: Number and Percentage of Participants reporting their Frequency of Use of the 20 IPV Websites (N=87)

IPV Websites URLs	Never (1)		Rarely (2)		Sometimes (3)		Often (4)		Always (5)		I choose not to		Did not respond		Median
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	
mhws.ca	66	75.86%	5	5.75%	1	1.15%	0	0.00%	0	0.00%	1	1.15%	14	16.09%	1.0
atira.bc.ca	63	72.41%	5	5.75%	2	2.30%	0	0.00%	0	0.00%	1	1.15%	16	18.39%	1.0
naomisociety.ca	62	71.26%	5	5.75%	5	5.75%	0	0.00%	0	0.00%	1	1.15%	14	16.09%	1.0
mta.ca/Community/Student_services/Health_and_wellness/Harassment_Advisor/Intimate_partner_violence_(abuse)/Intimate_partner_violence	61	70.11%	7	8.05%	4	4.60%	0	0.00%	0	0.00%	1	1.15%	14	16.09%	1.0
autumnhouse.ca	61	70.11%	4	4.60%	7	8.05%	0	0.00%	0	0.00%	1	1.15%	14	16.09%	1.0
cornerstonenorthumberland.ca	61	70.11%	3	3.45%	8	9.20%	0	0.00%	0	0.00%	1	1.15%	14	16.09%	1.0
maws.mb.ca	61	70.11%	3	3.45%	8	9.20%	0	0.00%	0	0.00%	1	1.15%	14	16.09%	1.0
acws.ca	60	68.97%	4	4.60%	8	9.20%	0	0.00%	0	0.00%	1	1.15%	14	16.09%	1.0
octevaw-cocvff.ca	60	68.97%	4	4.60%	8	9.20%	0	0.00%	0	0.00%	1	1.15%	14	16.09%	1.0
nwpolice.org/blog/2017/04/10/domestic-violence-never-ok/	59	67.82%	4	4.60%	9	10.34%	0	0.00%	0	0.00%	1	1.15%	14	16.09%	1.0
linfofour.ca	57	65.52%	7	8.05%	7	8.05%	1	1.15%	0	0.00%	1	1.15%	14	16.09%	1.0
surreywomenscentre.ca	56	64.37%	6	6.90%	9	10.34%	1	1.15%	0	0.00%	1	1.15%	14	16.09%	1.0
familyservicetoronto.org	56	64.37%	6	6.90%	9	10.34%	0	0.00%	0	0.00%	1	1.15%	15	17.24%	1.0
neighboursfriendsandfamilies.ca	55	63.22%	6	6.90%	9	10.34%	2	2.30%	0	0.00%	1	1.15%	14	16.09%	1.0
makeitourbusiness.ca	49	56.32%	6	6.90%	16	18.39%	2	2.30%	0	0.00%	1	1.15%	13	14.94%	1.0
hope247.ca	43	49.43%	8	9.20%	20	22.99%	0	0.00%	0	0.00%	1	1.15%	15	17.24%	1.0
learningtoendabuse.ca	37	42.53%	4	4.60%	31	35.63%	1	1.15%	0	0.00%	1	1.15%	13	14.94%	1.5
healthlinkbc.ca/health-topics/te7721	36	41.38%	17	19.54%	21	24.14%	1	1.15%	0	0.00%	0	0.00%	12	13.79%	2.0
vawlearningnetwork.ca	36	41.38%	4	4.60%	29	33.33%	0	0.00%	1	1.15%	1	1.15%	16	18.39%	1.0
endingviolence.org	32	36.78%	5	5.75%	35	40.23%	0	0.00%	0	0.00%	1	1.15%	14	16.09%	2.0

5.6 Hypotheses Tests

This section describes the findings of each hypothesis.

5.6.1 H1: The frequency of use of a website is not the same for different website visibility types

Hypothesis H1 examined the differences in the frequency of use of a website among different website visibility types by performing the Kruskal-Wallis H test. The results showed that there were statistically significant differences in the frequency of use of the website between the three types: Low/Medium, High, and Very High, $H(2) = 58.627$, $p = .000$, with a mean rank frequency of use of 745.11 for the low/medium visibility websites, 633.01 for the high visibility websites, and 770.29 for the very high visibility websites. In other words, the websites with very high visibility had higher frequency of use. Thus, hypothesis H1 was supported.

5.6.2 H2: The frequency of use of a website is not the same for different website quality types

Hypothesis H2 employed the Kruskal-Wallis H test to investigate the differences in the frequency of use of a website among different website quality types. The results indicated that there were no statistically significant differences in the frequency of use of a website among three different website quality types: Medium, High, and Very High, $H(2) = 80.608$, $p = .000$, with a mean rank frequency of use of 687.73 for the medium quality websites, 660.42 for the high quality websites, and 838.47 for the very high quality websites. In other words, the very high quality websites had higher frequency of use. Thus, hypothesis H2 was supported.

5.6.3 H3: The perceived usefulness of a website is not the same for different website visibility types

Hypothesis H3 investigated the differences in the perceived usefulness of a website among different website visibility types using the Kruskal-Wallis H test. The results showed that there were no statistically significant differences in the perceived usefulness of a website among three different website visibility types: Low/Medium, High, and Very High, $H(2) = .487, p = .784$. Therefore, hypothesis H3 was not supported.

5.6.4 H4: The perceived usefulness of a website is not the same for different website quality types

In hypothesis H4, the Kruskal-Wallis H test was performed to investigate the differences in the perceived usefulness of a website among different website quality types. The results revealed that there were no statistically significant differences in the perceived usefulness of a website among three different website quality types: Medium, High, and Very High, $H(2) = 3.354, p = .187$. Therefore, hypothesis H4 was not supported.

5.6.5 H5: The perceived usefulness of a website is higher when users are aware of the website

In hypothesis H5, the difference in the perceived usefulness of a website between two groups of users: (1) the users who were aware of the website; and (2) the users who were not aware of the website, was identified using the Mann-Whitney U test. The results indicated that the perceived usefulness of the known websites was statistically significantly higher than the unknown websites, $U(N_{\text{yes}} = 230, N_{\text{no}} = 163) = 14697.00, z = -4.648, p = .000 < 0.05$, with a mean rank perceived usefulness of 214.60 for the known websites, and 172.17 for the unknown websites. Therefore, hypothesis H5 was supported.

5.6.6 H6: The frequency of use of a website is higher when users are aware of the website

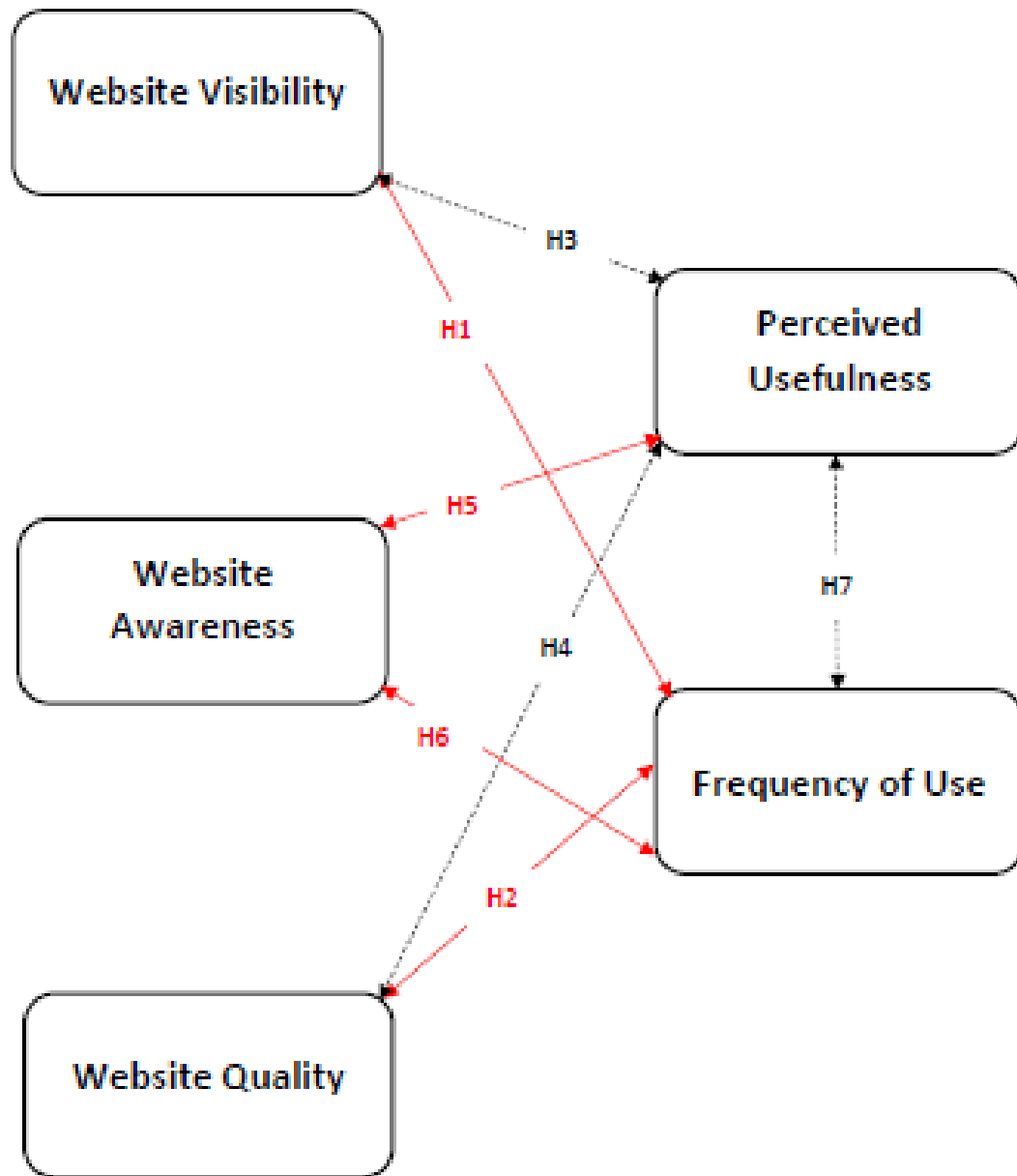
In hypothesis H6, the difference in the frequency of use of a website between two groups of users: (1) the users who were aware of the website; and (2) the users who were not aware of the website, was identified using the Mann-Whitney U test. The results indicated that the frequency of use of the known websites was statistically significantly higher than the unknown websites, $U(N_{\text{yes}} = 272, N_{\text{no}} = 1057) = 36864.50$, $z = -24.332$, $p = .000 < 0.05$, with a mean rank frequency of use of 1057.97 for the known websites, and 563.88 for the unknown websites. Therefore, hypothesis H6 was supported.

5.6.7 H7: User's perceived usefulness of a website is positively associated with the frequency of use of the website

Hypothesis H7 examined the relationship between users' perceived usefulness and their frequency of use of a website using Spearman's rank-order correlation coefficient. The results showed that there was no significant correlation between users' perceived usefulness and their frequency of use of a website, $r = .055$, $p = .280$, $N = 394$. Therefore, hypothesis H7 was not supported.

5.6.8 Summary of Hypothesis Test Results

Figure 5.6 presents a visual summary of the results of the hypothesis tests. The results showed that there were statistically significant differences in the frequency of use of a website among different website visibility types (H1) and different quality types (H2). Furthermore, the perceived usefulness (H5) and the frequency of use (H6) of the known websites was statistically significantly higher than the unknown websites.



Notes: Red solid line indicates significant relationship/differences. Dotted line indicates non-significant relationship/differences.

Figure 5.6: Results of hypothesis tests

Chapter 6

6 Discussion

This chapter discusses the results of the study by integrating U&G and TAM. First, the information needs and website awareness of the IPV survivors are discussed. Then, the visibility and information quality of the IPV websites are investigated. Next, survivors' perceived usefulness and frequency of use of the IPV websites are examined. It is important to note that it was not possible for this study to draw gender comparisons because there was no male participant in this study. Finally, the results of the 20 IPV websites are presented.

6.1 Information Needs

“Information is the best tool for fighting domestic violence.” (Sellers, 2015, p.566).

While studies have identified 16 DV content elements that are important for survivors to “move towards a safer life” (Davenport et al., 2008, p.905; Wathen & McKeown, 2010, p.171), this study went further to ask survey respondents to validate these content elements by identifying their actual information needs. The findings of this study showed that over one-third of the respondents reported that the following information is critically important for them: (1) legal resources / assistance; (2) mental health; (3) shelter information; (4) job information / training; (5) medical facilities; (6) escape plan; and (7) restraining / protection orders. The importance of information on legal resource / assistance is discussed in detail in the rest of this section.

There is a tremendous amount of burden on IPV survivors to deal with various legal issues, while experiencing extreme pain and suffering, physically and emotionally. Wright and Bertrand (2017) found that the most common legal issue for survivors was child support/children's expenses, followed by separation, protection order for the respondents, and dividing property. Not surprisingly, the results of this study indicated that the most desired type of information by the IPV survivors was information related to

legal resources / assistance. This finding mirrored the results reported in previous studies. For example, Wright and Bertrand (2017) examined the legal needs of women's shelter users in Calgary, Alberta and found that the majority of respondents (78.3%) needed help with their legal issues. Chang et al. (2005) and Westbrook (2007b; 2009a) revealed that legal information dealing with complex issues, such as child custody, child support, legal protection, immigration issues, civil and criminal matters, separation, divorce, and settlement, is essential for IPV survivors. Similarly, Schaffer (1999) found that having the ability to easily access accurate legal information and free legal services is particularly important for older abused women.

Furthermore, when searching for information on legal resources / assistance, this study found that only two IPV websites (canada.ca and healthlinkbc.ca) were ranked top 60 in all queries. These results of this study may indicate that there was a lack of legal resources online or information on the websites was not visible to the search engine due to poor indexing, for example. One might argue that the purposes of some of the IPV websites in this study are not to provide legal services, such as the websites of the shelters. However, the focus should be on the main customers of the organizations. For those who mainly serve the IPV community, it would be beneficial to their customers by offering useful legal resources and information on pro bono legal services, for example, on their websites.

With limited financial resources, hiring a lawyer may not be possible for many survivors. As a result, they may have no choice but to conduct their own legal matters in court. However, the lack of legal information may be one of the major barriers to the justice system that makes IPV survivors almost impossible to take necessary steps to protect their legal rights (Dutton, Orloff, & Hass, 2000). It is very likely that they would have to do nothing about their legal issues (Buck, Pleasence, & Balmer, 2008; Wright & Bertrand (2017). This is particularly true for abused immigrant women (Miedema & Wachholz, 1998; 2004), as well as survivors with no formal education and low income (Buck et al., 2008). Thus, more help is needed to access legal resources (Wright & Bertrand, 2017).

The legal information seeking activities may be affected by survivors' level of education, income, age, socioeconomic status, and cultural background (Edwards & Fontana, 2004). Particularly, for older survivors, their legal information needs may be neglected resulting from the fact that they are economically and technologically disadvantaged (Basu, Duffy, & Davey, 2009). Older survivors may be less likely to have internet access at home in order for them to seek legal information online (Denvir, Balmer, & Pleasence, 2014). The lack of legal information for lay persons, the lack of skills and not knowing where to find information may also be part of the major barriers for older survivors to access legal information (Basu et al., 2009).

Unfortunately, the justice system in Canada is “too complex, slow, and expensive”, which makes it practically and financially impossible for most survivors to access (Kilpatrick, 2017, p.1). Accessing high-quality legal information is fundamental to improve access to justice (Kilpatrick, 2017). Nowadays, people may find legal information in just a few clicks using the internet. However, it is increasingly more challenging for users to identify high-quality and reliable legal information. Given the strong need for making high-quality legal information freely available to IPV survivors, public libraries, particularly law libraries, can play a significant role in helping IPV survivors identify legal issues and find relevant legal information (Bilson, Lowenberger, & Sharp, 2017). According to Westbrook (2008b), “libraries are particularly well placed to support the information needs of IPV survivors” (p.240). Furthermore, libraries can promote access to information by making IPV-related information and legal information freely available online. Libraries are also an ideal place for holding public legal seminars and IPV-related education events. More importantly, libraries can offer a safe space for IPV survivors to access free internet and resources. In addition, the role of legal aid centers should be emphasized. They should provide legal advice and services to survivors, while maintaining collections of legal materials for survivors to access.

6.2 Website Awareness

“The best site is worthless if no one knows about it” (Dyrli, 2001, p.17). This study found that the number of respondents, who knew about the IPV websites, ranged widely from 4 (4.6%) (mhwss.ca) to 46 (52.87) (endingviolence.org). In 17 out of 20 selected websites in this study, only less than 20% of the respondents knew about the websites. The level of awareness amongst the participants found in this study was rather low. If IPV survivors know about the IPV websites, they may use them (Konetzka & Perrailon, 2016). One of the explanations for the low website awareness may be attributed to the location of the participants and the websites. For example, a website in Medicine Hat, Alberta, Canada may only be relevant to participants living in that area. Hence, it may be unlikely that participants in other cities or provinces are aware of such a website. This study recognized that the location of websites may affect awareness, perceived usefulness, and frequency of use of the participants. Unfortunately, the ethics board did not allow the collection of location data in the survey instrument, which precluded assessment of the impact of respondents’ location on awareness, perceived usefulness, and frequency of use of the websites.

It is unclear whether website awareness is the precondition of website usage. Arguably, with the sophisticated search engines, IPV survivors may be able to find IPV-related information even though they are not aware of any particular IPV websites. This is particularly true when keyword searching is the most popular technique used for information search online (Murphy & Chen, 2016). Thus, there is less need for IPV survivors to know any websites before conducting the search. However, website awareness can reflect the level of popularity of a website (Pham & Nguyen, 2019). The number of IPV survivors who know about the IPV website could be a major indicator of website success. Therefore, more investment and resources towards promoting the awareness of the IPV websites is necessary.

6.3 Website Visibility

When seeking for information, IPV survivors may be suffering from physical and emotional pain. They may also need the information urgently to make decisions under stress. If they are not internet savvy, online search may be a daunting task for the survivors. In addition, due to the wealth of information available on the internet, it is crucial for IPV survivors to be able to easily and quickly find IPV-related information using search engines. Just posting the information online is not enough, the IPV websites must have high visibility to reach the audience. It is well-established that websites are more visible and easier to be found if they rank high in SERP (Bogdan, Bogdan, & Horea, 2018). With high visibility, potential users may be able to find and more likely to use the website even if they are not aware of the existence of the website.

After examining the visibility of 139 Canadian IPV websites, the results of this study appeared to be very promising, only 26 (18.31%) had low visibility. The rest of the websites had either medium, high or very high visibility. However, there was no consistent results among the individual visibility measures. For example, atira.bc.ca achieved a very high score for social media mentions and inlink counts, while at the same time received a poor ranking by the search engines. Similarly, hope247.ca obtained a very high score for inlink counts, while simultaneously received a poor ranking by the search engines and very few social media mentions. These results may be explained by the complexity of the search algorithm, which involved over 200 ranking factors (Dean, 2018). Another reason for these findings may be that the quality of the inlinks was not considered in this study, which may have a significant impact on search engine ranking.

Furthermore, while it is not surprising that the majority of IPV websites in this study were NPOs focused on IPV, DV, and/or elder abuse, the IPV-related information published on the websites of the governments, health organizations, and police departments was rather limited. It would be beneficial to the IPV survivors if more health and public organizations publish IPV-related information on their websites.

Unexpectedly, only very few IPV websites in Canada were published by colleges or universities, which may be detrimental to the well-being of the students in the college or university communities. This is particularly concerning given the high prevalence of IPV

reported among college/university students (Jordan, Combs, Smith, & Jordan, 2014; Lévesque et al., 2016; Turchik & Hassija, 2014). There is a need for making more high-quality IPV-related information available online by colleges and universities so that their students can access the information any time anywhere. Colleges and universities should also play a leading role in educating their students and members of the communities on preventing IPV.

Another interesting, though not surprising finding was that the health organizations created the highest number of inlinks to the IPV websites in this study. Arguably, these findings indicated that the contents and information provided by the IPV websites in this study were highly reliable, which were endorsed and recommended by various health organizations. The results further showed that the NPOs focused on IPV, DV, and/or elder abuse generated a large amount of inlinks to the IPV websites in this study, which revealed that many IPV organizations referred their users to the IPV websites in this study. Thus, there was a close relationship within the IPV community. In addition, interactive media, such as blogs and forums, were another popular gateway to the IPV websites, which highlighted the importance of online resources for IPV survivors.

However, the results showed that no Canadian libraries were found during the IPV website selection process in this study, which may be caused by several reasons. For example (1) the library websites in Canada did not meet the inclusion criteria of this study (i.e. the Canadian website must publish IPV-related information in English that is freely available to the public); and (2) the visibility and/or findability of the library websites were too low. Furthermore, there was a dearth of inlinks coming from libraries. This finding indicated that when IPV survivors seek information using the library websites, it is highly unlikely that they would be referred to any of the IPV websites in this study for IPV-related information and resources. While libraries, particularly the public libraries, play a major role in information access (Bowler et al., 2011; Westbrook, 2008b), the low number of inlinks coming from libraries is concerning. These findings raise a series of questions: Whether libraries, particularly in Canada, are doing enough to provide support for the IPV communities? What has been done by libraries to ensure that IPV survivors can access high-quality information? Do IPV survivors know about the

IPV resources offered by libraries? In the United States, Westbrook (2007a) examined the email responses of the public libraries to DV shelter inquires and found that 18% of the public libraries did not receive and/or respond to their email reference requests. More troubling, none of the email responses of the public libraries provided any cyber-safety instruction (Westbrook, 2008b). With limited financial resources, many IPV survivors may rely heavily on the public libraries to access the relevant IPV-related information (Westbrook & Gonzalez, 2011). Although the creation of inlinks is beyond the control of the IPV websites, libraries might be more inclined to link their websites with the information provided on the IPV websites if a positive relationship is established between them. One of the approaches to address this issue is to reach out and partner with libraries to develop IPV-related programs. Collaboration between IPV organizations and libraries may also promote website awareness and establish credibility of their websites.

This study found that the majority of IPV websites were not visible based on search engine rankings. In other words, if IPV survivors search for the IPV websites using any of the 16 content elements adopted from Wathen and McKeown (2010) as keywords in Google, Yahoo!, or Bing, it is highly unlikely that they would be able to find most of the IPV websites in this study. The findings of this study showed that only four websites were ranked top 60 in at least one query of all 16 content elements. However, this study acknowledged that the results may be different depending on the search strategies.

Although the majority of IPV websites received some social media mentions, the number of social media mentions was quite low. This finding is consistent with the low awareness of the IPV websites, which confirmed that the number of social media mentions can be used to measure awareness (Davis & Ozanne, 2019). The highest number of social media mentions was only 46. It appeared that NPOs attracted more social media attention. IPV organizations should allocate more resources to online marketing and focus on social media activities to maximize reach.

6.4 Information Quality

IPV affects the general population of all backgrounds (Alhusen & Wilson, 2015). However, studies have consistently found that people with lower socioeconomic status, who usually have lower general and health literacy, are more likely to encounter IPV (Reichel & Goodey, 2017). Online health-related information is relatively inexpensive and easy to access. IPV survivors, particularly for those who have limited financial resources, may use online health information to help them make decisions without consulting the health professionals. Being able to access high-quality information on the IPV websites is crucial for IPV survivors. Particularly, it is vital that IPV-related information is accessible, relevant, interactive, easy to read, and have adequate privacy and security protection.

In this study, the quality of 139 Canadian IPV websites in terms of accessibility, relevance, readability, interactivity and privacy and data protection were evaluated. Overall, the quality of the IPV websites was encouraging. On average, only 12 (8.63%) websites had either low or very low quality.

The following sections discuss the major findings of each quality indicator:

6.4.1 Accessibility

The information provided on the IPV websites is only useful if people can properly access the websites. Studies have showed that increasing access to information can reduce the number of survivors with tolerant attitudes toward IPV (Lawoko, 2006; Uthman, Lawoko, & Moradi, 2009). The accessibility of the IPV websites is a fundamental requirement for website usage, which is particularly important for people with disabilities. Users with disabilities can only use a website if it is compatible with various assistive software and devices. Studies have found that women with disabilities are extremely vulnerable to violence (Hughes et al., 2012; Ruiz-Pérez, Pastor-Moreno, Escribà-Agüir, & Maroto-Navarro, 2018). However, this study found that less than half of the IPV websites had features that allow access by people with disabilities.

Furthermore, this study revealed that only very few IPV websites satisfied all four accessibility criteria of this study and even fewer achieved accessibility error free. There were 16 (11.51%) of the IPV websites had very high accessibility, half of which were government organizations. It is important to note that about one-third of the websites had either low (20, 14.39%) or very low (24, 17.27%) accessibility, most of which were NPOs. These results may be explained by the lack of resources to build an accessible website and to perform more accessibility testing, as well as the lack of legal requirements for compliance with the WCAG (Loiacono & Djamasbi, 2013). The access barriers to the IPV websites could be detrimental to the success of the websites. Improving the accessibility of the IPV websites is not only good practice, but also beneficial to the visibility of the IPV websites (Shi, 2006). More importantly, studies have found that accessibility is associated with website usage (Alshehri et al., 2012; Downing & Liu, 2009; Glasgow et al., 2011). Thus, it is necessary for the website owners to rectify their accessibility errors according to WCAG, seek recommendations from the IPV community, and implement accessibility features to allow users of all backgrounds to fully enjoy and utilize the information and functions of the IPV websites. The accessibility of the websites should be tested actively, regularly, and after creating or updating the web pages. It is important to note that software tools, such as WAVE, can facilitate the evaluation of accessibility. However, they cannot replace human assessment. Therefore, the tests should be performed electronically and manually.

6.4.2 Relevance

The results of this study found that the relevance of the IPV websites was evenly distributed from very low to very high. Interestingly, these findings indicated that if IPV survivors search for Canadian IPV websites using the search terms: “domestic violence” and “intimate partner violence” (same as how the IPV websites were selected in this study), it is very likely that they would find websites with different levels of relevance. In other words, websites mentioning “domestic violence” and “intimate partner violence” did not necessarily mean that they also mentioned the 15 content elements adopted from Wathen and McKeown (2010) (“Provincial / territory specific statistics / facts about IPV”

was combined with “General statistics / facts about IPV”). However, this study acknowledged that the results may be different depending on the search strategies. It is also possible that the IPV websites published IPV-related information that was not included in the content elements identified by Wathen and McKeown (2010).

Overall, the majority of IPV websites were not comprehensive in content coverage with only seven websites mentioned all 15 content elements adopted from Wathen and McKeown (2010). Over half of the websites mentioned “Shelter Information” and “Legal Resources / Assistance”. However, only 16 (11.51%) websites talked about “Cyber Safety”. The findings highlighted the lack of information on cyber safety, which is particularly concerning given the close connection between IPV and cyberstalking (Burgess & Baker, 2002; King-Ries, 2010; Smoker & March, 2017; Woodlock, 2016). Various online resources have published information to educate people experiencing IPV on how to protect themselves while using technology. For example, the Tech Safety App (techsafetyapp.org) has been developed by the National Network to End Domestic Violence to provide privacy tips and information (NNEDV, n.d.). The IPV websites should include a link to these resources and other relevant cyber safety information on every page of the website.

Furthermore, the relevance of information presented on the IPV websites is one of the most important factors for IPV survivors. It is obvious that people will only use the information, if it is relevant to satisfy their needs. Studies have indicated that creating relevant content on the websites that matches user queries can improve the visibility and SERP rankings of the websites by increasing traffic and inlinks pointing to the websites (Dover & Dafforn, 2011; Onaifo & Rasmussen, 2013). To improve the relevance of information, the IPV websites can offer more expert advice and suggestions on various IPV-related issues (Casaló, Flavián, Guinalú, & Ekinici, 2015), as well as increase the amount of information on the website (Mudambi & Schuff, 2010).

6.4.3 Readability

It is recommended that health-related materials be written at or below a sixth-grade reading level (American Medical Association Foundation, 2007). However, studies have found that the readability of most health-related information is too difficult for readers to understand (D'alessandro et al., 2001; Gavvani et al., 2018; Storino et al., 2016). Consistently, this study revealed that the readability level of most of the IPV websites was too difficult for people to comprehend. The results displayed some differences between the FRE score and the FKGL score of the IPV websites, which may be explained by the use of different formulas for calculating the readability levels. However, the overall readability scores confirmed that the readability of the information on the IPV websites needed to be improved.

6.4.4 Interactivity

By implementing interactivity features, IPV websites can better engage users and satisfy their information needs by allowing them to share their point of view on various issues, which can in turn enrich the content and information of IPV websites. Furthermore, users can access first-hand experience and opinions of other IPV survivors, which may promote behavior change among IPV survivors. According to the updated D&M IS Success Model (Delone & McLean, 2003), one way to view IT success, which could include website success, is measured by systems quality, information quality, service quality, use, user satisfaction, and net benefits. When users enjoy two-way communication and are able to find useful information on an IPV website, they may tend to stick with that particular IPV website for information, which can lead to website success (Delone & McLean, 2003; Palmer, 2002).

If IPV survivors search for information online and land on a website that offers internal search capability and help features, which can improve the efficiency and effectiveness of the survivors' information seeking activities. When survivors are able to interact, communicate, and network with other users, receive instant responses and support from other survivors, post their questions, share their feelings and experiences, and provide

support, feedback and opinions to other users through an IPV website, survivors have more control over the information exchange, which may better satisfy their information needs. It appeared that the vast majority of the IPV websites in this study recognized the benefits of interactivity and implemented various interactive features, such as offering internal search capability and help features, as well as facilitating information exchange between users. The IPV websites with low interactivity in this study may be due to the lack of resources and manpower to monitor and control the visitor-generated content.

6.4.5 Privacy and Data Protection

This study found that nearly one-third (40, 28.78%) of the IPV websites scored very low on privacy and data protection. While over half of the IPV websites in this study provided a privacy policy, only less than one-third of the websites offered a “Quick Exit” button, most of which were owned by NPOs. Coincidentally, Sorenson et al. (2014) also found that one-third of the home pages offered an escape button after examining the usability of 261 websites that served abused women. It is understandable that if IPV survivors were not the major users of the IPV websites, such as the websites of the government and health organizations, the “Quick Exit” button may not be offered. Furthermore, this study found that fewer government-owned websites provided privacy policy than those owned by NPOs. These results are partly consistent with Chua et al. (2017), which concluded that the government-owned organizations had lower privacy compliance score than the non-government-owned organizations. More surprisingly, even fewer websites owned by healthcare organizations provided privacy policies. Arguably, government and healthcare organizations should take a leading role in protecting the privacy of third parties as they have much more resources than NPOs. These results indicated that it is necessary to regulate the provision and contents of privacy policies to reduce the privacy concerns of IPV survivors.

Privacy and data protection issues play a crucial role in the IPV communities. When visiting IPV websites and/or interacting with websites through social media, much personal information of the users is collected and recorded by the websites and third

parties, such as the internet services providers. The information, such as browsing history, stored on the computer of survivors may be used by their abusers for tracking, harassing, and harming them (Dimond et al., 2011). Survivors must consider the risk of using the internet and sharing their information online as their online activities may pose threat to their safety. Thus, the privacy and cyber security concerns may deter IPV survivors from using the IPV websites (Palanisamy, Sensenig, Joshi, & Constantino, 2014). If survivors trust the website, they are more likely to use it (Schoenbachler & Gordon, 2002; Tenkorang, Owusu, & Kundhi, 2018; Thakur & Summey, 2005). Unfortunately, IPV survivors, particularly those from the low socioeconomic groups, may not have sufficient technological knowledge to cover their tracks. They must rely on the privacy features of the websites to keep them safe. Therefore, it is crucial for the IPV websites to have privacy policies and security features in place to protect their users.

6.5 Perceived Usefulness

IPV survivors' perceptions of the usefulness of the IPV websites likely affect their information seeking behavior and website usage decisions. Soane, Schubert, Lunn, and Pollard (2015) found that participants sought more information when the information was believed to be useful. In this study, the results revealed that the IPV websites were perceived to be "somewhat useful" by most of the respondents, which evidenced the presence of unsatisfying responses with regard to the usefulness of the IPV websites. These results may be partly explained by the challenging readability level and the poor accessibility of the contents of some IPV websites in this study.

Furthermore, studies have revealed that relevance is a strong indicator of perceived usefulness, which has a positive impact on users' intention to use (Shih, 2004; Thong et al., 2002). Users of IPV websites may be more likely to perceive the website to be useful if they find information on the website pertinent to their needs. Thus, relevance may enhance website usage, which may ultimately lead to website success. The owners of the IPV websites may use the 16 DV content elements identified by Wathen and McKeown (2010) as a guide to improve their relevance.

Consistent with Park et al. (2009), the results of this study showed that there were no statistically significant differences in the perceived usefulness of a website among different website visibility types. In other words, the users did not necessarily perceive the more visible IPV websites as more useful. Since the majority of respondents in this study indicated that they had never used the IPV websites, the respondents who already knew and used the websites should have minimum effect on this finding.

Studies have shown that the information quality of the websites has a positive impact on users' perceived usefulness (Ahn, Ryu, & Han, 2004; Cheng, 2012; 2014; Gao & Bai, 2014; Hsu et al., 2016; Lederer, Maupin, Sena, & Zhuang, 2000; Lin, 2007; Lin & Lu, 2000; Tsai et al., 2011; Zhou, 2011). Particularly, Shen and Chuang (2010) found relationship between interactivity and perceived usefulness. However, Kuo and Lee (2009) discovered that the effect of information quality on perceived usefulness was not significantly positive. Consistent with Kuo and Lee (2009), while contradicting others, the results of this study revealed that there were no statistically significant differences in the perceived usefulness of a website among different website quality types. Thus, higher information quality of the website did not necessarily contribute to a higher perceived usefulness. This finding may be explained by the complexity in predicting users' belief. The differing study results may also be influenced by the choice of quality indicators. Future study with a larger sample is necessary to further investigate the reasons behind these results.

Furthermore, the results of this study indicated that when the respondents knew about an IPV website, they were more likely to believe that the website was useful. Given the only significant difference for perceived usefulness occurred in the user group that knew about the websites in this study, the website owners must invest more resources in promoting the websites in order to increase the perceived usefulness of their websites. Examples of promoting strategies include using social media sites, such as Facebook and Twitter, to reach the audience, and partnering between IPV organizations and other organizations, such as the government agencies, health organizations, educational institutions, and libraries, to carry out online and offline advertising campaigns. Another powerful approach to attract survivors' attention is to post compelling IPV or DV stories with

images and videos of celebrities, political leaders and other famous individuals on the websites. Furthermore, IPV websites should implement a discussion forum to facilitate, stimulate and foster community building within the websites. IPV organizations should host webinars regularly by inviting expert speakers in the field to share their knowledge and experience through their websites.

6.6 Frequency of Use

IPV websites may be an important source of information for survivors, which may help them make informed decisions. However, before survivors can use an IPV website, at least one of the following basic conditions must be satisfied: (1) being aware of the IPV website; (2) being able to find the IPV website; (3) being able to access the IPV website; and (4) being willing to use the IPV website (Maddock et al., 2011). This study found that most respondents had minimal use of the IPV websites in this study, which indicated that at least one of the above conditions were not being met. Given the low usage of the IPV websites, this study was unable to determine whether the respondents were willing to use the websites. Thus, this study shed light on the first three conditions.

First, this study found that when the respondents knew about an IPV website, they were more likely to use the website. However, the results of this study indicated that the majority of the 20 selected IPV websites (85%) were known by less than one-fifth (20%) of the respondents. It is possible that the low levels of website awareness may partly contribute to the low levels of website usage. By investing more resources in promoting the website awareness, the usage of the websites may be improved, which can be achieved by various approaches. For example, IPV organizations should build a trusting relationship with various healthcare providers, hospitals and other IPV organizations so that they are comfortable with referring their patients to the websites of the IPV organizations for information. Furthermore, ongoing advertising and outreach to raise awareness of the IPV websites in the IPV communities may be necessary. Based on the values of the IPV organizations, they can promote their websites through various cost-

effective online advertising methods, such as social media, YouTube video advertising, banners and display advertising, and pay per click advertising (Debono, 2012).

Second, the findings of this study indicated that the higher the visibility, the higher the usage. These findings corresponded with Wang and Xu (2017), which found that Web visibility was a significant influential factor of firm Web traffic. Therefore, it is crucial for the IPV websites to improve their visibility, which can be achieved by using various SEO strategies, such as developing high-quality and useful contents with well-designed site structure, building inlinks, and sharing on social network (Zhang & Cabage, 2017).

Furthermore, this study found that the higher the information quality, the higher the usage. Although it is beyond the scope of this study to examine the relationship between each individual information quality dimension and frequency of use of the IPV websites, each information quality dimension played a role in the low usage of the IPV websites in this study. Particularly, this study revealed that only very few IPV websites satisfied all four accessibility criteria of this study and even fewer achieved accessibility error free. Nearly one-third of the IPV websites had low or very low levels of accessibility. These results consistent with previous studies (Omar, Ramayah, Lo, Sang, & Siron, 2010; Wang & Liao, 2008), which have reported an association between information quality and IT usage. Therefore, IPV websites should allocate more resources to provide high-quality information. Given the complex, dynamic, and multifaceted nature of information quality, this study recognized that the findings may vary depending on the quality dimensions assessed. Each user may have different expectations of the information quality depending on their personal needs and conditions.

According to TAM, perceived usefulness is a significant factor to predict users' acceptance of an information system (Ahn et al., 2004; Davis, Bagozzi, & Warshaw, 1989). Theoretically, IPV survivors are more inclined to use the IPV websites if they believe that the website is useful. Previous studies have found that perceived usefulness has a strong significant relationship with website usage (Heinrichs, Lim, Lim, & Spangenberg, 2007; Hsu et al., 2016; Ramayah, 2010; Shen & Chuang, 2010). However, the findings of this study were contradictory to the past research results. This study

showed that there was no relationship between users' perceived usefulness and their frequency of use of a website. Thus, users' perception of the usefulness of the IPV websites did not affect the website usage, and vice versa. A possible explanation is that the relationship between perceived usefulness and frequency of use may be mediated by website awareness because both perceived usefulness and frequency of use of the known websites were statistically significantly higher than the unknown websites, according to the results of this study. In other words, perceived usefulness and frequency of use were indirectly associated through website awareness. Therefore, the results implied that in order to increase the perceived usefulness and usage of the IPV websites, the IPV organizations and website owners must promote the websites and improve the popularity of their websites. They may also explore other ways to attract users' attention, such as offering valuable services, user-friendly interfaces, and innovative features.

In sum, the IPV websites in this study had low levels of usage because at least one of the following basic conditions existed: (1) the respondents were not aware of the IPV websites; (2) the IPV websites were not visible; and (3) the IPV websites were not accessible.

6.7 Profiles of the 20 Selected IPV Websites

After discussing the findings of each measure, this section consolidates the results of this study and presents the profiles of the 20 IPV websites (in alphabetical order) with some background information of each website. It is important to note that the results of the 20 IPV websites were compared against each other to assess their relative performance.

For descriptive and discussion purposes, the websites were categorized into five groups: very low (0 - < 20); low (20 - < 40); medium (40 - < 60); high (60 - < 80); and very high (80-100), based on their 0-100 scores.

6.7.1 1inFour (1infour.ca)

1inFour (1infour.ca) is a DV project established to help women and children in Hamilton, Ontario, Canada. When asked about this website, nine (10.34%) respondents were aware of this website, over half (57, 65.52%) of the respondents had never used it, one (1.15%) used it often, seven (8.05%) used it sometimes, and seven (8.05%) used it rarely. While the majority of respondents (71, 81.61%) did not rate their perceived usefulness of this website, some respondents believed it to be somewhat useful (9, 10.34%), not so useful (3, 3.45%), very useful (2, 2.30%), extremely useful (1, 1.15%), and not at all useful (1, 1.15%).

On average, this website had high visibility. Specifically, the number of social mentions was very high. However, it only had 117 inlinks, nearly half (55, 47.01%) of which were coming from Blogs/Forums/Other Interactive Media. It was also ranked poorly by the search engines.

The average information quality of this website was high. Particularly, the interactivity and relevance were very high. The privacy and data protection was medium as it did not present a privacy policy. More importantly, it was not accessible at all. It did not offer any features that allow access by people with disabilities, while having 54 accessibility errors (16 empty links, 19 linked images missing, 1 empty button, and 18 very low contrast). The content was written at the 5th grade (FKGL) and 10th-11th grade (FRE) reading levels. The readability results were not consistent. While FRE reported a higher than recommended reading level, FKGL reported a lower than recommended reading level.

6.7.2 Alberta Council of Women's Shelters (acws.ca)

Alberta Council of Women's Shelters (acws.ca) is a charitable organization aimed to end DV and abuse by providing shelters and services to women, children and seniors; conducting research; and providing education in Alberta, Canada. When asked about this website, seven (8.05%) respondents were aware of this website, over half (60, 68.97%) of

the respondents had never used it, eight (9.20%) used it sometimes, and four (4.60%) used it rarely. While the majority of respondents (73, 83.91%) did not rate their perceived usefulness of this website, some respondents believed it to be somewhat useful (9, 10.34%), not so useful (3, 3.45%), very useful (1, 1.15%), and not at all useful (1, 1.15%).

The results of this study showed that the average visibility of this website was very high. Particularly, it had 2,064 inlinks coming from a wide variety of websites. For example, 559 (27.08%) inlinks coming from Blogs/Forums/Other Interactive Media; 293 (14.2%) from NPOs for men; 242 (11.72%) from Other Government Agencies; and 214 (10.37%) from the Provincial Government. It was ranked very high by the search engines. The social mentions count was also very high.

On average, the information quality of this website was high. Specifically, its relevance and privacy and data protection were very high. To illustrate, this website received the most hits when searching within the website using the following keywords: “Escape Plan” (101); “Shelter Information” (300); “Child Support” (166); “Job Information / Training” (300); “Medical Facilities” (248); and “Mental Health” (300). The interactivity was also high. However, its accessibility was very low. It did not offer any features that allow access by people with disabilities, while having 12 accessibility errors (8 empty links, 1 linked image missing, 1 missing form label, 1 document language missing, and 1 very low contrast). The content was written at the 6th grade (FKGL) and 10th-11th grade (FRE) reading levels. The readability results were not consistent. While FRE reported a higher than recommended reading level, FKGL reported the recommended reading level.

6.7.3 Atira Women’s Resource Society (atira.bc.ca)

Atira Women’s Resource Society (atira.bc.ca) is an NPO in British Columbia, Canada dedicated to end violence against women by providing shelter and education. The awareness score of this website was one of the lowest, only four (4.6%) respondents knew about this website. The majority of respondents (63, 72.41%) had never used this

website. Only two (2.30%) used it sometimes, and five (5.75%) used it rarely. While most respondents (78, 89.66%) did not rate the perceived usefulness of this website, some respondents believed it to be somewhat useful (5, 5.75%), very useful (2, 2.30%), not so useful (1, 1.15%), and not at all useful (1, 1.15%).

The average visibility of this website was high mainly because it achieved the highest score on social mentions. It had 2,274 inlinks, 533 (23.44%) of which were coming from Blog/Forum/Other Interactive Media; 408 (17.94%) were coming from Online Directories. However, it was ranked poorly by the search engines.

On average, this website had a high level of information quality. Particularly, its interactivity and relevance were very high. The privacy and data protection was medium. However, it was not at all accessible. To illustrate, it did not offer any features that allow access by people with disabilities, while having 19 accessibility errors (10 empty links, 3 missing alternative texts, and 6 broken ARIA references). The content was too difficult for users, which was written at the 8th grade (FKGL) and college grade (FRE) reading levels.

6.7.4 Autumn House (autumnhouse.ca)

Autumn House (autumnhouse.ca) is a charitable organization working to end intimate partner violence. It provides shelter, support, counselling, outreach and advocacy services in Cumberland County, Nova Scotia, Canada. When asked about this website, 12 (13.79%) respondents were aware of this website, the majority of respondents (61, 70.11%) had never used it, seven (8.05%) used it sometimes, and four (4.60%) used it rarely. While most respondents (72, 82.76%) did not rate the perceived usefulness of this website, some respondents believed it to be somewhat useful (10, 11.49%), not so useful (2, 2.30%), very useful (2, 2.30%), and not at all useful (1, 1.15%).

The results of this study showed that the average visibility of this website was high. Particularly, the social mentions count was high. However, it only had 42 inlinks, 16

(38.1%) of which were coming from Online Directories; 11 (26.19%) were generated from NPOs – General. It was also ranked poorly by the search engines.

On average, this website had a high level of information quality. Specifically, the relevance and interactivity were high. The accessibility and privacy and data protection were medium. It did not offer any features that allow access by people with disabilities, while having nine accessibility errors (2 empty links, 1 linked image missing, 1 empty heading, 1 empty button, and 4 broken ARIA menus). It also did not present a privacy policy. The content was written at the 4th grade (FKGL) and 7th grade (FRE) reading levels. The readability results were not consistent. While FRE reported a higher than recommended reading level, FKGL reported a lower than recommended reading level.

6.7.5 Cornerstone Family Violence Prevention Centre (cornerstonenorthumberland.ca)

Cornerstone Family Violence Prevention Centre (cornerstonenorthumberland.ca) is a charitable organization committed to end family violence. It provides shelter, counselling and prevention services in Northumberland County, Ontario, Canada. When asked about this website, eight (9.20%) respondents were aware of this website, the majority of respondents (61, 70.11%) had never used it, eight (9.20%) used it sometimes, and three (3.45%) used it rarely. While most respondents (72, 82.76%) did not rate the perceived usefulness of this website, some respondents believed it to be somewhat useful (7, 8.05%), not so useful (4, 4.60%), very useful (3, 3.45%), and not at all useful (1, 1.15%).

The results of this study found that the average visibility of this website was high. Specifically, the social mentions count was very high. It had 289 inlinks, 70 (24.22%) of which were coming from Other Health Organizations; 56 (19.38%) were coming from FPOs – News; 50 (17.3%) were coming from NPOs - General. However, it was ranked poorly by the search engines.

On average, this website had a high level of information quality. Particularly, it was highly interactive. The relevance and privacy and data protection scores were also very

high. However, it was not at all accessible. It contained the most accessibility and WCAG errors (212 empty links). The content was written at the 4th grade (FKGL) and 8th – 9th grade (FRE) reading levels. The readability results were not consistent. While FRE reported a higher than recommended reading level, FKGL reported a lower than recommended reading level.

6.7.6 Ending Violence Association of BC (endingviolence.org)

The Ending Violence Association of British Columbia (endingviolence.org) is an association aimed at providing support for various anti-violence programs in British Columbia, Canada. It also develops and offers a wide range of training resources related to sexual and DV, child abuse and criminal harassment. This website achieved the highest awareness score. Over half of the respondents (46, 52.87%) knew about this website, over one-third (32, 36.78%) of the respondents had never used it, 35 (40.23%) used it sometimes, and five (5.75%) used it rarely. While nearly half (48, 55.17%) of the respondents did not rate the perceived usefulness of this website, some respondents believed it to be somewhat useful (34, 39.08%), very useful (3, 3.45%), not so useful (1, 1.15%), and not at all useful (1, 1.15%).

The findings of this study showed that the average visibility of this website was very high. Particularly, the number of social mentions was very high. It had 2,285 inlinks coming from a wide variety of websites. To mention a few, 545 (23.85%) inlinks were coming from NPOs for IPV/DV/Elder Abuse; 379 (16.59%) from Blogs/Forums/Other Interactive Media; and 246 (10.77%) from Online directories. It was also ranked highly by the search engines.

On average, this website achieved the second highest level of information quality. Specifically, it was highly interactive and accessible. It had 14 accessibility errors (4 empty links, 5 linked images missing, 1 empty heading, 1 missing form label, 1 broken skip link, and 2 very low contrast). It also had a very high level of privacy and data protection. Although the content was highly relevant to the IPV survivors, its readability

level needed to be improved. The content was too difficult for users, which was written at the 7th grade (FKGL) and college grade (FRE) reading levels. Particularly, this website received the most hits when searching within the website using the following keywords: “Warning Signs” (163); “Restraining / Protection Orders” (111); “General Statistics / Provincial / Territory Specific Statistics / Facts About IPV” (281); and “Hotline / Referral Service” (212).

6.7.7 Family Service Toronto (familyservicetoronto.org)

Family Service Toronto (familyservicetoronto.org) is a charitable organization aimed to help families and individuals facing life challenges in Toronto, Ontario, Canada through counselling, community development, advocacy and public education programs. When asked about this website, 14 (16.09%) respondents were aware of this website, the majority of respondents (56, 64.37%) had never used it, nine (10.34%) used it sometimes, and six (6.90%) used it rarely. While most respondents (69, 79.31%) did not rate the perceived usefulness of this website, some respondents believed it to be somewhat useful (10, 11.49%), not so useful (4, 4.60%), very useful (3, 3.45%), and not at all useful (1, 1.15%).

The results of this study found that the average visibility of this website was very high. Specifically, it had 4,486 inlinks coming from a wide variety of organizations. For example, 1,615 (36%) of its inlinks were coming from NPOs – General; and 1,533 (34.17%) were coming from Other Health Organizations. The number of social mentions was also very high. The search engine ranking was medium.

On average, this website had a high level of information quality. Particularly, it was highly interactive. It also had a very high level of relevance and privacy and data protection. This website received the most hits (51) when searching within the website using the following keywords: “Definition of IPV”; and “Substance Abuse” (127). Its accessibility was medium. It had 22 accessibility errors (12 empty links, and 10 missing alternative texts). However, its readability level needed to be improved. The content was

too difficult for users, which was written at the 9th grade (FKGL) and college grade (FRE) reading levels.

6.7.8 HealthLinkBC (healthlinkbc.ca/health-topics/te7721)

The website of HealthLink BC is developed and maintained by the Government of British Columbia. It aims to provide high-quality and reliable health information on various health topics in British Columbia, Canada. The content is written, reviewed, and updated by a team of health professionals and experts in the subject areas. It has a webpage on DV: healthlinkbc.ca/health-topics/te7721, which was examined in this study. When asked about this webpage, 16 (18.39%) respondents were aware of this webpage, the majority of respondents (36, 41.38%) had never used it, 21 (24.14%) used it sometimes, 17 (19.54%) used it rarely, and one (1.15%) used it often. While over half (50, 57.47%) of the respondents did not rate the perceived usefulness of this webpage, some respondents believed it to be somewhat useful (31, 35.63%), very useful (4, 4.60%), and not at all useful (2, 2.30%).

The results of this study revealed that the average visibility of this webpage was medium. Although its search engine ranking was very high, it only had five inlinks and had no mentions in the social media.

On average, the quality of this webpage was high. Compared to the rest of the 20 IPV websites, this webpage was highly interactive and accessible. It had eight accessibility errors (3 empty links, 2 missing form labels, 2 empty buttons, and 1 very low contrast). The relevance and privacy and data protection were medium. When searching for information on legal resources / assistance, this webpage was ranked top 60 in all queries. It did not offer a “Quick Exit” button. The content was written at the 5th grade (FKGL) and 8th – 9th grade (FRE) reading levels. The readability results were not consistent. While FRE reported a higher than recommended reading level, FKGL reported a lower than recommended reading level.

6.7.9 Hope 24/7 (hope247.ca)

Hope 24/7 (hope247.ca) is a charitable organization and a Sexual Assault Centre for the Region of Peel, Ontario, Canada. It provides treatments, prevention programs, and psychotherapy services for individuals aged 12 and older who are experiencing relationship and sexual violence. When asked about this website, 13 (14.94%) respondents were aware of this website, almost half (43, 49.43%) of the respondents had never used it, 20 (22.99%) used it sometimes, and eight (9.20%) used it rarely. While the majority of respondents (59, 67.82%) did not rate the perceived usefulness of this website, some respondents believed it to be somewhat useful (26, 29.89%), very useful (1, 1.15%), and not at all useful (1, 1.15%).

The results of this study showed that the average visibility of this website was medium mainly because it received the most inlinks (13,097). The vast majority of its inlinks were coming from healthcare organizations: Over half of the inlinks (7,224, 55.16%) were coming from Other Health Organizations; and 5,630 (42.99%) were generated by the General Hospitals. However, the number of social mentions was low. It was also ranked poorly by the search engines.

On average, this website had medium information quality. Its interactivity and relevance were very high. The privacy and data protection was medium as it did not present a privacy policy. More importantly, it was not at all accessible. It did not offer any features that allow access by people with disabilities, while having 118 accessibility and WCAG errors (11 empty links, 28 missing alternative texts, 13 linked images missing, 18 missing form labels, 24 multiple form labels, 11 empty headings, and 13 empty buttons). Its readability level also needed improvement. The content was too difficult for users, which was written at the 8th grade (FKGL) and college grade (FRE) reading levels.

6.7.10 Make It Our Business (makeitourbusiness.ca)

Make It Our Business (makeitourbusiness.ca) is a campaign of the Centre for Research and Education on Violence Against Women and Children in the Faculty of Education at

UWO. It provides information and education to help employers and other workplace personnel to fulfill their legal obligations to provide a safe and healthy work environment. When asked about this website, 14 (16.09%) respondents were aware of this website, over half (49, 56.32%) of the respondents had never used it, 16 (18.39%) used it sometimes, six (6.90%) used it rarely, and two (2.30%) used it often. While the majority of respondents (65, 74.71%) did not rate the perceived usefulness of this website, some respondents believed it to be somewhat useful (15, 17.24%), extremely useful (3, 3.45%), not so useful (2, 2.30%), very useful (1, 1.15%), and not at all useful (1, 1.15%).

The results of this study showed that this website achieved the second highest average visibility. Particularly, it had 1,964 inlinks, almost half of which were coming from Colleges & Universities (953, 48.52%). The number of social mentions was very high. Its search engine ranking was also very high. For example, when searching for information on warning signs, this website was ranked highly by all search engines in both IPV and DV groups, except in the IPV group by Bing (47th).

On average, this website had a very high level of information quality. Specifically, the scores of interactivity and privacy and data protection were very high. It was also highly accessible with four accessibility errors (2 empty links, 1 empty button, and 1 broken skip link). Its level of relevance was high. However, its readability level needed improvement. The content was too difficult for users, which was written at the 7th grade (FKGL) and 10th – 11th grade (FRE) reading levels.

6.7.11 Manitoba Association of Women's Shelters Inc. (maws.mb.ca)

Manitoba Association of Women's Shelters Inc. (maws.mb.ca) is an association and charitable organization established in Manitoba, Canada to support the work of its members, which include ten provincial shelters for abused women and children and other affiliated organizations. It is important to note that a new website has been launched after the data collection period of this study. The data analyzed in this study was gathered from

the old website. When asked about this website, seven (8.05%) respondents were aware of this website, the majority of respondents (61, 70.11%) had never used it, eight (9.20%) used it sometimes, and three (3.45%) used it rarely. While most respondents (72, 82.76%) did not rate the perceived usefulness of this website, some respondents believed it to be somewhat useful (9, 10.34%), very useful (3, 3.45%), not so useful (2, 2.30%), and not at all useful (1, 1.15%).

The results of this study indicated that the average visibility of this website was high. Particularly, it had 948 inlinks, 419 (44.2%) of which were coming from Other Health Organizations; 304 (32.08%) were generated from FPOs – Other types of companies. The number of social mentions was medium. However, it was ranked poorly by the search engines.

On average, this website had a medium level of information quality. While its relevance and interactivity were high, its accessibility was medium. It did not offer any features that allow access by people with disabilities, while having one accessibility error that was caused by empty link. More importantly, the privacy and data protection score was very low. The content was written at the 5th grade (FKGL) and 8th – 9th grade (FRE) reading levels. The readability results were not consistent. While FRE reported a higher than recommended reading level, FKGL reported a lower than recommended reading level.

6.7.12 Medicine Hat Women’s Shelter Society (mhwss.ca)

Medicine Hat Women’s Shelter Society (mhwss.ca) is an NPO established to serve individuals experienced DV in Medicine Hat, Alberta, Canada. It provides shelter, education, advocacy, programs, services and resources. The awareness score of this website was one of the lowest, only four (4.6%) respondents knew about this website. Over three-quarters (66, 75.86%) of the respondents had never used it, five (5.75%) respondents used it rarely, and one (1.15%) used it sometimes. While the vast majority of the respondents (80, 91.95%) did not rate the perceived usefulness of this website, some

respondents believed it to be somewhat useful (3, 3.45%), very useful (2, 2.30%), not so useful (1, 1.15%), and not at all useful (1, 1.15%).

The results of this study revealed that the average visibility of this website was high. Particularly, the number of social mentions was very high. It had 322 inlinks, over half of which (180, 55.9%) were coming from Other Government Agencies. However, it was ranked poorly by the search engines.

On average, this website had a high level of information quality. Specifically, it was highly interactive and had a very high level of privacy and data protection. Its relevance was also very high. The accessibility were medium. It did not offer any features that allow access by people with disabilities, while having four accessibility errors (2 empty links, 1 empty button, and 1 document language missing). The content was written at the 4th grade (FKGL) and 7th grade (FRE) reading levels. The readability results were not consistent. While FRE reported a higher than recommended reading level, FKGL reported a lower than recommended reading level.

6.7.13 Naomi Society (naomisociety.ca)

Naomi Society (naomisociety.ca) is a charitable organization established in Antigonish, Nova Scotia, Canada to help individuals who are experiencing DV. When asked about this website, six (6.90%) respondents were aware of this website, the majority of respondents (62, 71.26%) had never used it, five (5.75%) used it sometimes, and five (5.75%) used it rarely. While most respondents (77, 88.51%) did not rate the perceived usefulness of this website, some respondents believed it to be somewhat useful (7, 8.05%), very useful (1, 1.15%), not so useful (1, 1.15%), and not at all useful (1, 1.15%).

The results of this study revealed that the average visibility of this website was high. Specifically, the number of social mentions was very high. It had 68 inlinks, 15 (22.06%) of which were coming from FPOs – News; 12 (17.65%) were coming from NPOs – General. However, it was ranked poorly by the search engines.

On average, this website had a high level of information quality. Particularly, it was highly accessible with four accessibility errors (1 empty link, 1 missing alternative text, 1 linked image missing, and 1 document language missing). The relevance and privacy and data protection were medium. However, its interactivity was low. The content was written at the 4th grade (FKGL) and 7th grade (FRE) reading levels. The readability results were not consistent. While FRE reported a higher than recommended reading level, FKGL reported a lower than recommended reading level. However,

6.7.14 Neighbours, Friends and Families (neighboursfriendsandfamilies.ca)

Neighbours, Friends and Families (neighboursfriendsandfamilies.ca) is a public education campaign aimed to raise awareness of violence against women to help those at risk. The website is maintained by the Centre for Research and Education on Violence Against Women and Children in the Faculty of Education at UWO. When asked about this website, 14 (16.09%) respondents were aware of this website, the majority of respondents (55, 63.22%) had never used it, nine (10.34%) used it sometimes, six (6.90%) used it rarely, and two (2.30%) used it often. While most respondents (68, 78.16%) did not rate the perceived usefulness of this website, some respondents believed it to be somewhat useful (10, 11.49%), very useful (3, 3.45%), not so useful (3, 3.45%), extremely useful (2, 2.30%), and not at all useful (1, 1.15%).

The results of this study revealed that this website achieved the highest average visibility. Particularly, it had 3,134 inlinks, 1,072 (34.21%) of which were coming from Colleges & Universities; 627 (20.01%) were coming from NPOs - General. The number of social mentions was very high. It was also ranked highly by the search engines.

On average, this website had the highest information quality. Specifically, it was highly accessible, highly interactive and had a high level of privacy and data protection. It had five accessibility errors (2 empty links, 1 linked image missing, 1 broken skip link, and 1 empty button). The relevance level was also very high. The content was written at the 6th grade (FKGL) and 10th-11th grade (FRE) reading levels. The readability results were not

consistent. While FRE reported a higher than recommended reading level, FKGL reported the recommended reading level.

6.7.15 New Westminster Police Department (nwpolice.org/blog/2017/04/10/domestic-violence-never-ok/)

New Westminster Police Department has a webpage on DV:

nwpolice.org/blog/2017/04/10/domestic-violence-never-ok/. When asked about this webpage, 10 (11.49%) respondents were aware of this webpage, the majority of respondents (59, 67.82%) had never used it, nine (10.34%) used it sometimes, four (4.60%) used it rarely, and two (2.30%) used it often. While most respondents (71, 81.61%) did not rate the perceived usefulness of this webpage, some respondents believed it to be somewhat useful (8, 9.20%), not so useful (4, 4.60%), very useful (3, 3.45%), and not at all useful (1, 1.15%).

The results of this study revealed that the average visibility of this webpage was low. Specifically, it had no inlinks and had very few social mentions. It was also ranked poorly by the search engines.

On average, this webpage had a medium level of information quality. Particularly, it was highly interactive. The accessibility was medium. It had 24 accessibility errors (12 empty links, 1 missing alternative text, 1 linked image missing, 2 missing form labels, and 8 broken ARIA menus). Its relevance and privacy and data protection scores were very low. It did not present a privacy policy and did not offer a “Quick Exit” button. The content was written at the 4th grade (FKGL) and 8th – 9th grade (FRE) reading levels. The readability results were not consistent. While FRE reported a higher than recommended reading level, FKGL reported a lower than recommended reading level.

6.7.16 Ottawa Coalition to End Violence Against Women (octevaw-cocvff.ca)

The Ottawa Coalition to End Violence Against Women (octevaw-cocvff.ca) is a charitable organization working to end gender-based violence through public education, campaigns, seminars, and workshops in Ottawa, Ontario, Canada. It also provides various resources to help its member organizations carry out their daily work. When asked about this website, nine (10.34%) respondents were aware of this website, the majority of respondents (60, 68.97%) had never used it, eight (9.20%) used it sometimes, and four (4.60%) used it rarely. While most respondents (71, 81.61%) did not rate the perceived usefulness of this website, some respondents believed it to be somewhat useful (11, 12.64%), not so useful (2, 2.30%), very useful (1, 1.15%), extremely useful (1, 1.15%), and not at all useful (1, 1.15%).

The results of this study revealed that this website had a very high average visibility among all 139 IPV websites in this study. It had the second most inlink count (6,354). The vast majority of its inlinks were coming from NPOs for IPV/DV/Elder Abuse (5,652, 88.95%). The number of social mentions was very high. It was also ranked highly by the search engines.

On average, this website had a medium level of information quality. Particularly, it was not at all accessible. It had 70 accessibility errors (28 empty links, 6 missing form labels, 1 empty heading, 19 empty buttons, and 16 very low contrast). Its privacy and data protection score was medium as it did not present a privacy policy. Its readability level also needed improvement. The content was too difficult for users, which was written at the 7th grade (FKGL) and 10th – 11th grade (FRE) reading levels. However, it was highly interactive. Its relevance was also very high.

6.7.17 Surrey Women's Centre (surreywomenscentre.ca)

Surrey Women's Centre (surreywomenscentre.ca) is a charitable organization and a crisis centre in Surrey, British Columbia, Canada for women and girls who are experiencing

DV, sexual assault and other forms of gender-based violence. When asked about this website, 16 (18.39%) respondents were aware of this website, the majority of respondents (56, 64.37%) had never used it, nine (10.34%) used it sometimes, six (6.90%) used it rarely, and one (1.15%) used it often. While most respondents (70, 80.46%) did not rate the perceived usefulness of this website, some respondents believed it to be somewhat useful (12, 13.79%), very useful (3, 3.45%), extremely useful (1, 1.15%), and not at all useful (1, 1.15%).

The results of this study revealed that the average visibility of this website was high. Particularly, it had the second highest score on social mentions. It had 2,425 inlinks, the vast majority of which (2,215, 91.34%) were coming from Blogs/Forums/Other Interactive Media. However, it was ranked poorly by the search engines.

On average, this website had a high level of information quality. Specifically, its relevance was very high. It was also highly interactive. Its accessibility and privacy and data protection were medium. It had nine accessibility errors (5 empty links, 1 linked image missing, 2 missing form labels, and 1 missing alternative text). It did not present a privacy policy. The content was written at the 4th grade (FKGL) and 7th grade (FRE) reading levels. The readability results were not consistent. While FRE reported a higher than recommended reading level, FKGL reported a lower than recommended reading level.

6.7.18 The Centre for Research and Education on Violence Against Women and Children (learningtoendabuse.ca)

The Centre for Research and Education on Violence Against Women and Children (learningtoendabuse.ca) was established in 1992 to investigate the violence against women issues through research and education. It was a collaborative venture between UWO, Fanshawe College and the London Coordinating Committee to End Women Abuse. In 2001, it has joined the Faculty of Education at UWO. Its website is also maintained by UWO. The Centre offers information and tools to the local, national and international communities working to prevent and end violence against women and

children. When asked about this website, 34 (39.08%) respondents were aware of this website, less than half (37, 42.53%) of the respondents had never used it, 31 (35.63%) used it sometimes, four (4.60%) used it rarely, and one (1.15%) used it often. While over half (51, 58.62%) of the respondents did not rate the perceived usefulness of this website, some respondents believed it to be somewhat useful (30, 34.48%), very useful (4, 4.60%), extremely useful (1, 1.15%), and not at all useful (1, 1.15%).

The results of this study revealed that the average visibility of this website was very high. Particularly, it had 3,967 inlinks, most of which were coming from Colleges & Universities (2,405, 60.63%). Its search engine ranking was very high. To illustrate, when searching for job information / training, this website was ranked top 60 in all six queries (see Section 4.2.2). The number of social mentions was medium.

On average, this website had the third highest information quality. Specifically, its relevance, interactivity, and privacy and data protection scores were very high. This website received the most hits (74) when searching within this website using “Child Custody” as keywords. It was highly accessible. It had 14 accessibility errors (2 empty links, 8 linked images missing, 1 missing form label, and 3 very low contrast). However, its readability level needed improvement. The content was too difficult for users, which was written at the 8th grade (FKGL) and college grade (FRE) reading levels.

6.7.19 The Learning Network (vawlearningnetwork.ca)

The website of the Learning Network (vawlearningnetwork.ca) is developed and maintained by the Centre for Research and Education on Violence Against Women and Children in the Faculty of Education at UWO. It aims to end gender-based violence through research and education. It provides evidence-informed resources for individuals, service providers, and organizations working to end gender-based violence. When asked about this website, 32 (36.78%) respondents were aware of this website, less than half (36, 41.38%) of the respondents had never used it, 29 (33.33%) used it sometimes, four (4.60%) used it rarely, and one (1.15%) used it always. While over half (51, 58.62%) of

the respondents did not rate the perceived usefulness of this website, some respondents believed it to be somewhat useful (30, 34.48%), very useful (3, 3.45%), extremely useful (1, 1.15%), not so useful (1, 1.15%), and not at all useful (1, 1.15%).

Compared with the rest of the 20 selected IPV websites, this website achieved the third highest average visibility. It had 1,883 inlinks, most of which were coming from Colleges & Universities (1,117, 59.32%). It was ranked highly by the search engines. Particularly, it was ranked top 60 in all queries when searching for the following content elements: provincial / territory specific statistics / facts about IPV; job information / training; and cyber safety. When searching for cyber safety information, it achieved the top ranking in both DV and IPV groups in Google and Yahoo!. When searching for job information / training, it achieved the top ranking in the IPV group in Google and Yahoo! and in the DV group in Bing (see Section 4.2.2). Its number of social mentions was also very high.

On average, this website had a very high level of information quality. Particularly, it was highly interactive and accessible with four accessibility errors (3 empty links and 1 missing form label). It had a very high level of relevance and privacy and data protection. Particularly, this website received the most hits (5) when searching within the website using “Cyber Safety” as keywords. However, its readability level needed improvement. The content was the most difficult, which was written at the 10th grade (FKGL) and college graduate (FRE) reading levels.

6.7.20 The Sexual Harassment and Assault Response and Education Service ([mta.ca/Community/Student_services/Health_and_wellness/Harassment_Advisor/Intimate_partner_violence_\(abuse\)/Intimate_partner_violence_\(abuse\)/](http://mta.ca/Community/Student_services/Health_and_wellness/Harassment_Advisor/Intimate_partner_violence_(abuse)/Intimate_partner_violence_(abuse)/))

The Sexual Harassment and Assault Response and Education Service was established to develop and maintain a safe and healthy environment without sexual harassment, sexual assault, or gender-based discrimination at Mount Allison University in Sackville, New Brunswick, Canada. It offers advice, referral and education services to all university

employees and students. This study examined its webpage on IPV: [mta.ca/Community/Student_services/Health_and_wellness/Harassment_Advisor/Intimate_partner_violence_\(abuse\)/Intimate_partner_violence_\(abuse\)/](http://mta.ca/Community/Student_services/Health_and_wellness/Harassment_Advisor/Intimate_partner_violence_(abuse)/Intimate_partner_violence_(abuse)/). The awareness of this webpage was one of the lowest, only four (4.6%) respondents knew about this webpage, the majority of respondents (61, 70.11%) had never used it, four (4.60%) used it sometimes, and seven (8.05%) used it rarely. While most respondents (73, 83.91%) did not rate the perceived usefulness of this webpage, some respondents believed it to be somewhat useful (10, 11.49%), very useful (2, 2.30%), not so useful (1, 1.15%), and not at all useful (1, 1.15%).

The results of this study revealed that this webpage had the lowest visibility. Specifically, it had no inlinks and no mentions in the social media. It was also ranked poorly by the search engines.

On the other hand, this webpage had a high level of average information quality. Particularly, it was highly interactive. Its accessibility and relevance were medium. It had 19 accessibility errors (17 empty links, 1 missing form label, and 1 empty button). However, its privacy and data protection needed improvements as it offered no privacy and data protection features. The content was written at the 5th grade (FKGL) and 8th – 9th grade (FRE) reading levels. The readability results were not consistent. While FRE reported a higher than recommended reading level, FKGL reported a lower than recommended reading level.

Chapter 7

7 Summary, Conclusions & Recommendations

In this final chapter, the summary and conclusions, as well as the recommendations and contributions of this study are presented. Finally, the limitations of this study and areas of future research are offered.

7.1 Summary & Conclusions

This thesis has determined the following: (1) the information needs of the IPV survivors; (2) the IPV survivors' awareness of the IPV websites; (3) the visibility of the IPV websites; (4) the quality of information on the IPV websites; (5) the perceived usefulness of the IPV websites by the IPV survivors; and (6) the frequency of use of the IPV websites by the IPV survivors.

In terms of methodology, this thesis has offered a four-stage investigation procedure. The first stage involves the identification of IPV websites. Stage two focuses on the determination of the visibility of the IPV websites based on their search engine rankings, external inlink counts, and number of social media mentions. The main emphasis of Stage three is placed on evaluating the information quality of the IPV websites in terms of accessibility, relevance, readability, interactivity, and privacy and data protection. The last stage aims to assess survivors' information needs, awareness, perceived usefulness and frequency of use of the IPV websites through online survey.

Drawing on the U&G and TAM, this thesis has proposed a conceptual framework, IPV-WU model, to guide this study. An essential part of this thesis is to explore the relationships between the variables by testing the following seven hypotheses:

H1: The frequency of use of IPV websites is not the same for different website visibility types.

- H2: The frequency of use of IPV websites is not the same for different website quality types.
- H3: The perceived usefulness of IPV websites is not the same for different website visibility types.
- H4: The perceived usefulness of IPV websites is not the same for different website quality types.
- H5: The perceived usefulness of IPV websites is higher when users are aware of the websites.
- H6: The frequency of use of IPV websites is higher when users are aware of the websites.
- H7: User's perceived usefulness of websites is positively associated with the frequency of use of the websites.

Furthermore, this thesis draws on the literature on information needs and online information seeking behavior of the IPV survivors, website awareness, website visibility, web-based information quality, relationship between visibility and information quality, perceived usefulness, and frequency of use of a website to explain the results of this study.

One of the most significant findings of this study is evidence of minimal use of the IPV websites in Canada, which may be explained by the following findings of this study:

- (1) The majority of respondents were not aware of most IPV websites;
- (2) Some IPV websites had low visibility;
- (3) Some IPV websites had low or very low information quality;
- (4) Nearly one-third of the IPV websites had low or very low accessibility;
- (5) Some IPV websites had low relevance;

- (6) The majority of the IPV websites were too difficult for users to comprehend;
- (7) Many IPV websites had very low privacy and data protection; and
- (8) The majority of respondents believed that the IPV websites were only somewhat useful.

Particularly, the owners of the 20 IPV websites in this study need to improve the awareness, visibility, information quality and perceived usefulness of their websites.

Other important findings of this study are that there were significant differences between the following groups:

- (1) The IPV websites with very high visibility had statistically significantly higher frequency of use;
- (2) The IPV websites with very high quality had statistically significantly higher frequency of use;
- (3) The known websites had statistically significantly higher frequency of use; and
- (4) The known websites had statistically significantly higher perceived usefulness.

Another important theme of this study is that it is unlikely that IPV survivors would be able to find most of the IPV websites in this study when searching for information on the following topics using Google, Yahoo!, or Bing:

1. Warning signs
2. Escape plan
3. Restraining / protection orders
4. Shelter information
5. Child custody
6. Child support
7. Cyber Safety
8. Definition of IPV

9. General statistics / facts about IPV
10. Hotline / referral service
11. Job information / training
12. Legal resources / assistance
13. Medical facilities
14. Mental health
15. Provincial / territory specific statistics / facts about IPV
16. Substance abuse

In addition, the vast majority of the IPV websites did not contain information on all of the above topics. Particularly, there was a lack of information on cyber safety.

It is surprising to learn that no Canadian libraries were found during the IPV website selection process in this study, which may indicate that the public libraries in Canada did not publish any IPV-related information on their websites. Furthermore, it is disturbing to find that a very low number of inlinks to the IPV websites was coming from the libraries. These findings showed that when IPV survivors seek information using the websites of libraries, it is highly unlikely that they would find IPV-related information on the Canadian library websites or be referred to any of the IPV websites in this study for IPV-related information and resources.

Examination of the variables in this study revealed that the IPV-WU model proposed in this study can serve as a starting point for future modifications in the IPV research.

7.2 Recommendations

The results of this study demonstrated the importance of the awareness, visibility and information quality in the perceived usefulness and frequency of use of the IPV websites. Although the results of this study should be considered as a starting point of investigation, the findings highlighted various practical implications. Some suggestions are proposed below based on the results of this study.

Given the known websites had higher frequency of use and perceived usefulness, the website owners should consider launching online social media marketing campaigns using various social media platforms, such as Facebook, Twitter, YouTube, Instagram

etc. to promote their website awareness and engage their target audience. Pant and Pant (2018) suggested that a more engaging website would attract more audience. Van Itallie, Corry, Vandelanotte, and Duncan (2018) found that the online social marketing campaign was effective in raising awareness of the project and enhancing website usage. This approach may also help attract more social media attention to the IPV websites. Furthermore, the use of blogs and forums is another popular approach to increase website awareness through networking with the audience (Pant & Pant, 2018; Robertson, 2016). In addition, IPV survivors may not pay attention to the advertisements or information until the need arises. Thus, the owners of the IPV websites must carry out ongoing advertising and outreach activities to capture the attention of their target audience. Particularly, the IPV organizations should reach out and partner with the libraries to develop IPV-related programs. Collaboration between IPV organizations and libraries may promote website awareness and establish credibility of their websites.

Furthermore, it is crucial for the IPV websites to improve their visibility as the higher the visibility, the higher the usage. This can be achieved by using various SEO strategies to get better ranking on search engines. The website designers can implement on-page, off-page and technical SEO strategies (Krstić & Masliković, 2019). The on-page SEO strategies focus on improving the content, visuals and meta-tags of the website, while the off-page SEO strategies emphasis on building the authority and reputation of the website through inlinks and social media interactions (Krstić & Masliković, 2019). The technical SEO strategies aim at increasing the findability of the websites by reducing the load time of the web pages, increasing mobile friendliness of the websites, having a search engine sitemap, and complying with the World Wide Web Consortium (W3C) standards (Krstić & Masliković, 2019). Moreover, the visibility of the IPV websites may also be improved by making changes to the content of the websites. For example, developing unique and valuable IPV-related contents and hosting a wide range of topics (Yi & Jin, 2008).

The results of this study also revealed that the higher the information quality, the higher the usage. Particularly, the owners of the websites in this study should pay more attention to improving the accessibility, relevance, readability, and privacy and data protection of their websites. They can hit two birds with one stone by applying the best SEO practices,

which will not only improve the visibility of the IPV websites, but will also enhance their accessibility (Moreno & Martinez, 2013). Moreover, the SEO strategies should focus on what's best for the users of the IPV websites, which include improving the quality and awareness of the websites (Baye, De los Santos, & Wildenbeest, 2016). For example, the IPV websites should offer more expert advice and suggestions on various IPV-related issues (Casaló et al., 2015); increase the amount of information on the website (Mudambi & Schuff, 2010); include a link to other cyber safety information and resources on every page of the website; use plain language and short sentences; and provide privacy policies and security features.

More importantly, the consideration and implementation of the critical factors for perceived usefulness and website usage found in this study, such as the visibility and quality of the websites, should be performed at the design stage of the IPV websites. This will help design a website that meet users' needs and minimize future costs for changes.

Furthermore, the findings of this study indicated that the most desired type of information by the IPV survivors was information related to legal resources / assistance. In response to this finding, IPV organizations should partner with law schools, law firms, legal aids, and law libraries to publish legal information and resources on their websites. They should also encourage law firms and legal aids to promote and advertise their services to vulnerable populations through their websites. Legal aid centers and referral networks consist of legal practitioners who provide legal services to vulnerable populations should also be developed.

7.3 Contributions of the Study

This study offers both academic and practical contributions. To the best knowledge of the author, this study is among the first to examine the awareness, visibility, information quality, perceived usefulness, and frequency of use of the IPV websites in Canada. This multidisciplinary study contributes to literature in several fields, such as information seeking behavior and information needs of IPV survivors, website design, search engine

optimization, and website evaluation. The findings of this study fill the research gap by identifying factors that influence IPV survivors' perceived usefulness and frequency of use of a website during their information seeking activities. The importance of website awareness, visibility, and information quality is highlighted in the results. Furthermore, this study offers a systematic approach to investigate and identify the determinants affecting perceived usefulness and frequency of use of the IPV websites. This study also provides empirically supported evidence, foundation, and benchmark for future studies to develop predictive models of website usage.

Moreover, a conceptual framework is proposed to guide this research, which can inform future efforts to develop theories in website usage research in the field of IPV. By integrating the key concepts of U&G and TAM with additional constructs in the examination of survivors' online information seeking behavior, the IPV-WU model offers rich insights into the phenomena. This dual theoretical approach can increase the predictive strength and explanation power of the framework. This model also illustrates the channels of relationship between different determinants. IPV organizations and information providers will find this model useful as it offers a scheme for guiding the development of best practices and strategies that fit the needs of survivors. They will also gain a better understanding of the factors that influence IPV survivors' website usage decisions and behaviour. The research community will be able to use this model as a conceptual map to guide future studies.

From the practical point of view, this study presents a comprehensive portrait of the current state of the visibility and information quality of the Canadian IPV websites. The examination of IPV websites in the Canadian context is important because location influences awareness, perceived usefulness, and frequency of use of websites. It is an appropriate starting point for future investigation and discussion. The findings of this study are relevant to IPV survivors, organizations, website owners, Web designers, healthcare providers, and information providers. The list of high-quality IPV websites identified in this study will serve as a reference for IPV survivors when seeking high-quality IPV information online. The website owners and Web designers of the 20 IPV websites will gain insights into the strengths and weaknesses of the websites, and will be

able to identify what they need to do in order to improve their websites. With a better understanding of the factors affecting perceived usefulness and frequency of use of a website, Web designers and owners can appropriately allocate resources to focus on the awareness, visibility and information quality of the websites and to implement specific features to better serve IPV survivors' needs and expectations. Furthermore, based on the results of this study, health care providers can offer evidence-based recommendations on accessing high-quality IPV websites. The findings also shed light on how information providers can design and prepare their website materials that meet the needs of IPV survivors and optimize Web traffic.

Since the IPV websites of this study have not been evaluated previously by other studies, the findings of this study provide a benchmark for future studies to compare and evaluate the IPV websites. IPV organizations can also use this benchmark to assess and improve their websites. The results of this study can raise awareness of the importance of different aspects of website design, which will stimulate new avenues for future research.

Furthermore, while Wathen and McKeown (2010) adopted the 16 DV content elements from the literature (Davenport et al., 2008), this study went further to ask survey respondents to validate these content elements. The findings demonstrate different levels of importance for each content element. By incorporating the first-hand input from IPV survivors about their information needs, awareness, frequency of use, and perceived usefulness of the 20 IPV websites, the responses have added significant value to the findings and the literature. The results allow IPV organizations, information providers, and website designers to see the world through users' (IPV survivors') eyes, which provide insights into designing and improving their websites to meet the needs of the survivors.

7.4 Study Limitations

There are a few limitations in this study. One of the limitations is that the respondents of this study were asked to evaluate 20 Canadian IPV websites only. The findings on website awareness, perceived usefulness, and frequency of use may not be generalized to

all IPV websites on the internet. It is also difficult to compare the results of this study with the findings of previous studies as different criteria and measures were used in each study. Although the results of this study were not representative of all IPV websites, the results are useful to assess the current landscape of the online IPV information and resources in Canada.

While recognizing that the location of websites may affect awareness, perceived usefulness, and frequency of use of the participants, the assessment of the impact of respondents' location on awareness, perceived usefulness, and frequency of use of the websites was not possible because the ethics board did not allow the collection of location data in the survey instrument.

Another limitation involves using search engines to collect data. The search results of this study may be different depending on various factors, such as the browsing history, search habits, the device used, search strategies, and the location (Barysevich, 2019). Different search engines may have different search algorithms, which may provide different SERP rankings. It is also unclear how IPV survivors search for IPV-related information online. They may use a wide variety of key terms. It is also possible that the name of the IPV website may be mentioned in various ways, such as the multiple name variants of the IPV organizations, acronyms of the IPV organizations, and other language versions etc., which were not captured in the results of this study. In addition, the findings of this study represent only a snapshot of the state of the IPV websites at a moment. Due to the dynamic nature of the internet, the conditions of each IPV website can change rapidly any time. Therefore, it is highly unlikely that the search performed and the data collected in this study can be replicated by others at another time.

Furthermore, various online tools were used to collect data in this study. For example, the data of the inlink counts was collected using Moz (moz.com/link-explorer); the data on social media mentions was gathered using the social media search engines, Social Searcher (<https://www.social-searcher.com/>); the data on accessibility errors was collected using WAVE, a Web accessibility evaluation tool; and the readability data was gathered using the online readability calculator (<https://www.webpagefx.com/tools/read->

able/). The accuracy and completeness of the data provided by these tools were unknown. However, there is no reason to believe that the data were masked, distorted, or manipulated by these tools in ways that might have biased the results.

This study employed three visibility measures (inlink counts, search engine results, and social media mentions) and five quality measures (accessibility, interactivity, relevance, privacy and data protection, and readability). This study did not perform an exhaustive investigation of all possible factors affecting the awareness, visibility, information quality, perceived usefulness, and frequency of use of the IPV websites. It is possible that other factors may influence survivors' website usage and perceived usefulness. Future studies may evaluate the factors using different or additional measures that are relevant to achieving the research objectives.

The results of this study may be different depending on the evaluation methods used to assess each measure. For example, different readability evaluation tools use different formula to measure the difficulty of the content of the text. In addition, the difficulty of the content may be underestimated as short technical or medical words may be rated as easy to read by the readability formulas, while the medical terms are difficult for most readers to understand. Furthermore, this study relied on the content elements identified by Wathen and McKeown (2010) to determine the relevance of the IPV websites. It is possible that the IPV websites published IPV-related information that was not included in the content elements identified by Wathen and McKeown (2010).

Moreover, the results of this study are limited by the low number of respondents, which raised concerns about the representativeness of study respondents. However, this limitation has been taken into consideration when analyzing, discussing and interpreting the results. Future study using a larger, more diversified sample may be useful to generalize the findings.

The survey data gathered in this study measuring respondents' information needs, awareness, frequency of use, and perceived usefulness of the IPV websites is the self-reported perceptions of the respondents. To better understand and more accurately assess

the usage of each IPV website, the log analysis method may be used in the future study to systematically measure the usage level of the websites (Arshad & Ameen, 2015).

While the data of this study reveals the differences between groups of the factors, it is not able to infer cause and effect. Further research is needed to find answers to these issues. Despite these limitations, the findings in this study may still contribute valuable knowledge to inform dissemination of IPV-related information online.

7.5 Areas of Future Research

This study revealed a few related areas for further research. Based on the benchmark provided in this study, the awareness, visibility, information quality, perceived usefulness and frequency of use of the 20 IPV websites should be evaluated after implementing the best SEO practices and other suggestions recommended in this study to update the performance of the websites.

This study offers insight into the landscape of the online IPV information and resources in Canada. However, little is known about the extent to which the location of websites influenced the awareness, perceived usefulness, and frequency of use of survivors, as well as how IPV organizations contribute to the IPV communities through their websites and online activities. Thus, further research evaluating the impact of location of websites and the effectiveness of the online activities and programs of IPV organizations is warranted.

The investigation of the relationships between each individual visibility and quality measure was beyond the scope of this study. Studies have reported associations between these measures. For example, according to Mao et al. (2016), relevance played an important role in search engine ranking. Tse and Chan (2004) found that there was a statistically significant relationship between website interactivity and website ranking. Furthermore, the results of this study revealed that the individual visibility measures: total inlink counts, search engine results, and social media mentions, did not provide

consistent visibility results and show striking differences. Future studies exploring these topics may gain further insight into the factors affecting survivors' website usage.

Despite the popularity of social media among the IPV communities, the findings of this study showed that the IPV websites attracted very little social media attention. This study provided a platform for future research investigating the use of social media by IPV survivors.

In conclusion, in-depth investigations of the essential roles of various organizations, particularly, the libraries, in the IPV communities would be beneficial.

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Appendices

Appendix A: Definition of Key Terms

The following definition of key terms are used consistently throughout this study.

- **Accessibility:** “Whether or not a site can be easily accessed” by all people regardless of race, nationality, religion and disability (Grantham et al., 2012; Zhang et al., 2015, p.2076).
- **Currency:** “Whether or not the content is up-to-date” (Zhang et al., 2015, p.2076).
- **External Inlinks:** “Links coming from websites outside the site in question” (Vaughan et al., 2009, p.958).
- **Hyperlink:** “A technological capability that enables one specific website (or webpage) to link with another” (Park, 2003, p.49).
- **Information Quality:** “An assessment or measure of how fit an information object is for use” (Nurse et al., 2011, p.493).
- **Inlinks:** “Hyperlinks on websites outside of the one under consideration but pointing to it” (Weideman, 2009, p.59).
- **Interactivity:** “The capacity of a site to allow users to communicate with the system or with other users” (Zhang et al., 2015, p.2076).
- **Internal Inlinks:** Links coming from a Web page of the same website in question (also known as selflinks).
- **Intimate Partner Violence:** “Physical violence, sexual violence, stalking and psychological aggression (including coercive tactics) by a current or former intimate partner (i.e., spouse, boyfriend/girlfriend, dating partner, or ongoing sexual partner)” (Breiding et al., 2015, p.11).
- **IPV website:** An internet site (static or dynamic) that provides IPV-related information, such as government sites (e.g. womenshealth.gov; cdc.gov); corporate sites (e.g. canadianwomen.org; mayoclinic.org); social networking sites (e.g. Facebook, Instagram, Twitter); forum (e.g. TransgenderZone.com); and news sites (e.g. globalnews.ca; huffingtonpost.com).

- **IPV-related Information:** Information published online pertains to IPV programs, services, resources, definitions, stories, and opportunities for victims or abusers or their children (Brown & Joshi, 2014).
- **Link Counting:** “The process of collecting web pages using Web data collection tools (e.g. personal Web crawlers, commercial search engines) and then counting the occurrence of an event from the retrieved results” (Yi & Jin, 2008, p.328).
- **Perceived usefulness:** “The degree to which a person believes that using a particular system would enhance his or her job performance” (Davis, 1989, p.320).
- **Privacy and data protection:** “Whether a site respects the privacy and confidentiality of personal data submitted by visitors” (Zhang et al., 2015, p.2077).
- **Readability:** “Whether or not the content of a site is understandable for general consumers without medical background” (Zhang et al., 2015, p.2076).
- **Relevance:** “Whether a website is concerned with the interests of the consumer” (Chen & Cheng, 2009, p.338).
- **Social Media Visibility:** “How frequently social media users discuss an individual, organization, or related issue” (Yang & Kent, 2014, p.563).
- **Social Media:** “A group of internet-based applications that build on the ideological and technological foundations of Web 2.0, and that allow the creation and exchange of User Generated Content” (Kaplan & Haenlein, 2010, p.61). For example: social networking sites, and microblogging platforms.
- **Website awareness:** “The ability of a potential buyer to recognize or recall a specific web site” (Chang & Chen, 2008, p.822).
- **Website Visibility:** The extent to which a user is likely to come across a reference to a company’s Web site in his or her online environment (Drèze & Zufryden, 2004, p.22). It is operationally defined as (1) “The number of external links that a website has” (Huertas et al., 2011, p.134); (2) “A website’s ranking in search engine results” (Caro et al., 2011, p.43); and (3) the number of social media mentions of a website (Lim & Park, 2011).

Appendix B: Classification Scheme

Inlink Category	Definition
Association/Union	An organization whose primary mission was to protect the common interest of its members.
Blog / forum / other interactive media	A type of website publishes commentaries or opinions of individuals.
FPOs - Counselling	A counselling business organization that was established mainly for the purpose of making profit in the market place.
FPOs - Food / nutrition	A food / nutrition-related business organization that was established mainly for the purpose of making profit in the market place.
FPOs - News	A news organization that was established mainly for the purpose of making profit in the market place.
FPOs - Other type of companies	Any other business organizations that was established mainly for the purpose of making profit in the market place.
FPOs - Pharmaceutical	A pharmaceutical organization that was established mainly for the purpose of making profit in the market place.
FPOs - Research Organization/Journal/Article	A FPO whose purpose is to conduct research related activities
Government - Federal	The Government of Canada
Government - Foreign	Any government outside of Canada
Government - Municipal	The governments of municipalities / cities in Canada
Government - other government agencies	Any other government organizations in Canada
Government - Provincial	The governments of the provinces in Canada
Government - Regional	The governments of the regions in Canada
Healthcare - Children's Hospital	A hospital specialized in pediatric

Healthcare - General Hospital	The main government hospital
Healthcare - Medical clinic	Medical offices
Healthcare - Other health organizations	Any other health-related organizations
Libraries	An institution allowing its members to access written materials and information.
Link Not Found	A Web address that does not route to a website
NPOs - Counselling	A not-for-profit organization that provide counselling services
NPOs - Others	A not-for-profit organization that provide various services
NPOs - News	A not-for-profit organization that provide news services
NPOs - Religious organizations	A not-for-profit organization whose purpose is to practice a devotion to an acknowledged ultimate reality or deity
NPOs - Research organizations	A not-for-profit organization whose purpose is to conduct research related activities
NPOs - Victims of Crime	A not-for-profit organization that provide victims of crime services
NPOs for IPV / DV / elder abuse	A not-for-profit organization that provide IPV / DV / elder abuse services
NPOs for men	A not-for-profit organization that provide services to men
NPOs for women	A not-for-profit organization that provide services to women
Online directory	An online list or catalog of organizations and businesses
Other online resources	All other online resources not previously included
Other regulatory body	All regulatory body not previously included

Police Department	An institution responsible for the up-lift of law and community protection
Schools - Colleges & Universities	An institution that provides higher education
Schools - Others	An institution that provides all other education not previously included
Schools - Primary school	An institution that provides primary education
Schools - Secondary school	An institution that provides secondary education

Appendix C: Categories of the IPV Websites

IPV Websites URL	Group	Subgroup
1infour.ca/	NPO	IPV / DV / elder abuse
acttoendvaw.org/history.php	NPO	IPV / DV / elder abuse
acws.ca/	NPO	IPV / DV / elder abuse
adoptontario.ca/domestic-violence	NPO	General
alberta.ca/violence-against-women.aspx	Government	Provincial
alicehouse.ca/	NPO	IPV / DV / elder abuse
amalwomencenter.ca/	NPO	IPV / DV / elder abuse
atira.bc.ca/	NPO	IPV / DV / elder abuse
attorneygeneral.jus.gov.on.ca/english/family/violence.php	Government	Provincial
autumnhouse.ca/	NPO	IPV / DV / elder abuse
barrieshelter.com/	NPO	IPV / DV / elder abuse
bcehs.ca/health-info/support-for-bcehs-family-members/critical-incident-stress/domestic-violence	Healthcare	Other health organization
bchsys.org/hospital/services-list/sexual-assault/	Healthcare	General hospital
bcwomens.ca/health-professionals/professional-resources/addressing-gender-based-violence/gender-based-violence-learning-series	Healthcare	General hospital
benefitscanada.com/news/what-do-canadian-provinces-offer-around-domestic-violence-leave-107713	FPO	News
biblesociety.ca/domestic-violence-solution.html	NPO	Religious organization
bluewaterhealth.ca/programs-services/sexual-assaultdomestic-violence-treatment-centre	Healthcare	General hospital
calgary.ca/cps/Pages/Community-programs-and-resources/Crime-prevention/Domestic-violence.aspx	Others	Police Department
canada.ca/en/public-health/services/health-promotion/stop-family-violence/problem-canada.html	Government	Federal
canadianlabour.ca/issues-research/domestic-violence-work	Others	Association/Union
ccohs.ca/oshanswers/psychosocial/violence_domestic.html	Government	Federal
ccrfv.ca/	NPO	IPV / DV / elder abuse
cdhpi.ca/	NPO	IPV / DV / elder abuse
cdvc.ca/	NPO	IPV / DV / elder abuse

ckpolice.com/domestic-violence-unit/	Others	Police Department
cnpea.ca/en/about-cnpea/cnpea-webinars/668-intimate-partner-violence-and-older-women	NPO	IPV / DV / elder abuse
conexuscounselling.ca/areas-of-therapy/anger-management/intimate-partner-violence/	FPO	Counselling
connectingottawa.com/services/17	NPO	General
connectnetwork.ca/	NPO	IPV / DV / elder abuse
cornerstonenorthumberland.ca/	NPO	IPV / DV / elder abuse
cridge.org/cthw/resources/	NPO	General
crime-safety-security.com/	FPO	Other types of company
crossroadsforwomen.ca/en/	NPO	IPV / DV / elder abuse
cwhn.ca/en/node/39486	NPO	Women
dfnt.ca/	NPO	IPV / DV / elder abuse
domesticpeace.ca/	NPO	IPV / DV / elder abuse
domesticviolenceinfo.ca/	NPO	IPV / DV / elder abuse
durham.ca/en/living-here/domestic-violence.aspx?_mid_=24459	Government	Regional
dvat.ca/	NPO	IPV / DV / elder abuse
dvatworknet.org/	NPO	IPV / DV / elder abuse
earlyyearsbc.ca/new-toolkit-domestic-violence-intervention/	Government	Provincial
edmontonpolice.ca/CrimePrevention/PersonalFamilySafety/DomesticViolence.aspx	Others	Police Department
ementalhealth.ca/Nova-Scotia/Abuse-and-Domestic-Violence/index.php?m=article&ID=8920	Healthcare	Other health organization
empathicsolutions.ca/intimate-partner-violence/	FPO	Counselling
endabuseinalgoma.com/	NPO	IPV / DV / elder abuse
endingviolence.org/	NPO	IPV / DV / elder abuse
familyservicetoronto.org/	NPO	General
gsp.s.ca/en/specializedservices/domesticandfamily.asp	Others	Police Department
halifax.ca/fire-police/police/programs-services/victim-services-halifax/domestic-violence	Government	Municipal
haltonpolice.ca/about/specializedunits/domesticviolence.php	Others	Police Department
hamiltonhealthsciences.ca/body.cfm?id=281	Healthcare	General hospital

hamiltonpolice.on.ca/prevention/domestic-violence/community-resources-domestic-violence	Others	Police Department
healthcareathome.ca/nsm/en/Getting-Care/Patient-and-Caregiver-Resources/safe-at-home/domestic-violence	Healthcare	Other health organization
healthlinkbc.ca/health-topics/te7721	Government	Provincial
healthunit.com/domestic-violence	Healthcare	Other health organization
homelesshub.ca/blog/intimate-partner-violence-tenancy-rights-canada-recent-changes-ontario-alberta-and-bc%E2%80%99s	NPO	Research organization
hope247.ca/	NPO	IPV / DV / elder abuse
intervalhouse.ca/	NPO	IPV / DV / elder abuse
justiceeducation.ca/legal-help/family-violence/domestic-violence-and-protection-orders/domestic-violence-and-protection	NPO	General
kingstonpolice.ca/services-resources/court-offences/domestic-violence/	Others	Police Department
lare-source.org/en	NPO	IPV / DV / elder abuse
lavalensante.com/en/care-and-services/list-of-care-and-services/mental-health-and-psychosocial-services/domestic-violence/	Government	Provincial
learningtoendabuse.ca/	School	College & University
leducvictimservices.ca/domestic_violence	NPO	General
legalaids.ab.ca/help/Pages/Emergency-Protection-Orders-Domestic-Violence.aspx	NPO	General
legalaids.on.ca/en/getting/type_domesticviolence.asp	Government	Provincial
legal-info-legale.nb.ca/en/emergency_intervention_orders	NPO	General
lifeservices.ca/domestic-violence/	FPO	Counselling
londonpolice.ca/en/crime-prevention/Domestic-Violence.aspx	Others	Police Department
maisonfemmessi.com/page97.html	NPO	IPV / DV / elder abuse
makeitourbusiness.ca/	School	College & University
maws.mb.ca/index.htm	Others	Association/Union
mcss.gov.on.ca/en/mcss/programs/community/helpingwomen/index.aspx	Government	Provincial

members.drps.ca/internet_explorer/our_organization/unit.asp?Scope=Unit&ID=77	Others	Police Department
mhwss.ca/	NPO	IPV / DV / elder abuse
militaryfamilyviolencesupport.ca/	NPO	IPV / DV / elder abuse
mobilecrisis.ca/program-services/domestic-violence	NPO	General
mta.ca/Community/Student_services/Health_and_wellness/Harassment_Advisor/Intimate_partner_violence_(abuse)/Intimate_partner_violence_(abuse)/	School	College & University
naomisociety.ca/	NPO	IPV / DV / elder abuse
nationtalk.ca/story/nb-government-new-protection-measures-available-for-victims-of-intimate-partner-violence	FPO	News
neighboursfriendsandfamilies.ca/	School	College & University
niagarahealth.on.ca/site/sexual-assault-domestic-violence-treatment-program	Healthcare	General hospital
novavita.org/	NPO	IPV / DV / elder abuse
nsdomesticviolence.ca/	NPO	IPV / DV / elder abuse
nsfamilylaw.ca/family-violence/general-information-domestic-violence/links	Government	Provincial
nwpolice.org/blog/2017/04/10/domestic-violence-never-ok/	Others	Police Department
octevaw-cocvff.ca/	NPO	IPV / DV / elder abuse
ontario.ca/document/crown-prosecution-manual/d-23-intimate-partner-violence	Government	Provincial
osmh.on.ca/programs-services/RegionalWomenandChildrenProgram/sadv/domesticviolence.aspx	Healthcare	General hospital
pathssk.org/	NPO	IPV / DV / elder abuse
prhc.on.ca/cms/sexual-assault-domestic-violence-program	Healthcare	General hospital
pshsa.ca/products/domestic-violence/	Others	Association/Union
qhc.on.ca/domestic-violencesexual-assault-response-program-c67.php	Healthcare	General hospital
rapworkers.com/	Government	Federal
rcmp-grc.gc.ca/cp-pc/spouse-epouse-abu-eng.htm	Others	Police Department
reddeer.ca/city-services/police-rcmp/domestic-violence-information-and-resources/	Government	Municipal
regionofwaterloo.ca/en/living-here/domestic-violence.aspx	Government	Regional

rnc.gov.nl.ca/services/intimate-partner-violence/	Others	Police Department
robertswright.ca/intimate-partner-violence	NPO	IPV / DV / elder abuse
saanichpolice.ca/index.php/integrated-services/rdvu	Others	Police Department
sadvtreatmentcentres.ca/	Government	Provincial
sah.on.ca/programs-services/sexual-assaultdomestic-violence/domestic-violence	Healthcare	General hospital
saysomethingbc.ca/	Government	Provincial
schontario.ca/sexual-assault-and-domestic-violence-care-centre.html	Healthcare	Other health organization
settlement.org/ontario/health/family-health/domestic-abuse/where-can-i-get-help-for-domestic-abuse/	Government	Federal
sheltersafe.ca/	NPO	IPV / DV / elder abuse
shelwinhouse.ca/	NPO	IPV / DV / elder abuse
silentwitness.ca/home	NPO	IPV / DV / elder abuse
sjhc.london.on.ca/sexualassault	Healthcare	General hospital
skprevention.ca/domestic-violences/	NPO	General
smgh.ca/patient-care-programs/community-based-programs/waterloo-region-sexual-assault-and-domestic-violence-treatment-centre/	Healthcare	General hospital
solgps.alberta.ca/safe_communities/community_awareness/family_violence/Pages/default.aspx	Government	Provincial
srhweek.ca/healthy-sexuality-healthy-relationships/intimate-partner-violence-sexual-violence/	NPO	General
surrey.rcmp-grc.gc.ca/ViewPage.action?siteNodeId=2214&languageId=1&contentId=7659	Others	Police Department
surreywomenscentre.ca/	NPO	IPV / DV / elder abuse
swc-cfc.gc.ca/violence/resources-ressources/violence-partner-partenaire-en.html?wbdisable=true	Government	Federal
tbrhsc.net/programs-services/emergency-critical-care-services/sexual-assault-domestic-violence-treatment-centre/	Healthcare	General hospital
telaide.org/en/listening/conjugal-violence/	NPO	General
thetodaycentre.ca/	NPO	IPV / DV / elder abuse
thewomenscentrebrandon.com/	NPO	Women

torontopolice.on.ca/community/domesticviolence/	Others	Police Department
trilliumhealthpartners.ca/patientservices/womens/Pages/sexualassault.aspx	Healthcare	General hospital
umanitoba.ca/centres/resolve/doyouneedhelp.html	School	College & University
unifor.org/en/take-action/campaigns/workers-facing-domestic-violence-lobbying-economic-support	Others	Association/Union
uregina.ca/student/counselling/resources/Domestic-Violence.html	School	College & University
vancouver.ca/police/organization/investigation/investigative-services/special-investigation/domestic-violence-criminal-harassment.html	Others	Police Department
vawlearningnetwork.ca/	School	College & University
vaw-mediahub.ca/	NPO	IPV / DV / elder abuse
victimsinfo.ca/en/services/specific-crimes/violence-in-a-relationship	Government	Federal
womenaware.ca/	NPO	IPV / DV / elder abuse
womensoutreach.ca/	NPO	IPV / DV / elder abuse
workplacestrategiesformentalhealth.com/psychological-health-and-safety/addressing-domestic-violence	FPO	Other types of company
worksafebc.com/en/health-safety/hazards-exposures/violence/domestic-violence/resource-toolkit	Government	Other government agency
wrcev.ca/	NPO	IPV / DV / elder abuse
wrh.on.ca/Site_Published/wrh_internet/RichText.aspx?Body.QueryId.Id=3427&LeftNav.QueryId.Categories=238	Healthcare	General hospital
wrps.on.ca/en/staying-safe/domestic-violence.aspx	Others	Police Department
yourlegalrights.on.ca/resource/women-living-hiv-and-intimate-partner-violence-questions-answers	Government	Provincial
ywcalgary.ca/programs-services/domestic-violence-crisis/	NPO	Women
ywcavan.org/advocacy/stopping-violence-against-women	NPO	Women

Appendix D: Inlink Counts of the IPV Websites

IPV Websites URLs	Inlink Count	% of Total Inlink Counts	0-100 Score
hope247.ca/	13097	16.42%	100
octevaw-cocvff.ca/	6354	7.97%	98
unifor.org/en/take-action/campaigns/workers-facing-domestic-violence-lobbying-economic-support	4929	6.18%	97
familyservicetoronto.org/	4486	5.62%	97
vancouver.ca/police/organization/investigation/investigative-services/special-investigation/domestic-violence-criminal-harassment.html	4227	5.30%	96
mcss.gov.on.ca/en/mcss/programs/community/helping-women/index.aspx	3990	5.00%	95
learningtoendabuse.ca/	3967	4.97%	95
neighboursfriendsandfamilies.ca/	3134	3.93%	94
crime-safety-security.com/	2625	3.29%	93
surreywomenscentre.ca/	2425	3.04%	92
endingviolence.org/	2285	2.86%	92
atira.bc.ca/	2274	2.85%	91
acws.ca/	2064	2.59%	90
alicehouse.ca/	1965	2.46%	90
makeitourbusiness.ca/	1964	2.46%	89
vawlearningnetwork.ca/	1883	2.36%	88
barrieshelter.com/	1628	2.04%	87
intervalhouse.ca/	1576	1.98%	87
dfnt.ca/	1523	1.91%	86
sheltersafe.ca/	1429	1.79%	85
sadvtreatmentcentres.ca/	1119	1.40%	85
maws.mb.ca/index.htm	948	1.19%	84
novavita.org/	867	1.09%	83
legalaids.on.ca/en/getting/type_domesticviolence.asp	814	1.02%	82
vaw-mediahub.ca/	768	0.96%	82
pathssk.org/	651	0.82%	81
crossroadsforwomen.ca/en/	650	0.81%	80
canada.ca/en/public-health/services/health-promotion/stop-family-violence/problem-canada.html	581	0.73%	80
rapworkers.com/	527	0.66%	79
acttoendvaw.org/history.php	431	0.54%	78
domesticpeace.ca/	371	0.47%	77
domesticviolenceinfo.ca/	352	0.44%	77
mhwss.ca/	322	0.40%	76
nsdomesticviolence.ca/	295	0.37%	75
cornerstonenorthumberland.ca/	289	0.36%	75
womensoutreach.ca/	289	0.36%	75
cdhpi.ca/	273	0.34%	73
womenaware.ca/	206	0.26%	72
attorneygeneral.jus.gov.on.ca/english/family/violence.php	174	0.22%	72

thetodaycentre.ca/	158	0.20%	71
saysomethingbc.ca/	154	0.19%	70
connectnetwork.ca/	149	0.19%	70
canadianlabour.ca/issues-research/domestic-violence-work	130	0.16%	69
1infour.ca/	117	0.15%	68
silentwitness.ca/home	109	0.14%	67
sjhc.london.on.ca/sexualassault	92	0.12%	67
rcmp-grc.gc.ca/cp-pc/spouse-epouse-abu-eng.htm	83	0.10%	66
thewomenscentrebrandon.com/	73	0.09%	65
amalwomenscenter.ca/	72	0.09%	65
ccrfv.ca/	71	0.09%	64
naomisociety.ca/	68	0.09%	63
worksafebc.com/en/health-safety/hazards-exposures/violence/domestic-violence/resource-toolkit	65	0.08%	62
wrcev.ca/	58	0.07%	62
dvatworknet.org/	51	0.06%	61
autumnhouse.ca/	42	0.05%	60
trilliumhealthpartners.ca/patientservices/womens/Pages/sexualassault.aspx	40	0.05%	60
legal-info- legale.nb.ca/en/emergency_intervention_orders	40	0.05%	60
smgh.ca/patient-care-programs/community-based-programs/waterloo-region-sexual-assault-and-domestic-violence-treatment-centre/	36	0.05%	58
pshsa.ca/products/domestic-violence/	32	0.04%	57
legalaids.ab.ca/help/Pages/Emergency-Protection-Orders-Domestic-Violence.aspx	29	0.04%	57
cdvc.ca/	28	0.04%	56
hamiltonhealthsciences.ca/body.cfm?id=281	26	0.03%	55
prhc.on.ca/cms/sexual-assault-domestic-violence-program	25	0.03%	55
dvat.ca/	23	0.03%	54
ywcavan.org/advocacy/stopping-violence-against-women	22	0.03%	53
niagarahealth.on.ca/site/sexual-assault-domestic-violence-treatment-program	19	0.02%	52
osmh.on.ca/programs-services/RegionalWomenandChildrenProgram/sadv/domesticviolence.aspx	17	0.02%	52
bchsys.org/hospital/services-list/sexual-assault/	14	0.02%	51
ccohs.ca/oshanswers/psychosocial/violence_domestic.html	14	0.02%	51
torontopolice.on.ca/community/domesticviolence/	13	0.02%	50
shelwinhouse.ca/	12	0.02%	49
endabuseinalgoma.com/	12	0.02%	49
tbrhsc.net/programs-services/emergency-critical-care-services/sexual-assault-domestic-violence-treatment-centre/	10	0.01%	47

settlement.org/ontario/health/family-health/domestic-abuse/where-can-i-get-help-for-domestic-abuse/	10	0.01%	47
calgary.ca/cps/Pages/Community-programs-and-resources/Crime-prevention/Domestic-violence.aspx	8	0.01%	46
victiminfo.ca/en/services/specific-crimes/violence-in-a-relationship	8	0.01%	46
homelesshub.ca/blog/intimate-partner-violence-tenancy-rights-canada-recent-changes-ontario-alberta-and-bc%E2%80%99s	7	0.01%	45
gsps.ca/en/specializedservices/domesticandfamily.asp	7	0.01%	45
solgps.alberta.ca/safe_communities/community_awareness/family_violence/Pages/default.aspx	7	0.01%	45
qhc.on.ca/domestic-violencesexual-assault-response-program-c67.php	6	0.01%	42
lare-source.org/en	6	0.01%	42
maisonfemmessi.com/page97.html	6	0.01%	42
alberta.ca/violence-against-women.aspx	6	0.01%	42
healthlinkbc.ca/health-topics/te7721	5	0.01%	40
umanitoba.ca/centres/resolve/doyouneedhelp.html	5	0.01%	40
connectingottawa.com/services/17	4	0.01%	38
benefitscanada.com/news/what-do-canadian-provinces-offer-around-domestic-violence-leave-107713	3	0.00%	37
srhweek.ca/healthy-sexuality-healthy-relationships/intimate-partner-violence-sexual-violence/	3	0.00%	37
rnc.gov.nl.ca/services/intimate-partner-violence/	3	0.00%	37
yourlegalrights.on.ca/resource/women-living-hiv-and-intimate-partner-violence-questions-answers	2	0.00%	35
londonpolice.ca/en/crime-prevention/Domestic-Violence.aspx	2	0.00%	35
bluewaterhealth.ca/programs-services/sexual-assaultdomestic-violence-treatment-centre	2	0.00%	35
wrh.on.ca/Site_Published/wrh_internet/RichText.aspx?Body.QueryId.Id=3427&LeftNav.QueryId.Categories=238	2	0.00%	35
militaryfamilyviolencesupport.ca/	2	0.00%	35
earlyyearsbc.ca/new-toolkit-domestic-violence-intervention/	1	0.00%	32
ontario.ca/document/crown-prosecution-manual/d-23-intimate-partner-violence	1	0.00%	32
wrps.on.ca/en/staying-safe/domestic-violence.aspx	1	0.00%	32
haltonpolice.ca/about/specializedunits/domesticviolence.php	1	0.00%	32
reddeer.ca/city-services/police-rcmp/domestic-violence-information-and-resources/	1	0.00%	32
surrey.rcmp-grc.gc.ca/ViewPage.action?siteNodeId=2214&languageId=1&contentId=7659	1	0.00%	32
workplacestrategiesformentalhealth.com/psychological-health-and-safety/addressing-domestic-violence	1	0.00%	32

durham.ca/en/living-here/domestic-violence.aspx?_mid_=24459	1	0.00%	32
bcwomens.ca/health-professionals/professional-resources/addressing-gender-based-violence/gender-based-violence-learning-series	0	0.00%	26
skprevention.ca/domestic-violences/	0	0.00%	26
cnpea.ca/en/about-cnpea/cnpea-webinars/668-intimate-partner-violence-and-older-women	0	0.00%	26
swc-cfc.gc.ca/violence/resources-ressources/violence-partner-partenaire-en.html?wbdisable=true	0	0.00%	26
conexuscounselling.ca/areas-of-therapy/anger-management/intimate-partner-violence/	0	0.00%	26
empathicsolutions.ca/intimate-partner-violence/	0	0.00%	26
robertswright.ca/intimate-partner-violence	0	0.00%	26
mta.ca/Community/Student_services/Health_and_wellness/Harassment_Advisor/Intimate_partner_violence_(abuse)/Intimate_partner_violence_(abuse)/	0	0.00%	26
nationtalk.ca/story/nb-government-new-protection-measures-available-for-victims-of-intimate-partner-violence	0	0.00%	26
lavalensante.com/en/care-and-services/list-of-care-and-services/mental-health-and-psychosocial-services/domestic-violence/	0	0.00%	26
kingstonpolice.ca/services-resources/court-offences/domestic-violence/	0	0.00%	26
sah.on.ca/programs-services/sexual-assaultdomestic-violence/domestic-violence	0	0.00%	26
ywcalgary.ca/programs-services/domestic-violence-crisis/	0	0.00%	26
regionofwaterloo.ca/en/living-here/domestic-violence.aspx	0	0.00%	26
healthunit.com/domestic-violence	0	0.00%	26
bcehs.ca/health-info/support-for-bcehs-family-members/critical-incident-stress/domestic-violence	0	0.00%	26
cridge.org/cthw/resources/	0	0.00%	26
hamiltonpolice.on.ca/prevention/domestic-violence/community-resources-domestic-violence	0	0.00%	26
justiceeducation.ca/legal-help/family-violence/domestic-violence-and-protection-orders/domestic-violence-and-protection	0	0.00%	26
nsfamilylaw.ca/family-violence/general-information-domestic-violence/links	0	0.00%	26
nwpolice.org/blog/2017/04/10/domestic-violence-never-ok/	0	0.00%	26
lifeservices.ca/domestic-violence/	0	0.00%	26
edmontonpolice.ca/CrimePrevention/PersonalFamilySafety/DomesticViolence.aspx	0	0.00%	26
saanichpolice.ca/index.php/integrated-services/rdvu	0	0.00%	26
healthcareathome.ca/nsm/en/Getting-Care/Patient-and-Caregiver-Resources/safe-at-home/domestic-violence	0	0.00%	26

uregina.ca/student/counselling/resources/Domestic-Violence.html	0	0.00%	26
schcontario.ca/sexual-assault-and-domestic-violence-care-centre.html	0	0.00%	26
ckpolice.com/domestic-violence-unit/	0	0.00%	26
biblesociety.ca/domestic-violence-solution.html	0	0.00%	26
adoptontario.ca/domestic-violence	0	0.00%	26
telaide.org/en/listening/conjugal-violence/	0	0.00%	26
members.drps.ca/internet_explorer/our_organization/unit.asp?Scope=Unit&ID=77	0	0.00%	26
mobilecrisis.ca/program-services/domestic-violence	0	0.00%	26
halifax.ca/fire-police/police/programs-services/victim-services-halifax/domestic-violence	0	0.00%	26
cwhn.ca/en/node/39486	0	0.00%	26
ementalhealth.ca/Nova-Scotia/Abuse-and-Domestic-Violence/index.php?m=article&ID=8920	0	0.00%	26
leducvictimservices.ca/domestic_violence	0	0.00%	26

Appendix E: Inlink Counts of 139 IPV Websites Distributed by Inlink Groups and Subgroups

Healthcare Organizations

IPV Website URLs	Children's Hospital	General Hospital	Medical clinic	Other health organizations
1infour.ca/	0	6	0	4
acttoendvaw.org/history.php	0	0	0	333
acws.ca/	0	2	2	9
adoptontario.ca/domestic-violence	0	0	0	0
alberta.ca/violence-against-women.aspx	0	0	0	0
alicehouse.ca/	0	5	0	1519
amalwomenscenter.ca/	0	0	0	0
atira.bc.ca/	0	1	0	53
attorneygeneral.jus.gov.on.ca/english/family/violence.php	0	0	0	3
autumnhouse.ca/	0	0	0	0
barrieshelter.com/	0	0	0	67
bcehs.ca/health-info/support-for-bcehs-family-members/critical-incident-stress/domestic-violence	0	0	0	0
bchsys.org/hospital/services-list/sexual-assault/	0	0	0	2
bcwomens.ca/health-professionals/professional-resources/addressing-gender-based-violence/gender-based-violence-learning-series	0	0	0	0
benefitscanada.com/news/what-do-canadian-provinces-offer-around-domestic-violence-leave-107713	0	0	0	0
biblesociety.ca/domestic-violence-solution.html	0	0	0	0
bluewaterhealth.ca/programs-services/sexual-assaultdomestic-violence-treatment-centre	0	1	0	1
calgary.ca/cps/Pages/Community-programs-and-resources/Crime-prevention/Domestic-violence.aspx	0	0	0	0
canada.ca/en/public-health/services/health-promotion/stop-family-violence/problem-canada.html	0	0	0	0
canadianlabour.ca/issues-research/domestic-violence-work	0	0	0	0
ccohs.ca/oshanswers/psychosocial/violence_domestic.html	0	0	0	0
ccrfv.ca/	0	0	0	0
cdhpi.ca/	0	0	0	7
cdvc.ca/	0	0	0	0
ckpolice.com/domestic-violence-unit/	0	0	0	0
cnpea.ca/en/about-cnpea/cnpea-webinars/668-intimate-partner-violence-and-older-women	0	0	0	0
conexuscounselling.ca/areas-of-therapy/anger-management/intimate-partner-violence/	0	0	0	0
connectingottawa.com/services/17	0	0	0	0

connectnetwork.ca/	0	6	0	26
cornerstonenorthumberland.ca/	0	0	0	70
cridge.org/cthw/resources/	0	0	0	0
crime-safety-security.com/	0	0	0	0
crossroadsforwomen.ca/en/	0	0	0	6
cwhn.ca/en/node/39486	0	0	0	0
dfnt.ca/	0	0	2	1413
domesticpeace.ca/	0	0	0	2
domesticviolenceinfo.ca/	0	4	1	2
durham.ca/en/living-here/domestic-violence.aspx?_mid_=24459	0	0	0	0
dvat.ca/	0	0	0	0
dvatworknet.org/	0	0	0	2
earlyyearsbc.ca/new-toolkit-domestic-violence-intervention/	0	0	0	0
edmontonpolice.ca/CrimePrevention/PersonalFamilySafety/DomesticViolence.aspx	0	0	0	0
ementalhealth.ca/Nova-Scotia/Abuse-and-Domestic-Violence/index.php?m=article&ID=8920	0	0	0	0
empathicsolutions.ca/intimate-partner-violence/	0	0	0	0
endabuseinalgoma.com/	0	0	0	0
endingviolence.org/	0	0	0	10
familyserVICetoronto.org/	6	3	21	1533
gsps.ca/en/specializedservices/domesticandfamily.asp	0	0	0	0
halifax.ca/fire-police/police/programs-services/victim-services-halifax/domestic-violence	0	0	0	0
haltonpolice.ca/about/specializedunits/domesticviolence.php	0	0	0	0
hamiltonhealthsciences.ca/body.cfm?id=281	0	1	0	1
hamiltonpolice.on.ca/prevention/domestic-violence/community-resources-domestic-violence	0	0	0	0
healthcareathome.ca/nsm/en/Getting-Care/Patient-and-Caregiver-Resources/safe-at-home/domestic-violence	0	0	0	0
healthlinkbc.ca/health-topics/te7721	0	0	0	0
healthunit.com/domestic-violence	0	0	0	0
homelesshub.ca/blog/intimate-partner-violence-tenancy-rights-canada-recent-changes-ontario-alberta-and-bc%E2%80%99s	0	0	0	0
hope247.ca/	0	5630	0	7224
intervalhouse.ca/	0	0	0	646
justiceeducation.ca/legal-help/family-violence/domestic-violence-and-protection-orders/domestic-violence-and-protection	0	0	0	0
kingstonpolice.ca/services-resources/court-offences/domestic-violence/	0	0	0	0
lare-source.org/en	0	0	0	0
lavalensante.com/en/care-and-services/list-of-care-and-services/mental-health-and-psycho-social-services/domestic-violence/	0	0	0	0
learningtoendabuse.ca/	0	1	1	133
leducvictimservices.ca/domestic_violence	0	0	0	0

legalaids.ab.ca/help/Pages/Emergency-Protection-Orders-Domestic-Violence.aspx	0	0	0	0
legalaids.on.ca/en/getting/type_domesticviolence.asp	0	0	0	0
legal-info-legale.nb.ca/en/emergency_intervention_orders	0	0	0	0
lifeservices.ca/domestic-violence/	0	0	0	0
londonpolice.ca/en/crime-prevention/Domestic-Violence.aspx	0	0	0	0
maisonfemmessi.com/page97.html	0	0	0	0
makeitourbusiness.ca/	0	0	0	357
maws.mb.ca/index.htm	0	0	0	419
mcss.gov.on.ca/en/mcss/programs/community/helpingwomen/index.aspx	0	0	0	3989
members.drps.ca/internet_explorer/our_organization/unit.asp?Scope=Unit&ID=77	0	0	0	0
mhwss.ca/	0	7	0	9
militaryfamilyviolencesupport.ca/	0	0	0	0
mobilecrisis.ca/program-services/domestic-violence	0	0	0	0
mta.ca/Community/Student_services/Health_and_wellness/Harassment_Advisor/Intimate_partner_violence_(abuse)/Intimate_partner_violence_(abuse)/	0	0	0	0
naomisociety.ca/	0	0	0	0
nationtalk.ca/story/nb-government-new-protection-measures-available-for-victims-of-intimate-partner-violence	0	0	0	0
neighboursfriendsandfamilies.ca/	0	6	0	274
niagarahealth.on.ca/site/sexual-assault-domestic-violence-treatment-program	0	0	0	7
novavita.org/	0	0	1	338
nsdomesticviolence.ca/	0	0	0	1
nsfamilylaw.ca/family-violence/general-information-domestic-violence/links	0	0	0	0
nwpolice.org/blog/2017/04/10/domestic-violence-never-ok/	0	0	0	0
octevaw-cocvff.ca/	0	2	0	33
ontario.ca/document/crown-prosecution-manual/d-23-intimate-partner-violence	0	0	0	0
osmh.on.ca/programs-services/RegionalWomenandChildrenProgram/sadv/domestic-violence.aspx	0	0	0	14
pathssk.org/	0	0	0	190
prhc.on.ca/cms/sexual-assault-domestic-violence-program	0	0	0	1
pshsa.ca/products/domestic-violence/	0	0	0	0
qhc.on.ca/domestic-violencesexual-assault-response-program-c67.php	0	0	0	1
rapworkers.com/	0	0	0	0
rcmp-grc.gc.ca/cp-pc/spouse-epouse-abu-eng.htm	0	0	0	1
reddeer.ca/city-services/police-rcmp/domestic-violence-information-and-resources/	0	0	0	0
regionofwaterloo.ca/en/living-here/domestic-violence.aspx	0	0	0	0
rnc.gov.nl.ca/services/intimate-partner-violence/	0	0	0	0
robertswright.ca/intimate-partner-violence	0	0	0	0

saanichpolice.ca/index.php/integrated-services/rdvu	0	0	0	0
sadvtreatmentcentres.ca/	0	110	5	153
sah.on.ca/programs-services/sexual-assaultdomestic-violence/domestic-violence	0	0	0	0
saysomethingbc.ca/	0	3	0	0
schcontario.ca/sexual-assault-and-domestic-violence-care-centre.html	0	0	0	0
settlement.org/ontario/health/family-health/domestic-abuse/where-can-i-get-help-for-domestic-abuse/	0	0	0	2
sheltersafe.ca/	0	0	1	185
shelwinhouse.ca/	0	0	0	0
silentwitness.ca/home	0	0	0	0
sjhc.london.on.ca/sexualassault	0	1	0	48
skprevention.ca/domestic-violences/	0	0	0	0
smgh.ca/patient-care-programs/community-based-programs/waterloo-region-sexual-assault-and-domestic-violence-treatment-centre/	0	1	0	2
solgps.alberta.ca/safe_communities/community_awareness/family_violence/Pages/default.aspx	0	0	0	0
srhweek.ca/healthy-sexuality-healthy-relationships/intimate-partner-violence-sexual-violence/	0	1	0	0
surrey.rcmp-grc.gc.ca/ViewPage.action?siteNodeId=2214&languageId=1&contentId=7659	0	0	0	0
surreywomenscentre.ca/	0	1	0	15
swc-cfc.gc.ca/violence/resources-ressources/violence-partner-partenaire-en.html?wbdisable=true	0	0	0	0
tbrhsc.net/programs-services/emergency-critical-care-services/sexual-assault-domestic-violence-treatment-centre/	0	1	0	4
telaide.org/en/listening/conjugal-violence/	0	0	0	0
thetodaycentre.ca/	0	0	0	0
thewomenscentrebrandon.com/	0	0	0	0
torontopolice.on.ca/community/domesticviolence/	0	0	0	0
trilliumhealthpartners.ca/patientservices/womens/Pages/sexualassault.aspx	0	0	0	1
umanitoba.ca/centres/resolve/doyouneedhelp.html	0	0	0	0
unifor.org/en/take-action/campaigns/workers-facing-domestic-violence-lobbying-economic-support	0	0	0	0
uregina.ca/student/counselling/resources/Domestic-Violence.html	0	0	0	0
vancouver.ca/police/organization/investigation/investigative-services/special-investigation/domestic-violence-criminal-harassment.html	0	0	0	0
vawlearningnetwork.ca/	0	2	1	8
vaw-mediahub.ca/	0	0	0	0
victiminfo.ca/en/services/specific-crimes/violence-in-a-relationship	0	0	0	0
womenaware.ca/	0	0	0	2
womensoutreach.ca/	0	0	35	4

workplacestrategiesformentalhealth.com/psychological-health-and-safety/addressing-domestic-violence	0	0	0	0
worksafebc.com/en/health-safety/hazards-exposures/violence/domestic-violence/resource-toolkit	0	0	0	0
wrcev.ca/	0	4	0	0
wrh.on.ca/Site_Published/wrh_internet/RichText.aspx?Body.QueryId.Id=3427&LeftNav.QueryId.Categories=238	0	0	0	0
wrps.on.ca/en/staying-safe/domestic-violence.aspx	0	0	0	0
yourlegalrights.on.ca/resource/women-living-hiv-and-intimate-partner-violence-questions-answers	0	0	0	0
ywcalgary.ca/programs-services/domestic-violence-crisis/	0	0	0	0
ywcavan.org/advocacy/stopping-violence-against-women	0	0	0	0

Non-Profit Organizations (NPO)

IPV Website URLs	Counselling	General	News	Religious organizations	Research organizations	Victims of Crime	IPV / DV / elder abuse	NPO for men	NPO for women
1infour.ca/	0	6	0	0	0	0	14	0	0
acttoendvaw.org/history.php	0	27	0	0	0	0	2	0	3
acws.ca/	0	31	1	3	18	4	67	2 9 3	120
adoptontario.ca/domestic-violence	0	0	0	0	0	0	0	0	0
alberta.ca/violence-against-women.aspx	0	0	0	0	0	0	0	0	0
alicehouse.ca/	0	16	0	1	0	0	4	0	0
amalwomencenter.ca/	0	17	0	0	0	0	0	0	2
atira.bc.ca/	0	161	1	1	0	0	16	0	219
attorneygeneral.jus.gov.on.ca/english/family/violence.php	0	5	0	0	0	0	0	0	1
autumnhouse.ca/	0	11	0	0	0	0	1	0	0
barrieshelter.com/	0	85	0	3	0	0	7	0	3
bcehs.ca/health-info/support-for-bcehs-family-members/critical-incident-stress/domestic-violence	0	0	0	0	0	0	0	0	0
bchsys.org/hospital/services-list/sexual-assault/	0	11	0	0	0	0	0	0	0
bcwomens.ca/health-professionals/professional-resources/addressing-gender-based-violence/gender-based-violence-learning-series	0	0	0	0	0	0	0	0	0
benefitscanada.com/news/what-do-canadian-provinces-offer-around-domestic-violence-leave-107713	0	0	0	0	0	0	0	0	0
biblesociety.ca/domestic-violence-solution.html	0	0	0	0	0	0	0	0	0
bluewaterhealth.ca/programs-services/sexual-assaultdomestic-violence-treatment-centre	0	0	0	0	0	0	0	0	0
calgary.ca/cps/Pages/Community-programs-and-resources/Crime-prevention/Domestic-violence.aspx	0	0	0	0	0	0	0	0	0
canada.ca/en/public-health/services/health-promotion/stop-family-violence/problem-canada.html	0	1	0	0	0	0	0	0	0

sheltersafe.ca/	0	93	1	1	83	1	216	0	39
shelwinhouse.ca/	0	0	0	0	0	0	3	0	0
silentwitness.ca/home	0	18	0	0	0	0	8	0	4
sjhc.london.on.ca/sexualassault	0	6	0	0	0	0	1	0	1
skprevention.ca/domestic-violences/	0	0	0	0	0	0	0	0	0
smgh.ca/patient-care-programs/community-based-programs/waterloo-region-sexual-assault-and-domestic-violence-treatment-centre/	0	1	0	0	0	0	1	0	0
solgps.alberta.ca/safe_communities/community_awareness/family_violence/Pages/default.aspx	0	0	0	0	0	0	1	0	0
srhweek.ca/healthy-sexuality-healthy-relationships/intimate-partner-violence-sexual-violence/	0	2	0	0	0	0	0	0	0
surrey.rcmp-grc.gc.ca/ViewPage.action?siteNodeId=2214&languageId=1&contentId=7659	0	0	0	0	0	0	0	0	0
surreywomenscentre.ca/	0	9	0	0	0	0	12	0	12
swc-cfc.gc.ca/violence/resources-ressources/violence-partner-partenaire-en.html?wbdisable=true	0	0	0	0	0	0	0	0	0
tbrhsc.net/programs-services/emergency-critical-care-services/sexual-assault-domestic-violence-treatment-centre/	0	0	0	0	0	0	2	0	1
telaide.org/en/listening/conjugal-violence/	0	0	0	0	0	0	0	0	0
thetodaycentre.ca/	0	10	0	0	0	0	21	0	3
thewomenscentrebrandon.com/	0	5	0	0	0	0	3	0	2
torontopolice.on.ca/community/domesticviolence/	0	0	0	0	0	0	0	0	0
trilliumhealthpartners.ca/patientservices/womens/Pages/sexualassault.aspx	0	32	0	0	0	0	0	0	0
umanitoba.ca/centres/resolve/doyouneedhelp.html	0	0	0	0	0	0	0	0	0
unifor.org/en/take-action/campaigns/workers-facing-domestic-violence-lobbying-economic-support	0	4921	0	0	0	0	0	0	0
uregina.ca/student/counselling/resources/Domestic-Violence.html	0	0	0	0	0	0	0	0	0
vancouver.ca/police/organization/investigation/investigative-services/special-investigation/domestic-violence-criminal-harassment.html	0	2	0	0	0	0	0	0	0
vawlearningnetwork.ca/	0	172	0	8	97	102	50	0	84
vaw-mediahub.ca/	0	0	0	0	0	0	758	0	2
victiminfo.ca/en/services/specific-crimes/violence-in-a-relationship	0	0	0	0	0	0	0	0	0
womenaware.ca/	0	11	0	0	0	0	6	0	22
womensoutreach.ca/	0	19	0	7	0	0	4	0	0

Schools

IPV Website URLs	Colleges & Universities	Others	Primary schools	Secondary schools
1infour.ca/	1	0	0	0
acttoendvaw.org/history.php	0	0	1	0
acws.ca/	54	3	0	0
adoptontario.ca/domestic-violence	0	0	0	0
alberta.ca/violence-against-women.aspx	0	0	0	0
alicehouse.ca/	9	0	0	1
amalwomencenter.ca/	2	0	0	0
atira.bc.ca/	60	0	4	0
attorneygeneral.jus.gov.on.ca/english/family/violence.php	4	0	0	0
autumnhouse.ca/	1	0	0	0
barrieshelter.com/	3	0	0	0
bcehs.ca/health-info/support-for-bcehs-family-members/critical-incident-stress/domestic-violence	0	0	0	0
bchsys.org/hospital/services-list/sexual-assault/	0	0	0	0
bcwomens.ca/health-professionals/professional-resources/addressing-gender-based-violence/gender-based-violence-learning-series	0	0	0	0
benefitscanada.com/news/what-do-canadian-provinces-offer-around-domestic-violence-leave-107713	1	0	0	0
biblesociety.ca/domestic-violence-solution.html	0	0	0	0
bluewaterhealth.ca/programs-services/sexual-assaultdomestic-violence-treatment-centre	0	0	0	0
calgary.ca/cps/Pages/Community-programs-and-resources/Crime-prevention/Domestic-violence.aspx	0	0	0	0
canada.ca/en/public-health/services/health-promotion/stop-family-violence/problem-canada.html	1	0	0	0
canadianlabour.ca/issues-research/domestic-violence-work	8	0	0	0
ccohs.ca/oshanswers/psychosocial/violence_domestic.html	0	0	0	0
ccrfv.ca/	0	0	0	0
cdhpi.ca/	22	0	0	0
cdvc.ca/	0	0	0	0
ckpolice.com/domestic-violence-unit/	0	0	0	0
cnpea.ca/en/about-cnpea/cnpea-webinars/668-intimate-partner-violence-and-older-women	0	0	0	0
conexuscounselling.ca/areas-of-therapy/anger-management/intimate-partner-violence/	0	0	0	0
connectingottawa.com/services/17	0	0	0	0
connectnetwork.ca/	14	0	0	0
cornerstonenorthumberland.ca/	3	0	0	0
cridge.org/cthw/resources/	0	0	0	0

crime-safety-security.com/	4	7	0	0
crossroadsforwomen.ca/en/	3	0	0	0
cwhn.ca/en/node/39486	0	0	0	0
dfnt.ca/	2	0	0	0
domesticpeace.ca/	4	0	0	1
domesticviolenceinfo.ca/	0	0	0	0
durham.ca/en/living-here/domestic-violence.aspx?_mid_=24459	0	0	0	0
dvat.ca/	2	0	0	0
dvatworknet.org/	17	0	0	0
earlyyearsbc.ca/new-toolkit-domestic-violence-intervention/	0	0	0	0
edmontonpolice.ca/CrimePrevention/PersonalFamilySafety/DomesticViolence.aspx	0	0	0	0
ementalhealth.ca/Nova-Scotia/Abuse-and-Domestic-Violence/index.php?m=article&ID=8920	0	0	0	0
empathicsolutions.ca/intimate-partner-violence/	0	0	0	0
endabuseinalgoma.com/	0	0	0	0
endingviolence.org/	82	2	0	0
familyservicetoronto.org/	47	4	0	0
gps.ca/en/specializedservices/domesticandfamily.asp	0	0	0	0
halifax.ca/fire-police/police/programs-services/victim-services-halifax/domestic-violence	0	0	0	0
haltonpolice.ca/about/specializedunits/domesticviolence.php	0	0	0	0
hamiltonhealthsciences.ca/body.cfm?id=281	9	0	0	0
hamiltonpolice.on.ca/prevention/domestic-violence/community-resources-domestic-violence	0	0	0	0
healthcareathome.ca/nsm/en/Getting-Care/Patient-and-Caregiver-Resources/safe-at-home/domestic-violence	0	0	0	0
healthlinkbc.ca/health-topics/te7721	0	0	0	0
healthunit.com/domestic-violence	0	0	0	0
homelesshub.ca/blog/intimate-partner-violence-tenancy-rights-canada-recent-changes-ontario-alberta-and-bc%E2%80%99s	0	0	0	0
hope247.ca/	33	6	0	0
intervalhouse.ca/	9	1	0	0
justiceeducation.ca/legal-help/family-violence/domestic-violence-and-protection-orders/domestic-violence-and-protection	0	0	0	0
kingstonpolice.ca/services-resources/court-offences/domestic-violence/	0	0	0	0
lare-source.org/en	0	0	0	0
lavalensante.com/en/care-and-services/list-of-care-and-services/mental-health-and-psychosocial-services/domestic-violence/	0	0	0	0
learningtoendabuse.ca/	2405	2	0	0
leducvictimservices.ca/domestic_violence	0	0	0	0
legalaid.ab.ca/help/Pages/Emergency-Protection-Orders-Domestic-Violence.aspx	3	0	0	0
legalaid.on.ca/en/getting/type_domesticviolence.asp	4	0	0	0
legal-info-legale.nb.ca/en/emergency_intervention_orders	0	0	0	0
lifeservices.ca/domestic-violence/	0	0	0	0
londonpolice.ca/en/crime-prevention/Domestic-Violence.aspx	1	0	0	0

maisonfemmessi.com/page97.html	0	0	0	0
makeitourbusiness.ca/	953	0	0	0
maws.mb.ca/index.htm	9	0	0	0
mcss.gov.on.ca/en/mcss/programs/community/helpingwomen/index.aspx	0	0	0	0
members.drps.ca/internet_explorer/our_organization/unit.asp?Scope=Unit&ID=77	0	0	0	0
mhwss.ca/	2	0	0	0
militaryfamilyviolencesupport.ca/	0	0	0	0
mobilecrisis.ca/program-services/domestic-violence	0	0	0	0
mta.ca/Community/Student_services/Health_and_wellness/Harassment_Advisor/Intimate_partner_violence_(abuse)/Intimate_partner_violence_(abuse)/	0	0	0	0
naomisociety.ca/	5	0	0	0
nationtalk.ca/story/nb-government-new-protection-measures-available-for-victims-of-intimate-partner-violence	0	0	0	0
neighboursfriendsandfamilies.ca/	1072	1	0	0
niagarahealth.on.ca/site/sexual-assault-domestic-violence-treatment-program	2	0	0	0
novavita.org/	8	0	0	0
nsdomesticviolence.ca/	1	0	0	0
nsfamilylaw.ca/family-violence/general-information-domestic-violence/links	0	0	0	0
nwpolice.org/blog/2017/04/10/domestic-violence-never-ok/	0	0	0	0
octevaw-cocvff.ca/	63	0	0	0
ontario.ca/document/crown-prosecution-manual/d-23-intimate-partner-violence	0	0	0	0
osmh.on.ca/programs-services/RegionalWomenandChildrenProgram/sadv/domesticviolence.aspx	0	0	0	0
pathssk.org/	29	0	0	2
prhc.on.ca/cms/sexual-assault-domestic-violence-program	6	0	0	0
pshsa.ca/products/domestic-violence/	0	0	0	0
qhc.on.ca/domestic-violencesexual-assault-response-program-c67.php	1	0	0	0
rapworkers.com/	517	0	0	0
rcmp-grc.gc.ca/cp-pc/spouse-epouse-abu-eng.htm	45	0	0	0
reddeer.ca/city-services/police-rcmp/domestic-violence-information-and-resources/	0	0	0	0
regionofwaterloo.ca/en/living-here/domestic-violence.aspx	0	0	0	0
rnc.gov.nl.ca/services/intimate-partner-violence/	0	0	0	0
robertswright.ca/intimate-partner-violence	0	0	0	0
saanichpolice.ca/index.php/integrated-services/rdvu	0	0	0	0
sadvtreatmentcentres.ca/	36	7	0	0
sah.on.ca/programs-services/sexual-assaultdomestic-violence/domestic-violence	0	0	0	0
saysomethingbc.ca/	24	0	0	1
schontario.ca/sexual-assault-and-domestic-violence-care-centre.html	0	0	0	0

settlement.org/ontario/health/family-health/domestic-abuse/where-can-i-get-help-for-domestic-abuse/	0	0	0	0
sheltersafe.ca/	29	1	0	0
shelwinhouse.ca/	0	0	0	0
silentwitness.ca/home	6	0	0	0
sjhc.london.on.ca/sexualassault	21	0	0	0
skprevention.ca/domestic-violences/	0	0	0	0
smgh.ca/patient-care-programs/community-based-programs/waterloo-region-sexual-assault-and-domestic-violence-treatment-centre/	10	0	0	0
solgps.alberta.ca/safe_communities/community_awareness/family_violence/Pages/default.aspx	0	0	0	0
srhweek.ca/healthy-sexuality-healthy-relationships/intimate-partner-violence-sexual-violence/	0	0	0	0
surrey.rcmp-grc.gc.ca/ViewPage.action?siteNodeId=2214&languageId=1&contentId=7659	0	0	0	0
surreywomenscentre.ca/	9	0	0	0
swc-cfc.gc.ca/violence/resources-ressources/violence-partner-partenaire-en.html?wbdisable=true	0	0	0	0
tbrhsc.net/programs-services/emergency-critical-care-services/sexual-assault-domestic-violence-treatment-centre/	2	0	0	0
telaide.org/en/listening/conjugal-violence/	0	0	0	0
thetodaycentre.ca/	6	0	0	0
thewomenscentrebrandon.com/	4	0	0	0
torontopolice.on.ca/community/domesticviolence/	0	0	0	0
trilliumhealthpartners.ca/patientservices/womens/Pages/sexualassault.aspx	2	0	0	0
umanitoba.ca/centres/resolve/doyouneedhelp.html	0	0	0	0
unifor.org/en/take-action/campaigns/workers-facing-domestic-violence-lobbying-economic-support	0	0	0	0
uregina.ca/student/counselling/resources/Domestic-Violence.html	0	0	0	0
vancouver.ca/police/organization/investigation/investigative-services/special-investigation/domestic-violence-criminal-harassment.html	0	0	0	0
vawlearningnetwork.ca/	1117	0	0	0
vaw-mediahub.ca/	0	0	0	0
victiminfo.ca/en/services/specific-crimes/violence-in-a-relationship	0	0	0	0
womenaware.ca/	12	0	2	0
womensoutreach.ca/	2	0	3	0
workplacestrategiesformentalhealth.com/psychological-health-and-safety/addressing-domestic-violence	0	0	0	0
worksafebc.com/en/health-safety/hazards-exposures/violence/domestic-violence/resource-toolkit	4	0	0	0
wrcev.ca/	2	0	0	0
wrh.on.ca/Site_Published/wrh_internet/RichText.aspx?Body.QueryId.Id=3427&LeftNav.QueryId.Categories=238	2	0	0	0
wrps.on.ca/en/staying-safe/domestic-violence.aspx	0	0	0	0

yourlegalrights.on.ca/resource/women-living-hiv-and-intimate-partner-violence-questions-answers	0	0	0	0
ywcalgary.ca/programs-services/domestic-violence-crisis/	0	0	0	0
ywcavan.org/advocacy/stopping-violence-against-women	1	0	0	0

For-Profit Organizations (FPO)

IPV Website URLs	Counselling	News	Pharmaceutical	Research Organization/Journal/Article	Other companies
linfour.ca/	0	2	0	0	19
acttoendvaw.org/history.php	0	14	0	0	10
acws.ca/	3	100	0	1	107
adoptontario.ca/domestic-violence	0	0	0	0	0
alberta.ca/violence-against-women.aspx	1	2	0	0	0
alicehouse.ca/	1	17	0	0	34
amalwomenscenter.ca/	0	4	0	0	14
atira.bc.ca/	7	141	0	2	319
attorneygeneral.jus.gov.on.ca/english/family/violence.php	0	112	0	0	10
autumnhouse.ca/	0	1	0	0	5
barrieshelter.com/	0	1187	0	1	137
bcehs.ca/health-info/support-for-bcehs-family-members/critical-incident-stress/domestic-violence	0	0	0	0	0
bchsys.org/hospital/services-list/sexual-assault/	0	0	0	0	0
bcwomens.ca/health-professionals/professional-resources/addressing-gender-based-violence/gender-based-violence-learning-series	0	0	0	0	0
benefitscanada.com/news/what-do-canadian-provinces-offer-around-domestic-violence-leave-107713	0	1	0	0	1
biblesociety.ca/domestic-violence-solution.html	0	0	0	0	0
bluewaterhealth.ca/programs-services/sexual-assaultdomestic-violence-treatment-centre	0	0	0	0	0
calgary.ca/cps/Pages/Community-programs-and-resources/Crime-prevention/Domestic-violence.aspx	0	0	0	0	0
canada.ca/en/public-health/services/health-promotion/stop-family-violence/problem-canada.html	0	557	0	0	1
canadianlabour.ca/issues-research/domestic-violence-work	0	4	0	1	30
ccohs.ca/oshanswers/psychosocial/violence_domestic.html	0	0	0	0	6
ccrfv.ca/	0	0	0	0	2
cdhpi.ca/	0	12	0	1	12
cdvc.ca/	0	5	0	0	1
ckpolice.com/domestic-violence-unit/	0	0	0	0	0
cnpea.ca/en/about-cnpea/cnpea-webinars/668-intimate-partner-violence-and-older-women	0	0	0	0	0
conexuscounselling.ca/areas-of-therapy/anger-management/intimate-partner-violence/	0	0	0	0	0
connectingottawa.com/services/17	0	0	0	0	0
connectnetwork.ca/	2	6	0	0	4

cornerstonenorthumberland.ca/	0	56	0	0	20
cridge.org/cthw/resources/	0	0	0	0	0
crime-safety-security.com/	2	16	0	0	285
crossroadsforwomen.ca/en/	0	264	0	1	69
cwhn.ca/en/node/39486	0	0	0	0	0
dfnt.ca/	0	0	0	0	3
domesticpeace.ca/	1	8	0	0	31
domesticviolenceinfo.ca/	0	8	0	21	93
durham.ca/en/living-here/domestic-violence.aspx?_mid_=24459	0	0	0	0	0
dvat.ca/	0	1	0	0	1
dvatworknet.org/	0	6	0	3	6
earlyyearsbc.ca/new-toolkit-domestic-violence-intervention/	0	0	0	0	0
edmontonpolice.ca/CrimePrevention/PersonalFamilySafety/DomesticViolence.aspx	0	0	0	0	0
ementalhealth.ca/Nova-Scotia/Abuse-and-Domestic-Violence/index.php?m=article&ID=8920	0	0	0	0	0
empathicsolutions.ca/intimate-partner-violence/	0	0	0	0	0
endabuseinalgoma.com/	0	2	0	0	0
endingviolence.org/	20	115	0	1	142
familyservicetoronto.org/	13	24	1	1	168
gsps.ca/en/specializedservices/domesticandfamily.asp	0	0	0	0	3
halifax.ca/fire-police/police/programs-services/victim-services-halifax/domestic-violence	0	0	0	0	0
haltonpolice.ca/about/specializedunits/domesticviolence.php	0	0	0	0	0
hamiltonhealthsciences.ca/body.cfm?id=281	0	0	0	0	1
hamiltonpolice.on.ca/prevention/domestic-violence/community-resources-domestic-violence	0	0	0	0	0
healthcareathome.ca/nsm/en/Getting-Care/Patient-and-Caregiver-Resources/safe-at-home/domestic-violence	0	0	0	0	0
healthlinkbc.ca/health-topics/te7721	0	0	0	0	0
healthunit.com/domestic-violence	0	0	0	0	0
homelesshub.ca/blog/intimate-partner-violence-tenancy-rights-canada-recent-changes-ontario-alberta-and-bc%E2%80%99s	0	0	0	0	0
hope247.ca/	2	10	0	0	5
intervalhouse.ca/	0	68	0	0	307
justiceeducation.ca/legal-help/family-violence/domestic-violence-and-protection-orders/domestic-violence-and-protection	0	0	0	0	0
kingstonpolice.ca/services-resources/court-offences/domestic-violence/	0	0	0	0	0
lare-source.org/en	0	1	0	0	0
lavalensante.com/en/care-and-services/list-of-care-and-services/mental-health-and-psychosocial-services/domestic-violence/	0	0	0	0	0
learningtoendabuse.ca/	0	72	0	16	63
leducvictimservices.ca/domestic_violence	0	0	0	0	0

legalaids.ab.ca/help/Pages/Emergency-Protection-Orders-Domestic-Violence.aspx	0	0	0	0	1
legalaids.on.ca/en/getting/type_domesticviolence.asp	0	3	0	0	11
legal-info-legale.nb.ca/en/emergency_intervention_orders	0	0	0	0	0
lifeservices.ca/domestic-violence/	0	0	0	0	0
londonpolice.ca/en/crime-prevention/Domestic-Violence.aspx	0	0	0	0	0
maisonfemmessi.com/page97.html	0	0	0	0	1
makeitourbusiness.ca/	0	12	0	5	35
maws.mb.ca/index.htm	0	7	0	0	304
mcss.gov.on.ca/en/mcss/programs/community/helpingwomen/index.aspx	0	0	0	0	0
members.drps.ca/internet_explorer/our_organization/unit.asp?Scope=Unit&ID=77	0	0	0	0	0
mhwss.ca/	0	7	0	0	32
militaryfamilyviolencesupport.ca/	0	0	0	0	0
mobilecrisis.ca/program-services/domestic-violence	0	0	0	0	0
mta.ca/Community/Student_services/Health_and_wellness/Harassment_Advisor/Intimate_partner_violence_(abuse)/Intimate_partner_violence_(abuse)/	0	0	0	0	0
naomisociety.ca/	0	15	0	0	8
nationtalk.ca/story/nb-government-new-protection-measures-available-for-victims-of-intimate-partner-violence	0	0	0	0	0
neighboursfriendsandfamilies.ca/	1	42	0	1	47
niagarahealth.on.ca/site/sexual-assault-domestic-violence-treatment-program	0	0	0	0	0
novavita.org/	0	8	0	1	90
nsdomesticviolence.ca/	0	31	0	0	14
nsfamilylaw.ca/family-violence/general-information-domestic-violence/links	0	0	0	0	0
nwpolice.org/blog/2017/04/10/domestic-violence-never-ok/	0	0	0	0	0
octevaw-cocvff.ca/	2	47	0	2	103
ontario.ca/document/crown-prosecution-manual/d-23-intimate-partner-violence	0	0	0	0	1
osmh.on.ca/programs-services/RegionalWomenandChildrenProgram/sadv/domestic-violence.aspx	0	0	0	0	0
pathssk.org/	0	26	0	1	54
prhc.on.ca/cms/sexual-assault-domestic-violence-program	1	0	0	0	3
pshsa.ca/products/domestic-violence/	0	0	0	0	0
qhc.on.ca/domestic-violencesexual-assault-response-program-c67.php	0	0	0	0	0
rapworkers.com/	0	0	0	2	0
rcmp-grc.gc.ca/cp-pc/spouse-epouse-abu-eng.htm	3	4	0	0	4
reddeer.ca/city-services/police-rcmp/domestic-violence-information-and-resources/	0	0	0	0	0
regionofwaterloo.ca/en/living-here/domestic-violence.aspx	0	0	0	0	0
rnc.gov.nl.ca/services/intimate-partner-violence/	0	0	0	0	1
robertswright.ca/intimate-partner-violence	0	0	0	0	0

saanichpolice.ca/index.php/integrated-services/rdvu	0	0	0	0	0
sadvtreatmentcentres.ca/	1	71	0	6	26
sah.on.ca/programs-services/sexual-assaultdomestic-violence/domestic-violence	0	0	0	0	0
saysomethingbc.ca/	0	55	0	0	3
schcontario.ca/sexual-assault-and-domestic-violence-care-centre.html	0	0	0	0	0
settlement.org/ontario/health/family-health/domestic-abuse/where-can-i-get-help-for-domestic-abuse/	0	1	0	0	0
sheltersafe.ca/	3	50	0	2	98
shelwinhouse.ca/	0	0	0	0	5
silentwitness.ca/home	0	3	0	0	4
sjhc.london.on.ca/sexualassault	0	0	0	0	1
skprevention.ca/domestic-violences/	0	0	0	0	0
smgh.ca/patient-care-programs/community-based-programs/waterloo-region-sexual-assault-and-domestic-violence-treatment-centre/	0	3	0	0	3
solgps.alberta.ca/safe_communities/community_awareness/family_violence/Pages/default.aspx	0	0	0	0	0
srhweek.ca/healthy-sexuality-healthy-relationships/intimate-partner-violence-sexual-violence/	0	0	0	0	0
surrey.rcmp-grc.gc.ca/ViewPage.action?siteNodeId=2214&languageId=1&contentId=7659	0	0	0	0	0
surreywomenscentre.ca/	8	28	0	0	44
swc-cfc.gc.ca/violence/resources-ressources/violence-partner-partenaire-en.html?wbdisable=true	0	0	0	0	0
tbrhsc.net/programs-services/emergency-critical-care-services/sexual-assault-domestic-violence-treatment-centre/	0	0	0	0	0
telaide.org/en/listening/conjugal-violence/	0	0	0	0	0
thetodaycentre.ca/	2	1	0	0	8
thewomenscentrebrandon.com/	0	8	0	0	10
torontopolice.on.ca/community/domesticviolence/	0	3	0	0	1
trilliumhealthpartners.ca/patientservices/womens/Pages/sexualassault.aspx	1	0	0	0	0
umanitoba.ca/centres/resolve/doyouneedhelp.html	0	0	0	0	0
unifor.org/en/take-action/campaigns/workers-facing-domestic-violence-lobbying-economic-support	0	0	0	0	0
uregina.ca/student/counselling/resources/Domestic-Violence.html	0	0	0	0	0
vancouver.ca/police/organization/investigation/investigative-services/special-investigation/domestic-violence-criminal-harassment.html	0	1	0	0	2
vawlearningnetwork.ca/	0	5	0	6	34
vaw-mediahub.ca/	0	2	0	0	2
victiminfo.ca/en/services/specific-crimes/violence-in-a-relationship	0	0	0	0	0
womenaware.ca/	1	18	0	0	10
womensoutreach.ca/	0	36	0	0	41

workplacestrategiesformentalhealth.com/psychological-health-and-safety/addressing-domestic-violence	0	0	0	0	1
worksafebc.com/en/health-safety/hazards-exposures/violence/domestic-violence/resource-toolkit	0	4	0	0	4
wrcev.ca/	0	1	0	0	16
wrh.on.ca/Site_Published/wrh_internet/RichText.aspx?Body.QueryId.Id=3427&LeftNav.QueryId.Categories=238	0	0	0	0	0
wrps.on.ca/en/staying-safe/domestic-violence.aspx	0	1	0	0	0
yourlegalrights.on.ca/resource/women-living-hiv-and-intimate-partner-violence-questions-answers	0	0	0	0	0
ywcalgary.ca/programs-services/domestic-violence-crisis/	0	0	0	0	0
ywcavan.org/advocacy/stopping-violence-against-women	0	0	0	0	4

Governments

IPV Website URLs	Federal	Foreign	Municipal	Other government agencies	Provincial	Regional
linfour.ca/	0	0	0	0	0	0
acttoendvaw.org/history.php	0	0	0	23	0	0
acws.ca/	66	1	8	242	214	0
adoptontario.ca/domestic-violence	0	0	0	0	0	0
alberta.ca/violence-against-women.aspx	0	0	0	2	1	0
alicehouse.ca/	13	0	0	8	1	0
amalgomencenter.ca/	0	0	0	1	0	0
atira.bc.ca/	31	0	35	103	6	1
attorneygeneral.jus.gov.on.ca/english/family/violence.php	8	0	0	1	3	1
autumnhouse.ca/	0	0	1	1	0	0
barrieshelter.com/	4	0	4	3	4	0
bcehs.ca/health-info/support-for-bcehs-family-members/critical-incident-stress/domestic-violence	0	0	0	0	0	0
bchsys.org/hospital/services-list/sexual-assault/	0	0	0	0	0	0
bcwomens.ca/health-professionals/professional-resources/addressing-gender-based-violence/gender-based-violence-learning-series	0	0	0	0	0	0
benefitscanada.com/news/what-do-canadian-provinces-offer-around-domestic-violence-leave-107713	0	0	0	0	0	0
biblesociety.ca/domestic-violence-solution.html	0	0	0	0	0	0
bluewaterhealth.ca/programs-services/sexual-assaultdomestic-violence-treatment-centre	0	0	0	0	0	0
calgary.ca/cps/Pages/Community-programs-and-resources/Crime-prevention/Domestic-violence.aspx	0	0	0	1	0	0
canada.ca/en/public-health/services/health-promotion/stop-family-violence/problem-canada.html	15	0	0	0	0	0
canadianlabour.ca/issues-research/domestic-violence-work	0	0	0	0	12	0
ccohs.ca/oshanswers/psychosocial/violence_domestic.html	0	0	0	8	0	0
ccrfv.ca/	0	0	0	0	0	0
cdhpi.ca/	4	1	0	1	8	0
cdvc.ca/	0	0	2	5	2	0
ckpolice.com/domestic-violence-unit/	0	0	0	0	0	0
cnpea.ca/en/about-cnpea/cnpea-webinars/668-intimate-partner-violence-and-older-women	0	0	0	0	0	0

conexuscounselling.ca/areas-of-therapy/anger-management/intimate-partner-violence/	0	0	0	0	0	0
connectingottawa.com/services/17	0	0	0	0	0	0
connectnetwork.ca/	0	0	2	3	0	0
cornerstonenorthumberland.ca/	0	0	13	38	6	0
cridge.org/cthw/resources/	0	0	0	0	0	0
crime-safety-security.com/	0	0	22	0	0	0
crossroadsforwomen.ca/en/	0	0	0	248	3	0
cwhn.ca/en/node/39486	0	0	0	0	0	0
dfnt.ca/	0	0	30	0	0	0
domesticpeace.ca/	24	0	0	18	3	0
domesticviolenceinfo.ca/	0	0	0	1	2	0
durham.ca/en/living-here/domestic-violence.aspx?_mid_=24459	0	0	0	0	0	1
dvat.ca/	0	0	0	1	0	0
dvatworknet.org/	0	0	0	0	0	0
earlyyearsbc.ca/new-toolkit-domestic-violence-intervention/	0	0	0	0	0	0
edmontonpolice.ca/CrimePrevention/PersonalFamilySafety/DomesticViolence.aspx	0	0	0	0	0	0
ementalhealth.ca/Nova-Scotia/Abuse-and-Domestic-Violence/index.php?m=article&ID=8920	0	0	0	0	0	0
empathicsolutions.ca/intimate-partner-violence/	0	0	0	0	0	0
endabuseinalgoma.com/	0	0	0	0	0	0
endingviolence.org/	144	0	2	50	29	0
familyserVICEToronto.org/	94	0	2	455	55	0
gspS.ca/en/specializedservices/domesticandfamily.as p	0	0	0	4	0	0
halifax.ca/fire-police/police/programs-services/victim-services-halifax/domestic-violence	0	0	0	0	0	0
haltonpolice.ca/about/specializedunits/domesticviolence.php	0	0	0	0	0	0
hamiltonhealthsciences.ca/body.cfm?id=281	0	0	0	1	0	0
hamiltonpolice.on.ca/prevention/domestic-violence/community-resources-domestic-violence	0	0	0	0	0	0
healthcareathome.ca/nsm/en/Getting-Care/Patient-and-Caregiver-Resources/safe-at-home/domestic-violence	0	0	0	0	0	0
healthlinkbc.ca/health-topics/te7721	0	0	0	0	2	0
healthunit.com/domestic-violence	0	0	0	0	0	0
homelesshub.ca/blog/intimate-partner-violence-tenancy-rights-canada-recent-changes-ontario-alberta-and-bc%E2%80%99s	0	0	0	0	0	0
hope247.ca/	0	0	0	6	4	53
intervalhouse.ca/	0	0	0	12	35	0
justiceeducation.ca/legal-help/family-violence/domestic-violence-and-protection-orders/domestic-violence-and-protection	0	0	0	0	0	0

kingstonpolice.ca/services-resources/court-offences/domestic-violence/	0	0	0	0	0	0
lare-source.org/en	0	0	0	0	0	0
lavalensante.com/en/care-and-services/list-of-care-and-services/mental-health-and-psychosocial-services/domestic-violence/	0	0	0	0	0	0
learningtoendabuse.ca/	78	3	0	35	43	0
leducvictimservices.ca/domestic_violence	0	0	0	0	0	0
legalaids.ab.ca/help/Pages/Emergency-Protection-Orders-Domestic-Violence.aspx	0	0	1	13	0	2
legalaids.on.ca/en/getting/type_domesticviolence.asp	8	0	0	343	1	0
legal-info- legale.nb.ca/en/emergency_intervention_orders	0	0	0	2	38	0
lifeservices.ca/domestic-violence/	0	0	0	0	0	0
londonpolice.ca/en/crime-prevention/Domestic-Violence.aspx	0	0	0	0	0	0
maisonfemmessi.com/page97.html	0	0	0	0	0	0
makeitourbusiness.ca/	13	0	2	21	27	0
maws.mb.ca/index.htm	6	0	1	12	38	0
mcss.gov.on.ca/en/mcss/programs/community/helpingwomen/index.aspx	0	0	0	0	0	0
members.drps.ca/internet_explorer/our_organization/unit.asp?Scope=Unit&ID=77	0	0	0	0	0	0
mhwss.ca/	0	0	5	180	3	0
militaryfamilyviolencesupport.ca/	0	0	0	2	0	0
mobilecrisis.ca/program-services/domestic-violence	0	0	0	0	0	0
mta.ca/Community/Student_services/Health_and_wellness/Harassment_Advisor/Intimate_partner_violence_(abuse)/Intimate_partner_violence_(abuse)/	0	0	0	0	0	0
naomisociety.ca/	5	0	0	7	0	0
nationtalk.ca/story/nb-government-new-protection-measures-available-for-victims-of-intimate-partner-violence	0	0	0	0	0	0
neighboursfriendsandfamilies.ca/	23	0	5	82	56	2
niagarahealth.on.ca/site/sexual-assault-domestic-violence-treatment-program	0	0	0	0	0	0
novavita.org/	23	0	9	27	0	0
nsdomesticviolence.ca/	42	0	4	20	99	0
nsfamilylaw.ca/family-violence/general-information-domestic-violence/links	0	0	0	0	0	0
nwpolice.org/blog/2017/04/10/domestic-violence-never-ok/	0	0	0	0	0	0
octevaw-cocvff.ca/	22	0	5	24	0	0
ontario.ca/document/crown-prosecution-manual/d-23-intimate-partner-violence	0	0	0	0	0	0
osmh.on.ca/programs-services/RegionalWomenandChildrenProgram/sadv/domesticviolence.aspx	0	0	0	0	0	0
pathssk.org/	14	0	0	23	44	0

prhc.on.ca/cms/sexual-assault-domestic-violence-program	0	0	0	4	0	0
pshsa.ca/products/domestic-violence/	0	0	0	25	0	0
qhc.on.ca/domestic-violencesexual-assault-response-program-c67.php	0	0	0	3	0	0
rapworkers.com/	0	0	0	0	0	0
rcmp-grc.gc.ca/cp-pc/spouse-epouse-abu-eng.htm	12	0	0	4	0	0
reddeer.ca/city-services/police-rcmp/domestic-violence-information-and-resources/	0	0	0	1	0	0
regionofwaterloo.ca/en/living-here/domestic-violence.aspx	0	0	0	0	0	0
rnc.gov.nl.ca/services/intimate-partner-violence/	0	0	2	0	0	0
robertswright.ca/intimate-partner-violence	0	0	0	0	0	0
saanichpolice.ca/index.php/integrated-services/rdvu	0	0	0	0	0	0
sadvtreatmentcentres.ca/	11	0	1	314	35	0
sah.on.ca/programs-services/sexual-assaultdomestic-violence/domestic-violence	0	0	0	0	0	0
saysomethingbc.ca/	0	0	0	4	58	0
schontario.ca/sexual-assault-and-domestic-violence-care-centre.html	0	0	0	0	0	0
settlement.org/ontario/health/family-health/domestic-abuse/where-can-i-get-help-for-domestic-abuse/	0	0	0	0	0	0
sheltersafe.ca/	14	0	0	214	5	0
shelwinhouse.ca/	0	0	0	0	0	0
silentwitness.ca/home	5	0	0	3	31	0
sjhc.london.on.ca/sexualassault	0	0	0	1	0	0
skprevention.ca/domestic-violences/	0	0	0	0	0	0
smgh.ca/patient-care-programs/community-based-programs/waterloo-region-sexual-assault-and-domestic-violence-treatment-centre/	0	0	0	1	0	0
solgps.alberta.ca/safe_communities/community_awareness/family_violence/Pages/default.aspx	4	0	0	1	0	0
srhweek.ca/healthy-sexuality-healthy-relationships/intimate-partner-violence-sexual-violence/	0	0	0	0	0	0
surrey.rcmp-grc.gc.ca/ViewPage.action?siteNodeId=2214&languageId=1&contentId=7659	1	0	0	0	0	0
surreywomenscentre.ca/	22	0	25	0	0	0
swc-cfc.gc.ca/violence/resources-ressources/violence-partner-partenaire-en.html?wbdisable=true	0	0	0	0	0	0
tbrhsc.net/programs-services/emergency-critical-care-services/sexual-assault-domestic-violence-treatment-centre/	0	0	0	0	0	0
telaide.org/en/listening/conjugal-violence/	0	0	0	0	0	0
thetodaycentre.ca/	14	0	1	24	0	2
thewomenscentrebrandon.com/	0	0	0	1	11	0
torontopolice.on.ca/community/domesticviolence/	0	0	0	0	0	0

trilliumhealthpartners.ca/patientservices/womens/Pages/sexualassault.aspx	0	0	0	0	0	4
umanitoba.ca/centres/resolve/doyouneedhelp.html	5	0	0	0	0	0
unifor.org/en/take-action/campaigns/workers-facing-domestic-violence-lobbying-economic-support	0	0	0	0	0	0
uregina.ca/student/counselling/resources/Domestic-Violence.html	0	0	0	0	0	0
vancouver.ca/police/organization/investigation/investigative-services/special-investigation/domestic-violence-criminal-harassment.html	0	0	0	1	0	0
vawlearningnetwork.ca/	28	0	0	18	29	0
vaw-mediahub.ca/	0	0	0	0	4	0
victimsinfo.ca/en/services/specific-crimes/violence-in-a-relationship	0	0	0	3	0	0
womenaware.ca/	5	0	0	49	0	0
womensoutreach.ca/	0	0	9	21	0	0
workplacestrategiesformentalhealth.com/psychological-health-and-safety/addressing-domestic-violence	0	0	0	0	0	0
worksafebc.com/en/health-safety/hazards-exposures/violence/domestic-violence/resource-toolkit	2	3	0	14	2	0
wrcev.ca/	0	0	0	4	15	0
wrh.on.ca/Site_Published/wrh_internet/RichText.aspx?Body.QueryId.Id=3427&LeftNav.QueryId.Categories=238	0	0	0	0	0	0
wrps.on.ca/en/staying-safe/domestic-violence.aspx	0	0	0	0	0	0
yourlegalrights.on.ca/resource/women-living-hiv-and-intimate-partner-violence-questions-answers	0	0	0	0	0	0
ywcalgary.ca/programs-services/domestic-violence-crisis/	0	0	0	0	0	0
ywcavan.org/advocacy/stopping-violence-against-women	0	0	0	11	0	0

Others

IPV Website URLs	Online resources	Other regulatory bodies	Association/Union	Blog / forum / other interactive media	Libraries	Online directory	Police Department
1infour.ca/	3	0	0	55	5	2	0
acttoendvaw.org/history.php	1	0	4	2	0	11	0
acws.ca/	76	1	3	559	4	47	25
adoptontario.ca/domestic-violence	0	0	0	0	0	0	0
alberta.ca/violence-against-women.aspx	0	0	0	0	0	0	0
alicehouse.ca/	2	16	3	298	0	17	0
amalwomenscenter.ca/	18	0	1	10	0	3	0
atira.bc.ca/	88	0	81	533	3	408	0
attorneygeneral.jus.gov.on.ca/english/family/violence.php	2	0	1	11	0	1	11
autumnhouse.ca/	1	0	0	4	0	16	0
barrieshelter.com/	13	0	3	81	0	22	1
bcehs.ca/health-info/support-for-bcehs-family-members/critical-incident-stress/domestic-violence	0	0	0	0	0	0	0
bchsys.org/hospital/services-list/sexual-assault/	0	0	0	0	0	1	0
bcwomens.ca/health-professionals/professional-resources/addressing-gender-based-violence/gender-based-violence-learning-series	0	0	0	0	0	0	0
benefitscanada.com/news/what-do-canadian-provinces-offer-around-domestic-violence-leave-107713	0	0	0	0	0	0	0
biblesociety.ca/domestic-violence-solution.html	0	0	0	0	0	0	0
bluewaterhealth.ca/programs-services/sexual-assaultdomestic-violence-treatment-centre	0	0	0	0	0	0	0
calgary.ca/cps/Pages/Community-programs-and-resources/Crime-prevention/Domestic-violence.aspx	0	0	0	7	0	0	0
canada.ca/en/public-health/services/health-promotion/stop-family-violence/problem-canada.html	0	0	0	5	0	1	0
canadianlabour.ca/issues-research/domestic-violence-work	0	0	56	1	0	0	0
ccohs.ca/oshanswers/psychosocial/violence_domestic.html	0	0	0	0	0	0	0
ccrfv.ca/	6	0	0	0	1	62	0
cdhpi.ca/	11	0	1	4	0	3	0
cdvc.ca/	1	0	0	1	0	4	0
ckpolice.com/domestic-violence-unit/	0	0	0	0	0	0	0

cnpea.ca/en/about-cnpea/cnpea-webinars/668-intimate-partner-violence-and-older-women	0	0	0	0	0	0	0
conexuscounselling.ca/areas-of-therapy/anger-management/intimate-partner-violence/	0	0	0	0	0	0	0
connectingottawa.com/services/17	0	0	1	0	0	0	0
connectnetwork.ca/	24	0	1	9	0	20	5
cornerstonenorthumberland.ca/	9	0	0	8	0	7	3
cridge.org/cthw/resources/	0	0	0	0	0	0	0
crime-safety-security.com/	26	0	1	458	0	1801	0
crossroadsforwomen.ca/en/	0	0	2	13	0	19	0
cwhn.ca/en/node/39486	0	0	0	0	0	0	0
dfnt.ca/	5	0	1	5	0	37	0
domesticpeace.ca/	11	0	0	18	1	207	0
domesticviolenceinfo.ca/	71	0	1	133	0	7	2
durham.ca/en/living-here/domestic-violence.aspx?_mid_=24459	0	0	0	0	0	0	0
dvat.ca/	11	0	0	1	0	4	0
dvatworknet.org/	3	0	8	0	0	0	0
earlyyearsbc.ca/new-toolkit-domestic-violence-intervention/	0	0	0	0	0	0	0
edmontonpolice.ca/CrimePrevention/PersonalFamilySafety/DomesticViolence.aspx	0	0	0	0	0	0	0
ementalhealth.ca/Nova-Scotia/Abuse-and-Domestic-Violence/index.php?m=article&ID=8920	0	0	0	0	0	0	0
empathicsolutions.ca/intimate-partner-violence/	0	0	0	0	0	0	0
endabuseinalgoma.com/	0	0	0	2	0	0	1
endingviolence.org/	71	0	0	379	39	246	16
familyservicetoronto.org/	55	0	10	312	3	46	3
gsps.ca/en/specializedservices/domesticandfamily.asp	0	0	0	0	0	0	0
halifax.ca/fire-police/police/programs-services/victim-services-halifax/domestic-violence	0	0	0	0	0	0	0
haltonpolice.ca/about/specializedunits/domesticviolence.php	0	0	0	0	0	0	0
hamiltonhealthsciences.ca/body.cfm?id=281	0	0	0	0	0	0	3
hamiltonpolice.on.ca/prevention/domestic-violence/community-resources-domestic-violence	0	0	0	0	0	0	0
healthcareathome.ca/nsm/en/Getting-Care/Patient-and-Caregiver-Resources/safe-at-home/domestic-violence	0	0	0	0	0	0	0
healthlinkbc.ca/health-topics/te7721	0	0	0	0	0	0	0
healthunit.com/domestic-violence	0	0	0	0	0	0	0
homelesshub.ca/blog/intimate-partner-violence-tenancy-rights-canada-recent-changes-ontario-alberta-and-bc%E2%80%99s	0	0	0	0	0	0	0
hope247.ca/	3	0	0	6	0	20	0

intervalhouse.ca/	29	0	11	70	1	26	0
justiceeducation.ca/legal-help/family-violence/domestic-violence-and-protection-orders/domestic-violence-and-protection	0	0	0	0	0	0	0
kingstonpolice.ca/services-resources/court-offences/domestic-violence/	0	0	0	0	0	0	0
lare-source.org/en	0	0	0	0	0	0	0
lavalensante.com/en/care-and-services/list-of-care-and-services/mental-health-and-psychosocial-services/domestic-violence/	0	0	0	0	0	0	0
learningtoendabuse.ca/	13 0	1	0	59	0	25	0
leducvictimservices.ca/domestic_violence	0	0	0	0	0	0	0
legalaids.ab.ca/help/Pages/Emergency-Protection-Orders-Domestic-Violence.aspx	0	0	0	1	1	0	1
legalaids.on.ca/en/getting/type_domesticviolence.asp	94	0	0	6	0	1	29
legal-info- legale.nb.ca/en/emergency_intervention_orders	0	0	0	0	0	0	0
lifeservices.ca/domestic-violence/	0	0	0	0	0	0	0
londonpolice.ca/en/crime-prevention/Domestic-Violence.aspx	0	0	0	0	0	0	1
maisonfemmessi.com/page97.html	2	0	0	0	0	1	0
makeitourbusiness.ca/	10	0	0	480	0	16	0
maws.mb.ca/index.htm	26	0	0	15	0	2	0
mcass.gov.on.ca/en/mcass/programs/community/helpingwomen/index.aspx	0	0	0	0	0	0	0
members.drps.ca/internet_explorer/our_organization/unit.asp?Scope=Unit&ID=77	0	0	0	0	0	0	0
mhwss.ca/	30	0	16	3	0	15	0
militaryfamilyviolencesupport.ca/	0	0	0	0	0	0	0
mobilecrisis.ca/program-services/domestic-violence	0	0	0	0	0	0	0
mta.ca/Community/Student_services/Health_and_wellness/Harassment_Advisor/Intimate_partner_violence_(abuse)/Intimate_partner_violence_(abuse)/	0	0	0	0	0	0	0
naomisociety.ca/	9	0	0	0	1	3	0
nationtalk.ca/story/nb-government-new-protection-measures-available-for-victims-of-intimate-partner-violence	0	0	0	0	0	0	0
neighboursfriendsandfamilies.ca/	24 5	0	2	224	8	17	37
niagarahealth.on.ca/site/sexual-assault-domestic-violence-treatment-program	0	0	0	0	0	0	0
novavita.org/	11	0	1	23	0	37	10
nsdomesticviolence.ca/	22	1	0	9	0	1	0
nsfamilylaw.ca/family-violence/general-information-domestic-violence/links	0	0	0	0	0	0	0

nwpolice.org/blog/2017/04/10/domestic-violence-never-ok/	0	0	0	0	0	0	0
octevaw-cocvff.ca/	37	0	3	196	2	15	52
ontario.ca/document/crown-prosecution-manual/d-23-intimate-partner-violence	0	0	0	0	0	0	0
osmh.on.ca/programs-services/RegionalWomenandChildrenProgram/sadv/domesticviolence.aspx	0	0	0	0	0	3	0
pathssk.org/	26	0	11	21	0	51	1
prhc.on.ca/cms/sexual-assault-domestic-violence-program	1	0	1	0	0	3	0
pshsa.ca/products/domestic-violence/	0	0	6	0	0	0	0
qhc.on.ca/domestic-violencesexual-assault-response-program-c67.php	0	0	0	0	0	0	0
rapworkers.com/	2	0	0	1	0	1	0
rcmp-grc.gc.ca/cp-pc/spouse-epouse-abu-eng.htm	0	0	0	4	0	0	0
reddeer.ca/city-services/police-rcmp/domestic-violence-information-and-resources/	0	0	0	0	0	0	0
regionofwaterloo.ca/en/living-here/domestic-violence.aspx	0	0	0	0	0	0	0
rnc.gov.nl.ca/services/intimate-partner-violence/	0	0	0	0	0	0	0
robertswright.ca/intimate-partner-violence	0	0	0	0	0	0	0
saanichpolice.ca/index.php/integrated-services/rdvu	0	0	0	0	0	0	0
sadvtreatmentcentres.ca/	20	2	9	47	0	21	8
sah.on.ca/programs-services/sexual-assaultdomestic-violence/domestic-violence	0	0	0	0	0	0	0
saysomethingbc.ca/	0	0	0	4	0	0	1
schontario.ca/sexual-assault-and-domestic-violence-care-centre.html	0	0	0	0	0	0	0
settlement.org/ontario/health/family-health/domestic-abuse/where-can-i-get-help-for-domestic-abuse/	1	0	0	2	0	0	0
sheltersafe.ca/	22	2	12	55	0	188	2
shelwinhouse.ca/	0	0	0	0	0	4	0
silentwitness.ca/home	16	0	0	10	0	1	0
sjhc.london.on.ca/sexualassault	0	0	3	0	0	9	0
skprevention.ca/domestic-violences/	0	0	0	0	0	0	0
smgh.ca/patient-care-programs/community-based-programs/waterloo-region-sexual-assault-and-domestic-violence-treatment-centre/	12	0	0	1	0	1	0
solgps.alberta.ca/safe_communities/community_awareness/family_violence/Pages/default.aspx	0	0	1	0	0	0	0
srhweek.ca/healthy-sexuality-healthy-relationships/intimate-partner-violence-sexual-violence/	0	0	0	0	0	0	0

surrey.rcmp-grc.gc.ca/ViewPage.action?siteNodeId=2214&languageId=1&contentId=7659	0	0	0	0	0	0	0
surreywomenscentre.ca/	4	0	5	2215	3	13	0
swc-cfc.gc.ca/violence/resources-ressources/violence-partner-partenaire-en.html?wbdisable=true	0	0	0	0	0	0	0
tbrhsc.net/programs-services/emergency-critical-care-services/sexual-assault-domestic-violence-treatment-centre/	0	0	0	0	0	0	0
telaide.org/en/listening/conjugal-violence/	0	0	0	0	0	0	0
thetodaycentre.ca/	29	0	0	1	0	35	1
thewomenscentrebrandon.com/	3	0	0	11	0	15	0
torontopolice.on.ca/community/domesticviolence/	0	0	0	8	0	0	1
trilliumhealthpartners.ca/patientservices/womens/Pages/sexualassault.aspx	0	0	0	0	0	0	0
umanitoba.ca/centres/resolve/doyouneedhelp.html	0	0	0	0	0	0	0
unifor.org/en/take-action/campaigns/workers-facing-domestic-violence-lobbying-economic-support	0	0	8	0	0	0	0
uregina.ca/student/counselling/resources/Domestic-Violence.html	0	0	0	0	0	0	0
vancouver.ca/police/organization/investigation/investigative-services/special-investigation/domestic-violence-criminal-harassment.html	1	0	0	3	0	0	4217
vawlearningnetwork.ca/	58	0	0	27	1	33	3
vaw-mediahub.ca/	0	0	0	0	0	0	0
victiminfo.ca/en/services/specific-crimes/violence-in-a-relationship	0	0	0	5	0	0	0
womenaware.ca/	6	0	0	53	1	6	2
womensoutreach.ca/	30	0	5	44	1	28	0
workplacestrategiesformentalhealth.com/psychological-health-and-safety/addressing-domestic-violence	0	0	0	0	0	0	0
worksafebc.com/en/health-safety/hazards-exposures/violence/domestic-violence/resource-toolkit	0	0	0	20	0	0	0
wrcev.ca/	3	0	10	0	0	1	0
wrh.on.ca/Site_Published/wrh_internet/RichText.aspx?Body.QueryId.Id=3427&LeftNav.QueryId.Categories=238	0	0	0	0	0	0	0
wrps.on.ca/en/staying-safe/domestic-violence.aspx	0	0	0	0	0	0	0
yourlegalrights.on.ca/resource/women-living-hiv-and-intimate-partner-violence-questions-answers	0	0	0	0	0	0	0

ywcalgary.ca/programs-services/domestic-violence-crisis/	0	0	0	0	0	0	0
ywcavan.org/advocacy/stopping-violence-against-women	1	0	2	0	0	0	0

Appendix F: The Number of Content Elements in Which an IPV Website Appeared in at least One of the Six Queries for the Content Element

IPV Website URLs	Group	Subgroup	No. of Content Elements
canada.ca	Government	Federal	16
cwhn.ca	NPO	Women	16
learningtoendabuse.ca	School	Colleges & Universities	16
vawlearningnetwork.ca	School	Colleges & Universities	16
cdhpi.ca	NPO	IPV / DV / elder abuse	14
canadianlabour.ca	Others	Association/Union	11
healthlinkbc.ca	Government	Provincial	11
uregina.ca	School	Colleges & Universities	11
neighboursfriendsandfamilies.ca	School	Colleges & Universities	10
pathssk.org	NPO	IPV / DV / elder abuse	10
ccohs.ca	Government	Federal	9
cnpea.ca	NPO	IPV / DV / elder abuse	9
ementalhealth.ca	Healthcare	Other health organizations	9
rcmp-grc.gc.ca	Others	Police Department	8
swc-cfc.gc.ca	Government	Federal	8
acws.ca	NPO	IPV / DV / elder abuse	7
calgary.ca	Others	Police Department	7
endingviolence.org	NPO	IPV / DV / elder abuse	7
legalaids.on.ca	Government	Provincial	7
legal-info-legale.nb.ca	NPO	General	7
makeitourbusiness.ca	School	Colleges & Universities	7
alberta.ca	Government	Provincial	6
attorneygeneral.jus.gov.on.ca	Government	Provincial	6
bcwomens.ca	Healthcare	General hospital	6
domesticviolenceinfo.ca	NPO	IPV / DV / elder abuse	6
homelesshub.ca	NPO	Research organizations	6
nsdomesticviolence.ca	NPO	IPV / DV / elder abuse	6
connectingottawa.com	NPO	General	5
nsfamilylaw.ca	Government	Provincial	5

ontario.ca	Government	Provincial	5
settlement.org	Government	Federal	5
yourlegalrights.on.ca	Government	Provincial	5
ywcavan.org	NPO	Women	5
durham.ca	Government	Regional	4
cridge.org	NPO	General	3
earlyyearsbc.ca	Government	Provincial	3
healthunit.com	Healthcare	Other health organizations	3
sjhc.london.on.ca	Healthcare	General hospital	3
solgps.alberta.ca	Government	Provincial	3
tbrhsc.net	Healthcare	General hospital	3
torontopolice.on.ca	Others	Police Department	3
umanitoba.ca	School	Colleges & Universities	3
victiminfo.ca	Government	Federal	3
workplacestrategiesformentalhealth.com	FPO	Other types of companies	3
biblesociety.ca	NPO	Religious organizations	2
cornerstonenorthumberland.ca	NPO	IPV / DV / elder abuse	2
domesticpeace.ca	NPO	IPV / DV / elder abuse	2
dvatworknet.org	NPO	IPV / DV / elder abuse	2
familyserVICetoronto.org	NPO	General	2
halifax.ca	Government	Municipal	2
hamiltonpolice.on.ca	Others	Police Department	2
justiceeducation.ca	NPO	General	2
leducvictimservices.ca	NPO	General	2
legalaId.ab.ca	NPO	General	2
niagarahealth.on.ca	Healthcare	General hospital	2
octevaw-cocvff.ca	NPO	IPV / DV / elder abuse	2
rapworkers.com	Government	Federal	2
unifor.org	Others	Association/Union	2
vancouver.ca	Others	Police Department	2
worksafebc.com	Government	Other government agencies	2
ywcalgary.ca	NPO	Women	2
amalwomenscenter.ca	NPO	IPV / DV / elder abuse	1
barrieshelter.com	NPO	IPV / DV / elder abuse	1
bchsys.org	Healthcare	General hospital	1
cdvc.ca	NPO	IPV / DV / elder abuse	1

connectnetwork.ca	NPO	IPV / DV / elder abuse	1
edmontonpolice.ca	Others	Police Department	1
endabuseinalgoma.com	NPO	IPV / DV / elder abuse	1
haltonpolice.ca	Others	Police Department	1
londonpolice.ca	Others	Police Department	1
nationtalk.ca	FPO	News	1
novavita.org	NPO	IPV / DV / elder abuse	1
pshsa.ca	Others	Association/Union	1
reddeer.ca	Government	Municipal	1
sheltersafe.ca	NPO	IPV / DV / elder abuse	1
vaw-mediahub.ca	NPO	IPV / DV / elder abuse	1
womensoutreach.ca	NPO	IPV / DV / elder abuse	1

Appendix G: Average Search Engine Rankings of the IPV websites

IPV Websites URLs	Average	0-100 Score
canada.ca/en/public-health/services/health-promotion/stop-family-violence/problem-canada.html	53.94	100
vawlearningnetwork.ca/	40.77	98
cwhn.ca/en/node/39486	28.29	97
learningtoendabuse.ca/	19.79	97
neighboursfriendsandfamilies.ca/	19.40	96
cdhpi.ca/	18.71	95
pathssk.org/	17.29	95
healthlinkbc.ca/health-topics/te7721	16.83	94
makeitourbusiness.ca/	14.52	93
ementalhealth.ca/Nova-Scotia/Abuse-and-Domestic-Violence/index.php?m=article&ID=8920	12.15	92
canadianlabour.ca/issues-research/domestic-violence-work	11.75	92
uregina.ca/student/counselling/resources/Domestic-Violence.html	11.50	91
swc-cfc.gc.ca/violence/resources-ressources/violence-partner-partenaire-en.html?wbdisable=true	11.27	90
acws.ca/	10.79	90
calgary.ca/cps/Pages/Community-programs-and-resources/Crime-prevention/Domestic-violence.aspx	10.73	89
connectingottawa.com/services/17	10.71	88
ccohs.ca/oshanswers/psychosocial/violence_domestic.html	10.67	87
attorneygeneral.jus.gov.on.ca/english/family/violence.php	10.58	87
nsfamilylaw.ca/family-violence/general-information-domestic-violence/links	9.94	86
legalaid.on.ca/en/getting/type_domesticviolence.asp	9.92	85
rcmp-grc.gc.ca/cp-pc/spouse-epouse-abu-eng.htm	9.21	85
legal-info-legale.nb.ca/en/emergency_intervention_orders	8.65	84
domesticviolenceinfo.ca/	8.40	83
settlement.org/ontario/health/family-health/domestic-abuse/where-can-i-get-help-for-domestic-abuse/	7.67	82
bcwomens.ca/health-professionals/professional-resources/addressing-gender-based-violence/gender-based-violence-learning-series	6.90	82
alberta.ca/violence-against-women.aspx	6.17	81
endingviolence.org/	6.08	80
ontario.ca/document/crown-prosecution-manual/d-23-intimate-partner-violence	5.90	80
victimsinfo.ca/en/services/specific-crimes/violence-in-a-relationship	5.69	79
homelesshub.ca/blog/intimate-partner-violence-tenancy-rights-canada-recent-changes-ontario-alberta-and-bc%E2%80%99s	5.58	78
workplacestrategiesformentalhealth.com/psychological-health-and-safety/addressing-domestic-violence	5.21	77
cnpea.ca/en/about-cnpea/cnpea-webinars/668-intimate-partner-violence-and-older-women	5.19	77
solgps.alberta.ca/safe_communities/community_awareness/family_violence/Pages/default.aspx	4.56	76

octevaw-cocvff.ca/	4.04	75
sjhc.london.on.ca/sexualassault	3.98	75
nsdomesticviolence.ca/	3.69	74
umanitoba.ca/centres/resolve/doyouneedhelp.html	3.50	73
earlyyearsbc.ca/new-toolkit-domestic-violence-intervention/	3.42	72
yourlegalrights.on.ca/resource/women-living-hiv-and-intimate-partner-violence-questions-answers	3.17	72
amalwomenscenter.ca/	2.92	71
rapworkers.com/	2.60	70
unifor.org/en/take-action/campaigns/workers-facing-domestic-violence-lobbying-economic-support	2.56	70
tbrhsc.net/programs-services/emergency-critical-care-services/sexual-assault-domestic-violence-treatment-centre/	2.33	69
ywcavan.org/advocacy/stopping-violence-against-women	2.21	68
leducvictimservices.ca/domestic_violence	2.17	67
cdvc.ca/	2.02	67
cridge.org/cthw/resources/	2.02	67
ywcalgary.ca/programs-services/domestic-violence-crisis/	1.98	65
justiceeducation.ca/legal-help/family-violence/domestic-violence-and-protection-orders/domestic-violence-and-protection	1.85	65
haltonpolice.ca/about/specializedunits/domesticviolence.php	1.81	64
durham.ca/en/living-here/domestic-violence.aspx?_mid_=24459	1.81	64
halifax.ca/fire-police/police/programs-services/victim-services-halifax/domestic-violence	1.75	62
healthunit.com/domestic-violence	1.73	62
legalaid.ab.ca/help/Pages/Emergency-Protection-Orders-Domestic-Violence.aspx	1.60	61
torontopolice.on.ca/community/domesticviolence/	1.54	60
domesticpeace.ca/	1.25	60
sheltersafe.ca/	1.04	59
niagarahealth.on.ca/site/sexual-assault-domestic-violence-treatment-program	0.96	58
barrieshelter.com/	0.94	57
dvatworknet.org/	0.83	57
vaw-mediahub.ca/	0.73	56
vancouver.ca/police/organization/investigation/investigative-services/special-investigation/domestic-violence-criminal-harassment.html	0.65	55
worksafebc.com/en/health-safety/hazards-exposures/violence/domestic-violence/resource-toolkit	0.52	55
biblesociety.ca/domestic-violence-solution.html	0.50	54
familyservicetoronto.org/	0.50	54
hamiltonpolice.on.ca/prevention/domestic-violence/community-resources-domestic-violence	0.46	52
womensoutreach.ca/	0.46	52
endabuseinalgoma.com/	0.40	51
edmontonpolice.ca/CrimePrevention/PersonalFamilySafety/DomesticViolence.aspx	0.38	50
connectnetwork.ca/	0.33	50

novavita.org/	0.17	49
nationtalk.ca/story/nb-government-new-protection-measures-available-for-victims-of-intimate-partner-violence	0.13	48
cornerstonenorthumberland.ca/	0.04	47
saysomethingbc.ca/	0.00	47
intervalhouse.ca/	0.00	47
benefitscanada.com/news/what-do-canadian-provinces-offer-around-domestic-violence-leave-107713	0.00	47
skprevention.ca/domestic-violences/	0.00	47
conexuscounselling.ca/areas-of-therapy/anger-management/intimate-partner-violence/	0.00	47
empathicsolutions.ca/intimate-partner-violence/	0.00	47
robertswright.ca/intimate-partner-violence	0.00	47
hope247.ca/	0.00	47
srhweek.ca/healthy-sexuality-healthy-relationships/intimate-partner-violence-sexual-violence/	0.00	47
mta.ca/Community/Student_services/Health_and_wellness/Harassment_Advisor/Intimate_partner_violence_(abuse)/Intimate_partner_violence_(abuse)/	0.00	47
mcss.gov.on.ca/en/mcss/programs/community/helpingwomen/index.aspx	0.00	47
wrps.on.ca/en/staying-safe/domestic-violence.aspx	0.00	47
londonpolice.ca/en/crime-prevention/Domestic-Violence.aspx	0.00	47
gsps.ca/en/specializedservices/domesticandfamily.asp	0.00	47
lavalensante.com/en/care-and-services/list-of-care-and-services/mental-health-and-psychosocial-services/domestic-violence/	0.00	47
kingstonpolice.ca/services-resources/court-offences/domestic-violence/	0.00	47
trilliumhealthpartners.ca/patientservices/womens/Pages/sexualassault.aspx	0.00	47
bchsys.org/hospital/services-list/sexual-assault/	0.00	47
osmh.on.ca/programs-services/RegionalWomenandChildrenProgram/sadv/domesticviolence.aspx	0.00	47
sadvtreatmentcentres.ca/	0.00	47
qhc.on.ca/domestic-violencesexual-assault-response-program-c67.php	0.00	47
prhc.on.ca/cms/sexual-assault-domestic-violence-program	0.00	47
hamiltonhealthsciences.ca/body.cfm?id=281	0.00	47
smgh.ca/patient-care-programs/community-based-programs/waterloo-region-sexual-assault-and-domestic-violence-treatment-centre/	0.00	47
bluewaterhealth.ca/programs-services/sexual-assaultdomestic-violence-treatment-centre	0.00	47
wrh.on.ca/Site_Published/wrh_internet/RichText.aspx?Body.QueryId.Id=3427&LeftNav.QueryId.Categories=238	0.00	47
pshsa.ca/products/domestic-violence/	0.00	47
sah.on.ca/programs-services/sexual-assaultdomestic-violence/domestic-violence	0.00	47
regionofwaterloo.ca/en/living-here/domestic-violence.aspx	0.00	47
lare-source.org/en	0.00	47

bcehs.ca/health-info/support-for-bcehs-family-members/critical-incident-stress/domestic-violence	0.00	47
maisonfemmessi.com/page97.html	0.00	47
nwpolice.org/blog/2017/04/10/domestic-violence-never-ok/	0.00	47
lifeservices.ca/domestic-violence/	0.00	47
reddeer.ca/city-services/police-rcmp/domestic-violence-information-and-resources/	0.00	47
saanichpolice.ca/index.php/integrated-services/rdvu	0.00	47
healthcareathome.ca/nsm/en/Getting-Care/Patient-and-Caregiver-Resources/safe-at-home/domestic-violence	0.00	47
schontario.ca/sexual-assault-and-domestic-violence-care-centre.html	0.00	47
ckpolice.com/domestic-violence-unit/	0.00	47
surrey.rcmp-grc.gc.ca/ViewPage.action?siteNodeId=2214&languageId=1&contentId=7659	0.00	47
adoptontario.ca/domestic-violence	0.00	47
telaide.org/en/listening/conjugal-violence/	0.00	47
members.drps.ca/internet_explorer/our_organization/unit.asp?Scope=Unit&ID=77	0.00	47
mobilecrisis.ca/program-services/domestic-violence	0.00	47
crossroadsforwomen.ca/en/	0.00	47
autumnhouse.ca/	0.00	47
rnc.gov.nl.ca/services/intimate-partner-violence/	0.00	47
alicehouse.ca/	0.00	47
maws.mb.ca/index.htm	0.00	47
1infour.ca/	0.00	47
shelwinhouse.ca/	0.00	47
thewomenscentrebrandon.com/	0.00	47
womenaware.ca/	0.00	47
crime-safety-security.com/	0.00	47
dfnt.ca/	0.00	47
dvat.ca/	0.00	47
militaryfamilyviolencesupport.ca/	0.00	47
wrcev.ca/	0.00	47
thetodaycentre.ca/	0.00	47
ccrfv.ca/	0.00	47
surreywomenscentre.ca/	0.00	47
acttoendvaw.org/history.php	0.00	47
silentwitness.ca/home	0.00	47
naomisociety.ca/	0.00	47
atira.bc.ca/	0.00	47
mhwss.ca/	0.00	47

Appendix H: Social Media Mentions of the IPV websites

IPV Websites URLs	Group	Subgroup	No. of mentions	0-100 Score
atira.bc.ca/	NPO	IPV / DV / elder abuse	46	100
surreywomenscentre.ca/	NPO	IPV / DV / elder abuse	38	98
infour.ca/	NPO	IPV / DV / elder abuse	35	97
endingviolence.org/	NPO	IPV / DV / elder abuse	32	97
octevaw-cocvff.ca/	NPO	IPV / DV / elder abuse	31	96
crime-safety-security.com/	FPO	Other types of companies	28	95
novavita.org/	NPO	IPV / DV / elder abuse	27	95
neighboursfriendsandfamilies.ca/	School	Colleges & Universities	27	95
makeitourbusiness.ca/	School	Colleges & Universities	26	93
sheltersafe.ca/	NPO	IPV / DV / elder abuse	24	92
alicehouse.ca/	NPO	IPV / DV / elder abuse	22	92
barrieshelter.com/	NPO	IPV / DV / elder abuse	22	92
familyservicetoronto.org/	NPO	General	21	90
canadianlabour.ca/issues-research/domestic-violence-work	Others	Association/Union	20	90
wrcev.ca/	NPO	IPV / DV / elder abuse	20	90
acttoendvaw.org/history.php	NPO	IPV / DV / elder abuse	20	90
mhwss.ca/	NPO	IPV / DV / elder abuse	20	90
vawlearningnetwork.ca/	School	Colleges & Universities	19	87
maisonfemmessi.com/page97.html	NPO	IPV / DV / elder abuse	19	87
cornerstonenorthumberland.ca/	NPO	IPV / DV / elder abuse	19	87
cdvc.ca/	NPO	IPV / DV / elder abuse	19	87
domesticpeace.ca/	NPO	IPV / DV / elder abuse	19	87
unifor.org/en/take-action/campaigns/workers-facing-	Others	Association/Union	18	83

domestic-violence-lobbying-economic-support				
sjhc.london.on.ca/sexualassault	Healthcare	General hospital	18	83
acws.ca/	NPO	IPV / DV / elder abuse	18	83
vancouver.ca/police/organization/investigation/investigative-services/special-investigation/domestic-violence-criminal-harassment.html	Others	Police Department	18	83
crossroadsforwomen.ca/en/	NPO	IPV / DV / elder abuse	18	83
thewomenscentrebrandon.com/	NPO	Women	18	83
naomisociety.ca/	NPO	IPV / DV / elder abuse	18	83
domesticviolenceinfo.ca/	NPO	IPV / DV / elder abuse	17	78
saysomethingbc.ca/	Government	Provincial	16	77
pathssk.org/	NPO	IPV / DV / elder abuse	16	77
sadvtreatmentcentres.ca/	Government	Provincial	16	77
autumnhouse.ca/	NPO	IPV / DV / elder abuse	16	77
silentwitness.ca/home	NPO	IPV / DV / elder abuse	16	77
nsdomesticviolence.ca/	NPO	IPV / DV / elder abuse	15	74
settlement.org/ontario/health/family-health/domestic-abuse/where-can-i-get-help-for-domestic-abuse/	Government	Federal	15	74
dvat.ca/	NPO	IPV / DV / elder abuse	15	74
healthunit.com/domestic-violence	Healthcare	Other health organizations	14	72
womenaware.ca/	NPO	IPV / DV / elder abuse	14	72
canada.ca/en/public-health/services/health-promotion/stop-family-violence/problem-canada.html	Government	Federal	13	70
kingstonpolice.ca/services-resources/court-offences/domestic-violence/	Others	Police Department	12	70
justiceeducation.ca/legal-help/family-violence/domestic-violence-and-protection-orders/domestic-violence-and-protection	NPO	General	12	70
lifeservices.ca/domestic-violence/	FPO	Counselling	12	70

thetodaycentre.ca/	NPO	IPV / DV / elder abuse	12	70
intervalhouse.ca/	NPO	IPV / DV / elder abuse	11	67
ontario.ca/document/crown-prosecution-manual/d-23-intimate-partner-violence	Government	Provincial	11	67
smgh.ca/patient-care-programs/community-based-programs/waterloo-region-sexual-assault-and-domestic-violence-treatment-centre/	Healthcare	General hospital	11	67
hamiltonpolice.on.ca/prevention/domestic-violence/community-resources-domestic-violence	Others	Police Department	11	67
attorneygeneral.jus.gov.on.ca/english/family/violence.php	Government	Provincial	11	67
dfnt.ca/	NPO	IPV / DV / elder abuse	11	67
ccrfv.ca/	NPO	IPV / DV / elder abuse	11	67
cdhpi.ca/	NPO	IPV / DV / elder abuse	10	60
bchsys.org/hospital/services-list/sexual-assault/	Healthcare	General hospital	10	60
calgary.ca/cps/Pages/Community-programs-and-resources/Crime-prevention/Domestic-violence.aspx	Others	Police Department	10	60
reddeer.ca/city-services/police-rcmp/domestic-violence-information-and-resources/	Government	Municipal	10	60
biblesociety.ca/domestic-violence-solution.html	NPO	Religious organizations	10	60
halifax.ca/fire-police/police/programs-services/victim-services-halifax/domestic-violence	Government	Municipal	10	60
rnc.gov.nl.ca/services/intimate-partner-violence/	Others	Police Department	10	60
vaw-mediahub.ca/	NPO	IPV / DV / elder abuse	10	60
alberta.ca/violence-against-women.aspx	Government	Provincial	10	60
maws.mb.ca/index.htm	Others	Association/Union	10	60
militaryfamilyviolencesupport.ca/	NPO	IPV / DV / elder abuse	10	60
connectnetwork.ca/	NPO	IPV / DV / elder abuse	10	60

learningtoendabuse.ca/	School	Colleges & Universities	9	53
prhc.on.ca/cms/sexual-assault-domestic-violence-program	Healthcare	General hospital	9	53
sah.on.ca/programs-services/sexual-assault-domestic-violence/domestic-violence	Healthcare	General hospital	9	53
lare-source.org/en	NPO	IPV / DV / elder abuse	9	53
cridge.org/cthw/resources/	NPO	General	9	53
amalwomencenter.ca/	NPO	IPV / DV / elder abuse	9	53
womensoutreach.ca/	NPO	IPV / DV / elder abuse	8	49
rcmp-grc.gc.ca/cp-pc/spouse-epouse-abu-eng.htm	Others	Police Department	7	48
edmontonpolice.ca/CrimePrevention/PersonalFamilySafety/DomesticViolence.aspx	Others	Police Department	7	48
niagarahealth.on.ca/site/sexual-assault-domestic-violence-treatment-program	Healthcare	General hospital	6	47
rapworkers.com/	Government	Federal	6	47
legal-info-legale.nb.ca/en/emergency_intervention_orders	NPO	General	6	47
osmh.on.ca/programs-services/RegionalWomenandChildrenProgram/sadv/domesticviolence.aspx	Healthcare	General hospital	5	45
qhc.on.ca/domestic-violencesexual-assault-response-program-c67.php	Healthcare	General hospital	5	45
worksafebc.com/en/health-safety/hazards-exposures/violence/domestic-violence/resource-toolkit	Government	Other government agencies	5	45
ccohs.ca/oshanswers/psychosocial/violence_domestic.html	Government	Federal	5	45
connectingottawa.com/services/17	NPO	General	5	45
dvatworknet.org/	NPO	IPV / DV / elder abuse	4	41
workplacestrategiesformentalhealth.com/psychological-health-and-safety/addressing-domestic-violence	FPO	Other types of companies	3	40
leducvictimservices.ca/domestic_violence	NPO	General	3	40
torontopolice.on.ca/community/domesticviolence/	Others	Police Department	2	39

lavalensante.com/en/care-and-services/list-of-care-and-services/mental-health-and-psychosocial-services/domestic-violence/	Government	Provincial	2	39
haltonpolice.ca/about/specializedunits/domesticviolence.php	Others	Police Department	2	39
ywcalgary.ca/programs-services/domestic-violence-crisis/	NPO	Women	2	39
nsfamilylaw.ca/family-violence/general-information-domestic-violence/links	Government	Provincial	2	39
saanichpolice.ca/index.php/integrated-services/rdvu	Others	Police Department	2	39
uregina.ca/student/counselling/resources/Domestic-Violence.html	School	Colleges & Universities	2	39
schontario.ca/sexual-assault-and-domestic-violence-care-centre.html	Healthcare	Other health organizations	2	39
ckpolice.com/domestic-violence-unit/	Others	Police Department	2	39
adoptontario.ca/domestic-violence	NPO	General	2	39
victimsinfo.ca/en/services/specific-crimes/violence-in-a-relationship	Government	Federal	2	39
solgps.alberta.ca/safe_communities/community_awareness/family_violence/Pages/default.aspx	Government	Provincial	2	39
ywcavan.org/advocacy/stopping-violence-against-women	NPO	Women	2	39
benefitscanada.com/news/what-do-canadian-provinces-offer-around-domestic-violence-leave-107713	FPO	News	1	30
hope247.ca/	NPO	IPV / DV / elder abuse	1	30
gsps.ca/en/specializedservices/domesticandfamily.asp	Others	Police Department	1	30
bluewaterhealth.ca/programs-services/sexual-assaultdomestic-violence-treatment-centre	Healthcare	General hospital	1	30
regionofwaterloo.ca/en/living-here/domestic-violence.aspx	Government	Regional	1	30
nwpolice.org/blog/2017/04/10/domestic-violence-never-ok/	Others	Police Department	1	30
telaide.org/en/listening/conjugal-violence/	NPO	General	1	30
mobilecrisis.ca/program-services/domestic-violence	NPO	General	1	30
cwhn.ca/en/node/39486	NPO	Women	1	30

shelwinhouse.ca/	NPO	IPV / DV / elder abuse	1	30
healthlinkbc.ca/health-topics/te7721	Government	Provincial	0	22
homelesshub.ca/blog/intimate-partner-violence-tenancy-rights-canada-recent-changes-ontario-alberta-and-bc%E2%80%99s	NPO	Research organizations	0	22
earlyyearsbc.ca/new-toolkit-domestic-violence-intervention/	Government	Provincial	0	22
bcwomens.ca/health-professionals/professional-resources/addressing-gender-based-violence/gender-based-violence-learning-series	Healthcare	General hospital	0	22
umanitoba.ca/centres/resolve/doyooneedhelp.html	School	Colleges & Universities	0	22
skprevention.ca/domestic-violences/	NPO	General	0	22
yourlegalrights.on.ca/resource/women-living-hiv-and-intimate-partner-violence-questions-answers	Government	Provincial	0	22
cnpea.ca/en/about-cnpea/cnpea-webinars/668-intimate-partner-violence-and-older-women	NPO	IPV / DV / elder abuse	0	22
swc-cfc.gc.ca/violence/resources-ressources/violence-partner-partenaire-en.html?wbdisable=true	Government	Federal	0	22
conexuscounselling.ca/areas-of-therapy/anger-management/intimate-partner-violence/	FPO	Counselling	0	22
empathicsolutions.ca/intimate-partner-violence/	FPO	Counselling	0	22
robertswright.ca/intimate-partner-violence	NPO	IPV / DV / elder abuse	0	22
srhweek.ca/healthy-sexuality-healthy-relationships/intimate-partner-violence-sexual-violence/	NPO	General	0	22
mta.ca/Community/Student_services/Health_and_wellness/Harassment_Advisor/Intimate_partner_violence_(abuse)/Intimate_partner_violence_(abuse)/	School	Colleges & Universities	0	22
nationtalk.ca/story/nb-government-new-protection-measures-available-for-victims-of-intimate-partner-violence	FPO	News	0	22

mcss.gov.on.ca/en/mcss/programs/community/helpingwomen/index.aspx	Government	Provincial	0	22
legalaid.on.ca/en/getting/type_domesticviolence.asp	Government	Provincial	0	22
wrps.on.ca/en/staying-safe/domestic-violence.aspx	Others	Police Department	0	22
londonpolice.ca/en/crime-prevention/Domestic-Violence.aspx	Others	Police Department	0	22
trilliumhealthpartners.ca/patientservices/womens/Pages/sexualassault.aspx	Healthcare	General hospital	0	22
hamiltonhealthsciences.ca/body.cfm?id=281	Healthcare	General hospital	0	22
wrh.on.ca/Site_Published/wrh_internet/RichText.aspx?Body.QueryId.Id=3427&LeftNav.QueryId.Categories=238	Healthcare	General hospital	0	22
pshsa.ca/products/domestic-violence/	Others	Association/Union	0	22
bcehs.ca/health-info/support-for-bcehs-family-members/critical-incident-stress/domestic-violence	Healthcare	Other health organizations	0	22
healthcareathome.ca/nsm/en/Getting-Care/Patient-and-Caregiver-Resources/safe-at-home/domestic-violence	Healthcare	Other health organizations	0	22
surrey.rcmp-grc.gc.ca/ViewPage.action?siteNo=2214&languageId=1&contentId=7659	Others	Police Department	0	22
legalaid.ab.ca/help/Pages/Emergency-Protection-Orders-Domestic-Violence.aspx	NPO	General	0	22
tbrhsc.net/programs-services/emergency-critical-care-services/sexual-assault-domestic-violence-treatment-centre/	Healthcare	General hospital	0	22
members.drps.ca/internet_explorer/our_organization/unit.asp?Scope=Unit&ID=77	Others	Police Department	0	22
ementalhealth.ca/Nova-Scotia/Abuse-and-Domestic-Violence/index.php?m=article&ID=8920	Healthcare	Other health organizations	0	22
durham.ca/en/living-here/domestic-violence.aspx?_mid_=24459	Government	Regional	0	22

endabuseinalgoma.com/	NPO	IPV / DV / elder abuse	0	22
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Appendix I: Average Visibility the IPV Websites

IPV Websites URLs	0-100 Scores			Average Visibility	Visibility Rating
	Inlink Counts	Search Engine Rankings	Social Media Mentions		
neighboursfriendsandfamilies.ca/	94	96	95	95.00	Very High
makeitourbusiness.ca/	89	93	93	91.67	Very High
vawlearningnetwork.ca/	88	98	87	91.00	Very High
endingviolence.org/	92	80	97	89.67	Very High
octevaw-cocvff.ca/	98	75	96	89.67	Very High
acws.ca/	90	90	83	87.67	Very High
pathssk.org/	81	95	77	84.33	Very High
canadianlabour.ca/issues-research/domestic-violence-work	69	92	90	83.67	Very High
canada.ca/en/public-health/services/health-promotion/stop-family-violence/problem-canada.html	80	100	70	83.33	Very High
unifor.org/en/take-action/campaigns/workers-facing-domestic-violence-lobbying-economic-support	97	70	83	83.33	Very High
learningtoendabuse.ca/	95	97	53	81.67	Very High
familyservicetoronto.org/	97	54	90	80.33	Very High
domesticviolenceinfo.ca/	77	83	78	79.33	High
atira.bc.ca/	91	47	100	79.33	High
surreywomenscentre.ca/	92	47	98	79.00	High
sheltersafe.ca/	85	59	92	78.67	High
barrieshelter.com/	87	57	92	78.67	High
crime-safety-security.com/	93	47	95	78.33	High
vancouver.ca/police/organization/investigation/investigative-services/special-investigation/domestic-violence-criminal-harassment.html	96	55	83	78.00	High
alicehouse.ca/	90	47	92	76.33	High
cdhpi.ca/	73	95	60	76.00	High
novavita.org/	83	49	95	75.67	High
attorneygeneral.jus.gov.on.ca/english/family/violence.php	72	87	67	75.33	High
sjhc.london.on.ca/sexualassault	67	75	83	75.00	High
domesticpeace.ca/	77	60	87	74.67	High
nsdomesticviolence.ca/	75	74	74	74.33	High
acttoendvaw.org/history.php	78	47	90	71.67	High
mhwss.ca/	76	47	90	71.00	High
linfour.ca/	68	47	97	70.67	High

cdvc.ca/	56	67	87	70.00	High
crossroadsforwomen.ca/en/	80	47	83	70.00	High
sadvtreatmentcentres.ca/	85	47	77	69.67	High
cornerstonenorthumberland.ca/	75	47	87	69.67	High
settlement.org/ontario/health/family-health/domestic-abuse/where-can-i-get-help-for-domestic-abuse/	47	82	74	67.67	High
intervalhouse.ca/	87	47	67	67.00	High
dfnt.ca/	86	47	67	66.67	High
rcmp-grc.gc.ca/cp-pc/spouse-epouse-abu-eng.htm	66	85	48	66.33	High
wrcev.ca/	62	47	90	66.33	High
vaw-mediahub.ca/	82	56	60	66.00	High
rapworkers.com/	79	70	47	65.33	High
calgary.ca/cps/Pages/Community-programs-and-resources/Crime-prevention/Domestic-violence.aspx	46	89	60	65.00	High
thewomenscentrebrandon.com/	65	47	83	65.00	High
saysomethingbc.ca/	70	47	77	64.67	High
naomisociety.ca/	63	47	83	64.33	High
legal-info- legale.nb.ca/en/emergency_intervention_orders	60	84	47	63.67	High
maws.mb.ca/index.htm	84	47	60	63.67	High
womenaware.ca/	72	47	72	63.67	High
silentwitness.ca/home	67	47	77	63.67	High
legalaid.on.ca/en/getting/type_domesticviolence.asp	82	85	22	63.00	High
amalwomencenter.ca/	65	71	53	63.00	High
thetodaycentre.ca/	71	47	70	62.67	High
autumnhouse.ca/	60	47	77	61.33	High
alberta.ca/violence-against-women.aspx	42	81	60	61.00	High
ccohs.ca/oshanswers/psychosocial/violence_domestic.html	51	87	45	61.00	High
connectnetwork.ca/	70	50	60	60.00	High
ontario.ca/document/crown-prosecution-manual/d-23-intimate-partner-violence	32	80	67	59.67	Medium
ccrfv.ca/	64	47	67	59.33	Medium
hope247.ca/	100	47	30	59.00	Medium
maisonfemmessi.com/page97.html	42	47	87	58.67	Medium
womensoutreach.ca/	75	52	49	58.67	Medium
dvat.ca/	54	47	74	58.33	Medium
smgh.ca/patient-care-programs/community-based-programs/waterloo-region-sexual-assault-and-domestic-violence-treatment-centre/	58	47	67	57.33	Medium
connectingottawa.com/services/17	38	88	45	57.00	Medium
mcass.gov.on.ca/en/mcass/programs/community/helpingwomen/index.aspx	95	47	22	54.67	Medium

victiminfo.ca/en/services/specific-crimes/violence-in-a-relationship	46	79	39	54.67	Medium
worksafebc.com/en/health-safety/hazards-exposures/violence/domestic-violence/resource-toolkit	62	55	45	54.00	Medium
justiceeducation.ca/legal-help/family-violence/domestic-violence-and-protection-orders/domestic-violence-and-protection	26	65	70	53.67	Medium
healthunit.com/domestic-violence	26	62	72	53.33	Medium
solgps.alberta.ca/safe_communities/community_awareness/family_violence/Pages/default.aspx	45	76	39	53.33	Medium
ywcavan.org/advocacy/stopping-violence-against-women	53	68	39	53.33	Medium
dvatworknet.org/	61	57	41	53.00	Medium
bchsys.org/hospital/services-list/sexual-assault/	51	47	60	52.67	Medium
niagarahealth.on.ca/site/sexual-assault-domestic-violence-treatment-program	52	58	47	52.33	Medium
healthlinkbc.ca/health-topics/te7721	40	94	22	52.00	Medium
uregina.ca/student/counselling/resources/Domestic-Violence.html	26	91	39	52.00	Medium
prhc.on.ca/cms/sexual-assault-domestic-violence-program	55	47	53	51.67	Medium
cwhn.ca/en/node/39486	26	97	30	51.00	Medium
nsfamilylaw.ca/family-violence/general-information-domestic-violence/links	26	86	39	50.33	Medium
torontopolice.on.ca/community/domesticviolence/	50	60	39	49.67	Medium
workplacestrategiesformentalhealth.com/psychological-health-and-safety/addressing-domestic-violence	32	77	40	49.67	Medium
halifax.ca/fire-police/police/programs-services/victim-services-halifax/domestic-violence	26	62	60	49.33	Medium
cridge.org/cthw/resources/	26	67	53	48.67	Medium
homelesshub.ca/blog/intimate-partner-violence-tenancy-rights-canada-recent-changes-ontario-alberta-and-bc%E2%80%99s	45	78	22	48.33	Medium
hamiltonpolice.on.ca/prevention/domestic-violence/community-resources-domestic-violence	26	52	67	48.33	Medium
osmh.on.ca/programs-services/RegionalWomenandChildrenProgram/sadv/domesticviolence.aspx	52	47	45	48.00	Medium
rnc.gov.nl.ca/services/intimate-partner-violence/	37	47	60	48.00	Medium

kingstonpolice.ca/services-resources/court-offences/domestic-violence/	26	47	70	47.67	Medium
lifeservices.ca/domestic-violence/	26	47	70	47.67	Medium
lare-source.org/en	42	47	53	47.33	Medium
militaryfamilyviolencesupport.ca/	35	47	60	47.33	Medium
biblesociety.ca/domestic-violence-solution.html	26	54	60	46.67	Medium
legalaids.ab.ca/help/Pages/Emergency-Protection-Orders-Domestic-Violence.aspx	57	61	22	46.67	Medium
ementalhealth.ca/Nova-Scotia/Abuse-and-Domestic-Violence/index.php?m=article&ID=8920	26	92	22	46.67	Medium
reddeer.ca/city-services/police-rcmp/domestic-violence-information-and-resources/	32	47	60	46.33	Medium
swc-cfc.gc.ca/violence/resources-ressources/violence-partner-partenaire-en.html?wbdisable=true	26	90	22	46.00	Medium
tbrhsc.net/programs-services/emergency-critical-care-services/sexual-assault-domestic-violence-treatment-centre/	47	69	22	46.00	Medium
umanitoba.ca/centres/resolve/doyouneedhelp.html	40	73	22	45.00	Medium
haltonpolice.ca/about/specializedunits/domesticviolence.php	32	64	39	45.00	Medium
qhc.on.ca/domestic-violencesexual-assault-response-program-c67.php	42	47	45	44.67	Medium
leducvictimservices.ca/domestic_violence	26	67	40	44.33	Medium
bcwomens.ca/health-professionals/professional-resources/addressing-gender-based-violence/gender-based-violence-learning-series	26	82	22	43.33	Medium
ywcalgary.ca/programs-services/domestic-violence-crisis/	26	65	39	43.33	Medium
yourlegalrights.on.ca/resource/women-living-hiv-and-intimate-partner-violence-questions-answers	35	72	22	43.00	Medium
trilliumhealthpartners.ca/patientservices/womens/Pages/sexualassault.aspx	60	47	22	43.00	Medium
earlyyearsbc.ca/new-toolkit-domestic-violence-intervention/	32	72	22	42.00	Medium
pshsa.ca/products/domestic-violence/	57	47	22	42.00	Medium
sah.on.ca/programs-services/sexual-assaultdomestic-violence/domestic-violence	26	47	53	42.00	Medium
shelwinhouse.ca/	49	47	30	42.00	Medium
cnpea.ca/en/about-cnpea/cnpea-webinars/668-intimate-partner-violence-and-older-women	26	77	22	41.67	Medium

hamiltonhealthsciences.ca/body.cfm?id=281	55	47	22	41.33	Medium
edmontonpolice.ca/CrimePrevention/PersonalFamilySafety/DomesticViolence.aspx	26	50	48	41.33	Medium
gsp.ca/en/specializedservices/domesticandfamily.asp	45	47	30	40.67	Medium
endabuseinalgoma.com/	49	51	22	40.67	Medium
durham.ca/en/living-here/domestic-violence.aspx?_mid_=24459	32	64	22	39.33	Low
benefitscanada.com/news/what-do-canadian-provinces-offer-around-domestic-violence-leave-107713	37	47	30	38.00	Low
lavalensante.com/en/care-and-services/list-of-care-and-services/mental-health-and-psychosocial-services/domestic-violence/	26	47	39	37.33	Low
bluewaterhealth.ca/programs-services/sexual-assaultdomestic-violence-treatment-centre	35	47	30	37.33	Low
saanichpolice.ca/index.php/integrated-services/rdvu	26	47	39	37.33	Low
schontario.ca/sexual-assault-and-domestic-violence-care-centre.html	26	47	39	37.33	Low
ckpolice.com/domestic-violence-unit/	26	47	39	37.33	Low
adoptontario.ca/domestic-violence	26	47	39	37.33	Low
srhweek.ca/healthy-sexuality-healthy-relationships/intimate-partner-violence-sexual-violence/	37	47	22	35.33	Low
londonpolice.ca/en/crime-prevention/Domestic-Violence.aspx	35	47	22	34.67	Low
wrh.on.ca/Site_Published/wrh_internet/RichText.aspx?Body.QueryId.Id=3427&LeftNav.QueryId.Categories=238	35	47	22	34.67	Low
regionofwaterloo.ca/en/living-here/domestic-violence.aspx	26	47	30	34.33	Low
nwpolice.org/blog/2017/04/10/domestic-violence-never-ok/	26	47	30	34.33	Low
telaide.org/en/listening/conjugal-violence/	26	47	30	34.33	Low
mobilecrisis.ca/program-services/domestic-violence	26	47	30	34.33	Low
wrps.on.ca/en/staying-safe/domestic-violence.aspx	32	47	22	33.67	Low
surrey.rcmp-grc.gc.ca/ViewPage.action?siteNodeId=2214&languageId=1&contentId=7659	32	47	22	33.67	Low
nationtalk.ca/story/nb-government-new-protection-measures-available-for-victims-of-intimate-partner-violence	26	48	22	32.00	Low
skprevention.ca/domestic-violences/	26	47	22	31.67	Low

conexuscounselling.ca/areas-of-therapy/anger-management/intimate-partner-violence/	26	47	22	31.67	Low
empathicsolutions.ca/intimate-partner-violence/	26	47	22	31.67	Low
robertswright.ca/intimate-partner-violence	26	47	22	31.67	Low
mta.ca/Community/Student_services/Health_and_wellness/Harassment_Advisor/Intimate_partner_violence_(abuse)/Intimate_partner_violence_(abuse)/	26	47	22	31.67	Low
bcehs.ca/health-info/support-for-bcehs-family-members/critical-incident-stress/domestic-violence	26	47	22	31.67	Low
healthcareathome.ca/nsm/en/Getting-Care/Patient-and-Caregiver-Resources/safe-at-home/domestic-violence	26	47	22	31.67	Low
members.drps.ca/internet_explorer/our_organization/unit.asp?Scope=Unit&ID=77	26	47	22	31.67	Low

Appendix J: Accessibility of the IPV Websites

IPV Websites URLs	No need for special software/login/membership	Features that allow access by people with disabilities	No need for advanced installation/training	Multiple Languages (English +)	Total Score	Accessibility (0-100 Score)	No. of Errors	Accessibility Score - No. of Errors (0 if negative)
swc-cfc.gc.ca/violence/resources-ressources/violence-partner-partenaire-en.html?wbdisable=true	1	1	1	1	4	100	0	100
londonpolice.ca/en/crime-prevention/Domestic-Violence.aspx	1	1	1	1	4	100	0	100
ontario.ca/document/crown-prosecution-manual/d-23-intimate-partner-violence	1	1	1	1	4	100	1	99
attorneygeneral.jus.gov.on.ca/english/family/violence.php	1	1	1	1	4	100	1	99
yourlegalrights.on.ca/resource/women-living-hiv-and-intimate-partner-violence-questions-answers	1	1	1	1	4	100	4	96
lavalensante.com/en/care-and-services/list-of-care-and-services/mental-health-and-psychosocial-services/domestic-violence/	1	1	1	1	4	100	4	96
durham.ca/en/living-here/domestic-violence.aspx?_mid_=24459	1	1	1	1	4	100	5	95
regionofwaterloo.ca/en/living-here/domestic-violence.aspx	1	1	1	1	4	100	7	93
healthlinkbc.ca/health-topics/te7721	1	1	1	1	4	100	8	92
unifor.org/en/take-action/campaigns/workers-facing-domestic-violence-lobbying-economic-support	1	1	1	1	4	100	8	92
telaide.org/en/listening/conjugal-violence/	1	1	1	1	4	100	8	92
healthcareathome.ca/nsm/en/Getting-Care/Patient-and-Caregiver-Resources/safe-at-home/domestic-violence	1	1	1	1	4	100	10	90

wrps.on.ca/en/staying-safe/domestic-violence.aspx	1	1	1	1	4	100	12	88
nsdomesticviolence.ca/	1	1	1	1	4	100	12	88
niagarahealth.on.ca/site/sexual-assault-domestic-violence-treatment-program	1	1	1	1	4	100	15	85
cwhn.ca/en/node/39486	1	1	1	1	4	100	18	82
members.drps.ca/internet_explorer/our_organization/unit.asp?Scope=Unit&ID=77	1	1	1	1	4	100	21	79
rcmp-grc.gc.ca/cp-pc/spouse-epouse-abu-eng.htm	1		1	1	3	75	0	75
kingstonpolice.ca/services-resources/court-offences/domestic-violence/	1	1	1		3	75	0	75
haltonpolice.ca/about/specializedunits/domesticviolence.php	1	1	1		3	75	0	75
connectingottawa.com/services/17	1		1	1	3	75	0	75
wrcev.ca/	1	1	1		3	75	0	75
endabuseinalgoma.com/	1		1	1	3	75	0	75
bcwomens.ca/health-professionals/professional-resources/addressing-gender-based-violence/gender-based-violence-learning-series	1	1	1		3	75	1	74
canada.ca/en/public-health/services/health-promotion/stop-family-violence/problem-canada.html	1		1	1	3	75	1	74
mcss.gov.on.ca/en/mcss/programs/community/helpingwomen/index.aspx	1	1	1		3	75	1	74
legalaids.on.ca/en/getting/type_domesticviolence.asp	1		1	1	3	75	1	74
bchsys.org/hospital/services-list/sexual-assault/	1	1	1		3	75	1	74
hamiltonhealthsciences.ca/body.cfm?id=281	1		1	1	3	75	1	74
smgh.ca/patient-care-programs/community-based-programs/waterloo-region-sexual-assault-and-domestic-violence-treatment-centre/	1	1	1		3	75	1	74
silentwitness.ca/home	1		1	1	3	75	2	73
saysomethingbc.ca/	1		1	1	3	75	3	72
cdhpi.ca/	1	1	1		3	75	3	72
sjhc.london.on.ca/sexualassault	1	1	1		3	75	3	72
calgary.ca/cps/Pages/Community-programs-and-resources/Crime-prevention/Domestic-violence.aspx	1	1	1		3	75	3	72

surrey.rcmp-grc.gc.ca/ViewPage.action?siteNodeId=2214&languageId=1&contentId=7659	1		1	1	3	75	3	72
vawlearningnetwork.ca/	1	1	1		3	75	4	71
canadianlabour.ca/issues-research/domestic-violence-work		1	1	1	3	75	4	71
makeitourbusiness.ca/	1	1	1		3	75	4	71
alberta.ca/violence-against-women.aspx	1	1	1		3	75	4	71
militaryfamilyviolencesupport.ca/	1		1	1	3	75	4	71
naomisociety.ca/	1	1	1		3	75	4	71
vancouver.ca/police/organization/investigation/investigative-services/special-investigation/domestic-violence-criminal-harassment.html	1		1	1	3	75	5	70
uregina.ca/student/counselling/resources/Domestic-Violence.html	1	1	1		3	75	5	70
ccohs.ca/oshanswers/psychosocial/violence_domestic.html	1		1	1	3	75	5	70
neighboursfriendsandfamilies.ca/	1	1	1		3	75	5	70
sah.on.ca/programs-services/sexual-assaultdomestic-violence/domestic-violence	1	1	1		3	75	6	69
bcehs.ca/health-info/support-for-bcehs-family-members/critical-incident-stress/domestic-violence	1	1	1		3	75	6	69
pshsa.ca/products/domestic-violence/	1	1	1		3	75	7	68
maisonfemmessi.com/page97.html	1		1	1	3	75	7	68
legal-info-legale.nb.ca/en/emergency_intervention_orders	1		1	1	3	75	7	68
halifax.ca/fire-police/police/programs-services/victim-services-halifax/domestic-violence	1	1	1		3	75	8	67
sadvtreatmentcentres.ca/		1	1	1	3	75	9	66
gps.ca/en/specializedservices/domesticandfamily.asp	1	1	1		3	75	10	65
healthunit.com/domestic-violence		1	1	1	3	75	10	65
connectnetwork.ca/	1	1	1		3	75	10	65
sheltersafe.ca/	1		1	1	3	75	11	64
srhweek.ca/healthy-sexuality-healthy-relationships/intimate-partner-violence-sexual-violence/	1	1	1	1	4	100	37	63
workplacestrategiesformentalhealth.com/psychological-health-and-safety/addressing-domestic-violence	1	1	1	1	4	100	38	62

benefitscanada.com/news/what-do-canadian-provinces-offer-around-domestic-violence-leave-107713	1	1	1		3	75	13	62
endingviolence.org/	1	1	1		3	75	14	61
learningtoendabuse.ca/	1	1	1		3	75	14	61
qhc.on.ca/domestic-violencesexual-assault-response-program-c67.php	1	1	1		3	75	16	59
ywcalgary.ca/programs-services/domestic-violence-crisis/	1	1	1		3	75	17	58
vaw-mediahub.ca/	1		1	1	3	75	17	58
mta.ca/Community/Student_services/Health_and_wellness/Harassment_Advisor/Intimate_partner_violence_(abuse)/Intimate_partner_violence_(abuse)/	1	1	1		3	75	19	56
saanichpolice.ca/index.php/integrated-services/rdvu	1		1	1	3	75	19	56
crossroadsforwomen.ca/en/	1		1	1	3	75	19	56
ccrfv.ca/	1		1	1	3	75	21	54
lare-source.org/en	1		1	1	3	75	22	53
familyservicetoronto.org/	1		1	1	3	75	22	53
nwpolice.org/blog/2017/04/10/domestic-violence-never-ok/	1	1	1		3	75	24	51
robertswright.ca/intimate-partner-violence	1		1		2	50	1	49
bluewaterhealth.ca/programs-services/sexual-assaultdomestic-violence-treatment-centre	1		1		2	50	1	49
nsfamilylaw.ca/family-violence/general-information-domestic-violence/links	1		1		2	50	1	49
lifeservices.ca/domestic-violence/	1		1		2	50	1	49
maws.mb.ca/index.htm	1		1		2	50	1	49
amalwomenscenter.ca/	1		1	1	3	75	27	48
womenaware.ca/	1		1	1	3	75	27	48
dfnt.ca/	1		1		2	50	2	48
dvatworknet.org/	1		1		2	50	2	48
schcontario.ca/sexual-assault-and-domestic-violence-care-centre.html	1		1		2	50	3	47
rnc.gov.nl.ca/services/intimate-partner-violence/	1		1		2	50	3	47
solgps.alberta.ca/safe_communities/community_awareness/family_violence/Pages/default.aspx	1		1		2	50	4	46
mhwss.ca/	1		1		2	50	4	46
mobilecrisis.ca/program-services/domestic-violence	1		1		2	50	5	45
umanitoba.ca/centres/resolve/doyouneedhelp.html	1		1		2	50	6	44
thetodaycentre.ca/	1	1	1		3	75	32	43

torontopolice.on.ca/community/domesticviolence/	1		1		2	50	7	43
shelwinhouse.ca/	1		1		2	50	8	42
empathicsolutions.ca/intimate-partner-violence/	1		1		2	50	9	41
autumnhouse.ca/	1		1		2	50	9	41
surreywomenscentre.ca/	1		1		2	50	9	41
cridge.org/cthw/resources/	1		1		2	50	10	40
thewomenscentrebrandon.com/	1		1		2	50	10	40
victimsinfo.ca/en/services/specific-crimes/violence-in-a-relationship	1	1	1	1	4	100	61	39
dvat.ca/	1		1		2	50	11	39
edmontonpolice.ca/CrimePrevention/PersonalFamilySafety/DomesticViolence.aspx	1		1		2	50	12	38
domesticpeace.ca/	1		1		2	50	12	38
settlement.org/ontario/health/family-health/domestic-abuse/where-can-i-get-help-for-domestic-abuse/	1		1		2	50	13	37
ywcavan.org/advocacy/stopping-violence-against-women	1		1	1	3	75	39	36
leducvictimservices.ca/domestic_violence	1		1		2	50	14	36
cdvc.ca/	1		1		2	50	15	35
ckpolice.com/domestic-violence-unit/	1		1		2	50	15	35
womensoutreach.ca/	1		1		2	50	16	34
intervalhouse.ca/	1		1	1	3	75	47	28
reddeer.ca/city-services/police-rcmp/domestic-violence-information-and-resources/	1	1	1		3	75	47	28
earlyyearsbc.ca/new-toolkit-domestic-violence-intervention/		1	1		2	50	24	26
cnpea.ca/en/about-cnpea/cnpea-webinars/668-intimate-partner-violence-and-older-women			1	1	2	50	24	26
trilliumhealthpartners.ca/patientservices/womens/Pages/sexualassault.aspx	1	1	1		3	75	50	25
wrh.on.ca/Site_Published/wrh_internet/RichText.aspx?Body.QueryId.Id=3427&LeftNav.QueryId.Categories=238			1		1	25	1	24
acttoendvaw.org/history.php			1		1	25	1	24
justiceeducation.ca/legal-help/family-violence/domestic-violence-and-protection-orders/domestic-violence-and-protection	1		1	1	3	75	52	23
domesticviolenceinfo.ca/	1		1		2	50	27	23

osmh.on.ca/programs-services/RegionalWomenandChildrenProgram/sadv/domesticviolence.aspx	1		1		2	50	28	22
adoptontario.ca/domestic-violence	1		1		2	50	32	18
nationaltalk.ca/story/nb-government-new-protection-measures-available-for-victims-of-intimate-partner-violence			1		1	25	12	13
acws.ca/			1		1	25	12	13
biblesociety.ca/domestic-violence-solution.html	1		1	1	3	75	64	11
legalaid.ab.ca/help/Pages/Emergency-Protection-Orders-Domestic-Violence.aspx			1		1	25	19	6
atira.bc.ca/			1		1	25	19	6
octevaw-cocvff.ca/	1		1	1	3	75	70	5
hamiltonpolice.on.ca/prevention/domestic-violence/community-resources-domestic-violence	1	1	1	1	4	100	35 4	0
cornerstonenorthumberland.ca/	1	1	1	1	4	100	21 2	0
hope247.ca/	1		1		2	50	11 8	0
tbrhsc.net/programs-services/emergency-critical-care-services/sexual-assault-domestic-violence-treatment-centre/	1		1	1	3	75	12 3	0
ementalhealth.ca/Nova-Scotia/Abuse-and-Domestic-Violence/index.php?m=article&ID=8920	1		1	1	3	75	11 3	0
worksafebc.com/en/health-safety/hazards-exposures/violence/domestic-violence/resource-toolkit	1		1		2	50	88	0
skprevention.ca/domestic-violences/	1		1		2	50	70	0
homelesshub.ca/blog/intimate-partner-violence-tenancy-rights-canada-recent-changes-ontario-alberta-and-bc%E2%80%99s	1		1		2	50	62	0
barrieshelter.com/	1		1		2	50	62	0
novavita.org/	1		1		2	50	61	0
conexuscounselling.ca/areas-of-therapy/anger-management/intimate-partner-violence/	1		1		2	50	58	0
rapworkers.com/			1		1	25	30	0
alicehouse.ca/	1		1		2	50	54	0
linfofour.ca/	1		1		2	50	54	0
crime-safety-security.com/	1		1		2	50	52	0

pathssk.org/			1		1	25	26	0
prhc.on.ca/cms/sexual-assault-domestic-violence-program			1		1	25	26	0

Appendix K: Accessibility Errors Description

Broken ARIA menu: An ARIA menu does not contain required menu items.

Broken ARIA reference: An aria-labelledby or aria-describedby reference exists, but the target for the reference does not exist.

Broken skip link: A skip navigation link exists, but the target for the link does not exist or the link is not keyboard accessible.

Document language missing: The language of the document is not identified.

Empty button: A button is empty or has no value text.

Empty heading: A heading contains no content.

Empty link: A link contains no text.

Linked image missing: An image without alternative text results in an empty link.

Missing alternative text: Image alternative text is not present.

Missing form label: A form control does not have a corresponding label.

Multiple form labels: A form control has more than one label associated with it.

Very low contrast: Very low contrast between foreground and background colors.

Appendix L: Relevance of the IPV Websites

IPV Websites URLs	Group	Subgroup	Total Score	Relevance (0-100 Score)
acws.ca/	NPO	IPV / DV / elder abuse	2122	100
endingviolence.org/	NPO	IPV / DV / elder abuse	1730	98
learningtoendabuse.ca/	School	College & University	1211	97
pathssk.org/	NPO	IPV / DV / elder abuse	1006	97
cdhpi.ca/	NPO	IPV / DV / elder abuse	975	96
vawlearningnetwork.ca/	School	College & University	937	95
atira.bc.ca/	NPO	IPV / DV / elder abuse	714	95
domesticviolenceinfo.ca/	NPO	IPV / DV / elder abuse	653	94
familyserVICEToronto.org/	NPO	General	597	93
neighboursfriendsandfamilies.ca/	School	College & University	438	92
barrieshelter.com/	NPO	IPV / DV / elder abuse	427	92
dvatworknet.org/	NPO	IPV / DV / elder abuse	415	91
womensoutreach.ca/	NPO	IPV / DV / elder abuse	404	90
novavita.org/	NPO	IPV / DV / elder abuse	395	90
intervalhouse.ca/	NPO	IPV / DV / elder abuse	388	89
octevaw-cocvff.ca/	NPO	IPV / DV / elder abuse	324	88
domesticpeace.ca/	NPO	IPV / DV / elder abuse	299	87
cornerstonenorthumberland.ca/	NPO	IPV / DV / elder abuse	292	87
hamiltonhealthsciences.ca/body.cfm?id=281	Healthcare	General hospital	206	86
cdvc.ca/	NPO	IPV / DV / elder abuse	200	85
mhwss.ca/	NPO	IPV / DV / elder abuse	200	85
linfour.ca/	NPO	IPV / DV / elder abuse	162	84
surreywomenscentre.ca/	NPO	IPV / DV / elder abuse	154	83
hope247.ca/	NPO	IPV / DV / elder abuse	153	82
alicehouse.ca/	NPO	IPV / DV / elder abuse	117	82
dvat.ca/	NPO	IPV / DV / elder abuse	114	81
sadvTreatmentcentres.ca/	Government	Provincial	108	80
maws.mb.ca/index.htm	Others	Association/Union	106	80
thewomenscentrebrandon.com/	NPO	Women	101	79
crime-safety-security.com/	FPO	Other types of companies	100	78
silentwitness.ca/home	NPO	IPV / DV / elder abuse	90	77
thetodaycentre.ca/	NPO	IPV / DV / elder abuse	88	77
wrcv.ca/	NPO	IPV / DV / elder abuse	74	76
rapworkers.com/	Government	Federal	64	75
amalgomencenter.ca/	NPO	IPV / DV / elder abuse	62	75

makeitourbusiness.ca/	School	College & University	59	74
vaw-mediahub.ca/	NPO	IPV / DV / elder abuse	46	73
autumnhouse.ca/	NPO	IPV / DV / elder abuse	45	72
nsdomesticviolence.ca/	NPO	IPV / DV / elder abuse	42	72
sheltersafe.ca/	NPO	IPV / DV / elder abuse	40	71
maisonfemmessi.com/page97.html	NPO	IPV / DV / elder abuse	34	70
endabuseinalgoma.com/	NPO	IPV / DV / elder abuse	31	70
womenaware.ca/	NPO	IPV / DV / elder abuse	27	69
torontopolice.on.ca/community/domesticviolence/	Others	Police Department	17	68
shelwinhouse.ca/	NPO	IPV / DV / elder abuse	17	68
lare-source.org/en	NPO	IPV / DV / elder abuse	14	67
crossroadsforwomen.ca/en/	NPO	IPV / DV / elder abuse	13	66
saysomethingbc.ca/	Government	Provincial	9	65
cchohs.ca/oshanswers/psychosocial/violence_domestic.html	Government	Federal	9	65
calgary.ca/cps/Pages/Community-programs-and-resources/Crime-prevention/Domestic-violence.aspx	Others	Police Department	8	64
ementalhealth.ca/Nova-Scotia/Abuse-and-Domestic-Violence/index.php?m=article&ID=8920	Healthcare	Other health organizations	8	64
leducvictimservices.ca/domestic_violence	NPO	General	8	64
connectnetwork.ca/	NPO	IPV / DV / elder abuse	8	64
homelesshub.ca/blog/intimate-partner-violence-tenancy-rights-canada-recent-changes-ontario-alberta-and-bc%E2%80%99s	NPO	Research organizations	7	61
rcmp-grc.gc.ca/cp-pc/spouse-epouse-abu-eng.htm	Others	Police Department	7	61
attorneygeneral.jus.gov.on.ca/english/family/violence.php	Government	Provincial	7	61
mta.ca/Community/Student_services/Health_and_wellness/Harassment_Advisor/Intimate_partner_violence_(abuse)/Intimate_partner_violence_(abuse)/	School	College & University	6	59
gsps.ca/en/specializedservices/domesticandfamily.asp	Others	Police Department	6	59
hamiltonpolice.on.ca/prevention/domestic-violence/community-resources-domestic-violence	Others	Police Department	6	59
nsfamilylaw.ca/family-violence/general-information-domestic-violence/links	Government	Provincial	6	59
naomisociety.ca/	NPO	IPV / DV / elder abuse	6	59

haltonpolice.ca/about/specializedunits/domesticviolence.php	Others	Police Department	5	55
bluewaterhealth.ca/programs-services/sexual-assaultdomestic-violence-treatment-centre	Healthcare	General hospital	5	55
victiminfo.ca/en/services/specific-crimes/violence-in-a-relationship	Government	Federal	5	55
connectingottawa.com/services/17	NPO	General	5	55
dfnt.ca/	NPO	IPV / DV / elder abuse	5	55
srhweek.ca/healthy-sexuality-healthy-relationships/intimate-partner-violence-sexual-violence/	NPO	General	4	52
legalaids.on.ca/en/getting/type_domesticviolence.asp	Government	Provincial	4	52
bchsys.org/hospital/services-list/sexual-assault/	Healthcare	General hospital	4	52
healthunit.com/domestic-violence	Healthcare	Other health organizations	4	52
justiceeducation.ca/legal-help/family-violence/domestic-violence-and-protection-orders/domestic-violence-and-protection	NPO	General	4	52
mobilecrisis.ca/program-services/domestic-violence	NPO	General	4	52
settlement.org/ontario/health/family-health/domestic-abuse/where-can-i-get-help-for-domestic-abuse/	Government	Federal	4	52
militaryfamilyviolencesupport.ca/	NPO	IPV / DV / elder abuse	4	52
healthlinkbc.ca/health-topics/te7721	Government	Provincial	3	46
benefitscanada.com/news/what-do-canadian-provinces-offer-around-domestic-violence-leave-107713	FPO	News	3	46
skprevention.ca/domestic-violences/	NPO	General	3	46
osmh.on.ca/programs-services/RegionalWomenandChildrenProgram/sadv/domesticviolence.aspx	Healthcare	General hospital	3	46
qhc.on.ca/domestic-violencesexual-assault-response-program-c67.php	Healthcare	General hospital	3	46
prhc.on.ca/cms/sexual-assault-domestic-violence-program	Healthcare	General hospital	3	46
pshsa.ca/products/domestic-violence/	Others	Association/Union	3	46
reddeer.ca/city-services/police-rcmp/domestic-violence-information-and-resources/	Government	Municipal	3	46

vancouver.ca/police/organization/investigation/investigative-services/special-investigation/domestic-violence-criminal-harassment.html	Others	Police Department	3	46
uregina.ca/student/counselling/resources/Domestic-Violence.html	School	College & University	3	46
surrey.rcmp-grc.gc.ca/ViewPage.action?siteNodeId=2214&languageId=1&contentId=7659	Others	Police Department	3	46
legalaids.ab.ca/help/Pages/Emergency-Protection-Orders-Domestic-Violence.aspx	NPO	General	3	46
durham.ca/en/living-here/domestic-violence.aspx?_mid_=24459	Government	Regional	3	46
solgps.alberta.ca/safe_communities/community_awareness/family_violence/Pages/default.aspx	Government	Provincial	3	46
ccrfv.ca/	NPO	IPV / DV / elder abuse	3	46
canada.ca/en/public-health/services/health-promotion/stop-family-violence/problem-canada.html	Government	Federal	2	35
yourlegalrights.on.ca/resource/women-living-hiv-and-intimate-partner-violence-questions-answers	Government	Provincial	2	35
wrps.on.ca/en/staying-safe/domestic-violence.aspx	Others	Police Department	2	35
londonpolice.ca/en/crime-prevention/Domestic-Violence.aspx	Others	Police Department	2	35
sah.on.ca/programs-services/sexual-assaultdomestic-violence/domestic-violence	Healthcare	General hospital	2	35
cridge.org/cthw/resources/	NPO	General	2	35
worksafebc.com/en/health-safety/hazards-exposures/violence/domestic-violence/resource-toolkit	Government	Other government agencies	2	35
healthcareathome.ca/nsm/en/Getting-Care/Patient-and-Caregiver-Resources/safe-at-home/domestic-violence	Healthcare	Other health organizations	2	35
schcontario.ca/sexual-assault-and-domestic-violence-care-centre.html	Healthcare	Other health organizations	2	35
adoptontario.ca/domestic-violence	NPO	General	2	35
halifax.ca/fire-police/police/programs-services/victim-services-halifax/domestic-violence	Government	Municipal	2	35

cwhn.ca/en/node/39486	NPO	Women	2	35
alberta.ca/violence-against-women.aspx	Government	Provincial	2	35
ontario.ca/document/crown-prosecution-manual/d-23-intimate-partner-violence	Government	Provincial	1	26
cnpea.ca/en/about-cnpea/cnpea-webinars/668-intimate-partner-violence-and-older-women	NPO	IPV / DV / elder abuse	1	26
robertswright.ca/intimate-partner-violence	NPO	IPV / DV / elder abuse	1	26
mcss.gov.on.ca/en/mcss/programs/community/helpingwomen/index.aspx	Government	Provincial	1	26
lavalensante.com/en/care-and-services/list-of-care-and-services/mental-health-and-psychosocial-services/domestic-violence/	Government	Provincial	1	26
sjhc.london.on.ca/sexualassault	Healthcare	General hospital	1	26
canadianlabour.ca/issues-research/domestic-violence-work	Others	Association/Union	1	26
niagarahealth.on.ca/site/sexual-assault-domestic-violence-treatment-program	Healthcare	General hospital	1	26
ywcalgary.ca/programs-services/domestic-violence-crisis/	NPO	Women	1	26
regionofwaterloo.ca/en/living-here/domestic-violence.aspx	Government	Regional	1	26
bcehs.ca/health-info/support-for-bcehs-family-members/critical-incident-stress/domestic-violence	Healthcare	Other health organizations	1	26
lifeservices.ca/domestic-violence/	FPO	Counselling	1	26
ckpolice.com/domestic-violence-unit/	Others	Police Department	1	26
legal-info-legale.nb.ca/en/emergency_intervention_orders	NPO	General	1	26
ywcavan.org/advocacy/stopping-violence-against-women	NPO	Women	1	26
earlyyearsbc.ca/new-toolkit-domestic-violence-intervention/	Government	Provincial	0	15
bcwomens.ca/health-professionals/professional-resources/addressing-gender-based-violence/gender-based-violence-learning-series	Healthcare	General hospital	0	15
umanitoba.ca/centres/resolve/doyouneedhelp.html	School	College & University	0	15

swc-cfc.gc.ca/violence/resources-ressources/violence-partner-partenaire-en.html?wbdisable=true	Government	Federal	0	15
conexuscounselling.ca/areas-of-therapy/anger-management/intimate-partner-violence/	FPO	Counselling	0	15
empathicsolutions.ca/intimate-partner-violence/	FPO	Counselling	0	15
nationtalk.ca/story/nb-government-new-protection-measures-available-for-victims-of-intimate-partner-violence	FPO	News	0	15
unifor.org/en/take-action/campaigns/workers-facing-domestic-violence-lobbying-economic-support	Others	Association/Union	0	15
kingstonpolice.ca/services-resources/court-offences/domestic-violence/	Others	Police Department	0	15
trilliumhealthpartners.ca/patientservices/womens/Pages/sexualassault.aspx	Healthcare	General hospital	0	15
smgh.ca/patient-care-programs/community-based-programs/waterloo-region-sexual-assault-and-domestic-violence-treatment-centre/	Healthcare	General hospital	0	15
wrh.on.ca/Site_Published/wrh_internet/RichText.aspx?Body.QueryId.Id=3427&LeftNav.QueryId.Categories=238	Healthcare	General hospital	0	15
nwpolice.org/blog/2017/04/10/domestic-violence-never-ok/	Others	Police Department	0	15
edmontonpolice.ca/CrimePrevention/PersonalFamilySafety/DomesticViolence.aspx	Others	Police Department	0	15
saanichpolice.ca/index.php/integrated-services/rdvu	Others	Police Department	0	15
biblesociety.ca/domestic-violence-solution.html	NPO	Religious organizations	0	15
tbrhsc.net/programs-services/emergency-critical-care-services/sexual-assault-domestic-violence-treatment-centre/	Healthcare	General hospital	0	15
telaide.org/en/listening/conjugal-violence/	NPO	General	0	15
workplacestrategiesformentalhealth.com/psychological-health-and-	FPO	Other types of companies	0	15

safety/addressing-domestic-violence				
members.drps.ca/internet_explorer/our_organization/unit.asp?Scope=Unit&ID=77	Others	Police Department	0	15
rnc.gov.nl.ca/services/intimate-partner-violence/	Others	Police Department	0	15
acttoendvaw.org/history.php	NPO	IPV / DV / elder abuse	0	15

Appendix M: Readability of the IPV Websites

IPV Websites URLs	FRE Score	FKGL	FKGL (0-100 Score)	Readability Average
autumnhouse.ca/	78.87	4.00	100.00	89.44
mhwss.ca/	78.87	4.00	100.00	89.44
naomisociety.ca/	75.01	4.54	94.60	84.80
nwpolice.org/blog/2017/04/10/domestic-violence-never-ok/	68.68	4.46	95.40	82.04
surreywomenscentre.ca/	70.61	4.76	92.40	81.51
cornerstonenorthumberland.ca/	66.82	4.86	91.40	79.11
maws.mb.ca/index.htm	67.39	5.12	88.80	78.10
mta.ca/Community/Student_services/Health_and_wellness/Harassment_Advisor/Intimate_partner_violence_(abuse)/Intimate_partner_violence_(abuse)/	67.22	5.39	86.10	76.66
lare-source.org/en	64.37	5.44	85.60	74.99
telaide.org/en/listening/conjugal-violence/	66.02	5.66	83.40	74.71
legalaids.on.ca/en/getting/type_domesticviolence.asp	62.71	5.35	86.50	74.61
umanitoba.ca/centres/resolve/doyouneedhelp.html	61.71	5.40	86.00	73.86
healthlinkbc.ca/health-topics/te7721	64.64	5.71	82.90	73.77
empathicsolutions.ca/intimate-partner-violence/	63.96	5.69	83.10	73.53
Infour.ca/	59.82	5.48	85.20	72.51
robertswright.ca/intimate-partner-violence	60.32	5.66	83.40	71.86
londonpolice.ca/en/crime-prevention/Domestic-Violence.aspx	59.36	5.85	81.50	70.43
ementalhealth.ca/Nova-Scotia/Abuse-and-Domestic-Violence/index.php?m=article&ID=8920	59.21	6.17	78.30	68.76
neighboursfriendsandfamilies.ca/	59.55	6.27	77.30	68.43
alicehouse.ca/	59.51	6.29	77.10	68.31
attorneygeneral.jus.gov.on.ca/english/family/violence.php	62.84	6.76	72.40	67.62
crossroadsforwomen.ca/en/	57.53	6.23	77.70	67.62
settlement.org/ontario/health/family-health/domestic-abuse/where-can-i-get-help-for-domestic-abuse/	57.20	6.31	76.90	67.05
wrps.on.ca/en/staying-safe/domestic-violence.aspx	56.31	6.23	77.70	67.01
crime-safety-security.com/	58.94	6.51	74.90	66.92
amalwomenscenter.ca/	54.56	6.16	78.40	66.48
srhweek.ca/healthy-sexuality-healthy-relationships/intimate-partner-violence-sexual-violence/	59.49	6.81	71.90	65.70
justiceeducation.ca/legal-help/family-violence/domestic-violence-and-protection-orders/domestic-violence-and-protection	56.27	6.58	74.20	65.24
mcss.gov.on.ca/en/mcss/programs/community/helpingwomen/index.aspx	54.27	6.39	76.10	65.19
leducvictimservices.ca/domestic_violence	57.16	6.73	72.70	64.93

healthcareathome.ca/nsm/en/Getting-Care/Patient-and-Caregiver-Resources/safe-at-home/domestic-violence	55.88	6.74	72.60	64.24
conexuscounselling.ca/areas-of-therapy/anger-management/intimate-partner-violence/	56.98	6.91	70.90	63.94
sjhc.london.on.ca/sexualassault	55.27	6.76	72.40	63.84
shelwinhouse.ca/	55.72	6.81	71.90	63.81
dvat.ca/	54.46	6.73	72.70	63.58
schontario.ca/sexual-assault-and-domestic-violence-care-centre.html	52.68	6.60	74.00	63.34
saysomethingbc.ca/	52.51	6.62	73.80	63.16
niagarahealth.on.ca/site/sexual-assault-domestic-violence-treatment-program	58.22	7.36	66.40	62.31
durham.ca/en/living-here/domestic-violence.aspx?_mid_=24459	52.58	6.82	71.80	62.19
surrey.rcmp-grc.gc.ca/ViewPage.action?siteNodeId=2214&languageId=1&contentId=7659	53.49	6.92	70.80	62.15
canadianlabour.ca/issues-research/domestic-violence-work	54.75	7.05	69.50	62.13
calgary.ca/cps/Pages/Community-programs-and-resources/Crime-prevention/Domestic-violence.aspx	52.02	6.88	71.20	61.61
kingstonpolice.ca/services-resources/court-offences/domestic-violence/	51.51	6.89	71.10	61.31
bcehs.ca/health-info/support-for-bcehs-family-members/critical-incident-stress/domestic-violence	53.70	7.12	68.80	61.25
silentwitness.ca/home	52.73	7.05	69.50	61.12
acws.ca/	51.71	6.95	70.50	61.11
trilliumhealthpartners.ca/patientservices/womens/Pages/sexualassault.aspx	51.57	7.02	69.80	60.69
haltonpolice.ca/about/specializedunits/domesticviolence.php	54.51	7.33	66.70	60.61
domesticviolenceinfo.ca/	52.30	7.21	67.90	60.10
barrieshelter.com/	51.63	7.18	68.20	59.92
yourlegalrights.on.ca/resource/women-living-hiv-and-intimate-partner-violence-questions-answers	50.25	7.05	69.50	59.88
sadvtreatmentcentres.ca/	50.30	7.07	69.30	59.80
ontario.ca/document/crown-prosecution-manual/d-23-intimate-partner-violence	51.51	7.23	67.70	59.61
dfnt.ca/	51.54	7.30	67.00	59.27
nationtalk.ca/story/nb-government-new-protection-measures-available-for-victims-of-intimate-partner-violence	50.66	7.25	67.50	59.08
regionofwaterloo.ca/en/living-here/domestic-violence.aspx	49.69	7.30	67.00	58.35
rcmp-grc.gc.ca/cp-pc/spouse-epouse-abu-eng.htm	55.14	7.87	61.30	58.22
endingviolence.org/	49.20	7.42	65.80	57.50
solgps.alberta.ca/safe_communities/community_awareness/family_violence/Pages/default.aspx	49.52	7.51	64.90	57.21
octevaw-cocvff.ca/	50.87	7.65	63.50	57.19
makeitourbusiness.ca/	50.41	7.70	63.00	56.71
biblesociety.ca/domestic-violence-solution.html	48.86	7.63	63.70	56.28
pshsa.ca/products/domestic-violence/	47.25	7.51	64.90	56.08

legalaid.ab.ca/help/Pages/Emergency-Protection-Orders-Domestic-Violence.aspx	48.94	7.73	62.70	55.82
adoptontario.ca/domestic-violence	51.53	8.00	60.00	55.77
ccrfv.ca/	48.63	7.72	62.80	55.72
earlyyearsbc.ca/new-toolkit-domestic-violence-intervention/	47.68	7.63	63.70	55.69
ccohs.ca/oshanswers/psychosocial/violence_domestic.html	49.34	7.95	60.50	54.92
alberta.ca/violence-against-women.aspx	50.02	8.02	59.80	54.91
gps.ca/en/specializedservices/domesticandfamily.asp	46.53	7.72	62.80	54.67
canada.ca/en/public-health/services/health-promotion/stop-family-violence/problem-canada.html	47.07	7.81	61.90	54.49
reddeer.ca/city-services/police-rcmp/domestic-violence-information-and-resources/	46.99	7.82	61.80	54.40
ywcavan.org/advocacy/stopping-violence-against-women	47.25	7.87	61.30	54.28
cnpea.ca/en/about-cnpea/cnpea-webinars/668-intimate-partner-violence-and-older-women	48.39	8.09	59.10	53.75
nsfamilylaw.ca/family-violence/general-information-domestic-violence/links	45.44	7.83	61.70	53.57
smgh.ca/patient-care-programs/community-based-programs/waterloo-region-sexual-assault-and-domestic-violence-treatment-centre/	46.08	7.92	60.80	53.44
members.drps.ca/internet_explorer/our_organization/unit.asp?Scope=Unit&ID=77	44.91	7.81	61.90	53.41
tbrhsc.net/programs-services/emergency-critical-care-services/sexual-assault-domestic-violence-treatment-centre/	45.99	7.92	60.80	53.40
cridge.org/cthw/resources/	49.23	8.28	57.20	53.22
maisonfemmessi.com/page97.html	45.76	7.97	60.30	53.03
womenaware.ca/	44.68	7.89	61.10	52.89
ywcalgary.ca/programs-services/domestic-violence-crisis/	43.48	7.81	61.90	52.69
halifax.ca/fire-police/police/programs-services/victim-services-halifax/domestic-violence	45.46	8.07	59.30	52.38
rapworkers.com/	45.87	8.12	58.80	52.34
workplacestrategiesformentalhealth.com/psychological-health-and-safety/addressing-domestic-violence	47.58	8.34	56.60	52.09
intervalhouse.ca/	43.31	8.04	59.60	51.46
dvatworknet.org/	46.85	8.45	55.50	51.18
victimsinfo.ca/en/services/specific-crimes/violence-in-a-relationship	46.89	8.51	54.90	50.90
prhc.on.ca/cms/sexual-assault-domestic-violence-program	44.32	8.40	56.00	50.16
ckpolice.com/domestic-violence-unit/	43.56	8.35	56.50	50.03
learningtoendabuse.ca/	42.93	8.29	57.10	50.02
uregina.ca/student/counselling/resources/Domestic-Violence.html	42.37	8.25	57.50	49.94
vancouver.ca/police/organization/investigation/investigative-services/special-investigation/domestic-violence-criminal-harassment.html	44.59	8.59	54.10	49.35
benefitscanada.com/news/what-do-canadian-provinces-offer-around-domestic-violence-leave-107713	46.33	8.85	51.50	48.92
legal-info-legale.nb.ca/en/emergency_intervention_orders	40.58	8.36	56.40	48.49
thetodaycentre.ca/	40.57	8.38	56.20	48.39

vaw-mediahub.ca/	41.02	8.56	54.40	47.71
novavita.org/	38.43	8.37	56.30	47.37
worksafebc.com/en/health-safety/hazards-exposures/violence/domestic-violence/resource-toolkit	39.89	8.61	53.90	46.90
swc-cfc.gc.ca/violence/resources-ressources/violence-partner-partenaire-en.html?wbdisable=true	46.32	9.36	46.40	46.36
domesticpeace.ca/	39.00	8.65	53.50	46.25
militaryfamilyviolencesupport.ca/	40.49	8.96	50.40	45.45
wrcev.ca/	37.76	8.70	53.00	45.38
nsdomesticviolence.ca/	42.68	9.24	47.60	45.14
cwhn.ca/en/node/39486	43.33	9.37	46.30	44.82
hamiltonpolice.on.ca/prevention/domestic-violence/community-resources-domestic-violence	36.91	8.74	52.60	44.76
hope247.ca/	36.78	8.75	52.50	44.64
unifor.org/en/take-action/campaigns/workers-facing-domestic-violence-lobbying-economic-support	37.68	8.89	51.10	44.39
lavalensante.com/en/care-and-services/list-of-care-and-services/mental-health-and-psychosocial-services/domestic-violence/	38.51	9.01	49.90	44.21
edmontonpolice.ca/CrimePrevention/PersonalFamilySafety/DomesticViolence.aspx	39.48	9.12	48.80	44.14
bluewaterhealth.ca/programs-services/sexual-assaultdomestic-violence-treatment-centre	37.61	8.95	50.50	44.06
atira.bc.ca/	36.79	8.87	51.30	44.05
lifeservices.ca/domestic-violence/	40.79	9.35	46.50	43.65
mobilecrisis.ca/program-services/domestic-violence	37.10	9.01	49.90	43.50
familyserVICetoronto.org/	35.15	9.11	48.90	42.03
endabuseinalgoma.com/	33.92	9.01	49.90	41.91
bcwomens.ca/health-professionals/professional-resources/addressing-gender-based-violence/gender-based-violence-learning-series	35.01	9.46	45.40	40.21
rnc.gov.nl.ca/services/intimate-partner-violence/	34.57	9.48	45.20	39.89
sah.on.ca/programs-services/sexual-assaultdomestic-violence/domestic-violence	33.78	9.46	45.40	39.59
saanichpolice.ca/index.php/integrated-services/rdvu	33.60	9.48	45.20	39.40
homelesshub.ca/blog/intimate-partner-violence-tenancy-rights-canada-recent-changes-ontario-alberta-and-bc%E2%80%99s	38.98	10.20	38.00	38.49
qhc.on.ca/domestic-violencesexual-assault-response-program-c67.php	32.13	9.65	43.50	37.82
thewomenscentrebrandon.com/	30.64	9.54	44.60	37.62
bchsys.org/hospital/services-list/sexual-assault/	31.36	9.80	42.00	36.68
torontopolice.on.ca/community/domesticviolence/	28.45	10.08	39.20	33.83
pathssk.org/	28.19	10.26	37.40	32.80
osmh.on.ca/programs-services/RegionalWomenandChildrenProgram/sadv/domesticviolence.aspx	27.64	10.23	37.70	32.67
vawlearningnetwork.ca/	29.79	10.49	35.10	32.45
womensoutreach.ca/	25.75	10.23	37.70	31.73

connectingottawa.com/services/17	30.26	10.77	32.30	31.28
cdhpi.ca/	29.30	11.38	26.20	27.75
hamiltonhealthsciences.ca/body.cfm?id=281	20.76	11.15	28.50	24.63
sheltersafe.ca/	9.41	12.00	20.00	14.71
skprevention.ca/domestic-violences/	0.00	0.00	0.00	0.00
wrh.on.ca/Site_Published/wrh_internet/RichText.aspx?Body.QueryId.Id=3427&LeftNav.QueryId.Categories=238	0.00	0.00	0.00	0.00
healthunit.com/domestic-violence	0.00	0.00	0.00	0.00
cdvc.ca/	0.00	0.00	0.00	0.00
connectnetwork.ca/	0.00	0.00	0.00	0.00
acttoendvaw.org/history.php	0.00	0.00	0.00	0.00

Appendix N: Interactivity of the IPV Websites

IPV Websites URLs	Has internal search capability	Offers help features	Facilitates information exchange between users	Total Score	Interactivity (0-100 Score)
healthlinkbc.ca/health-topics/te7721	1	1	1	3	100.00
homelesshub.ca/blog/intimate-partner-violence-tenancy-rights-canada-recent-changes-ontario-alberta-and-bc%E2%80%99s	1	1		2	66.67
vawlearningnetwork.ca/	1	1	1	3	100.00
saysomethingbc.ca/		1	1	2	66.67
earlyyearsbc.ca/new-toolkit-domestic-violence-intervention/		1	1	2	66.67
cdhpi.ca/	1	1	1	3	100.00
bcwomens.ca/health-professionals/professional-resources/addressing-gender-based-violence/gender-based-violence-learning-series	1	1	1	3	100.00
intervalhouse.ca/	1	1	1	3	100.00
endingviolence.org/	1	1	1	3	100.00
benefitscanada.com/news/what-do-canadian-provinces-offer-around-domestic-violence-leave-107713		1	1	2	66.67
ontario.ca/document/crown-prosecution-manual/d-23-intimate-partner-violence	1	1		2	66.67
rcmp-grc.gc.ca/cp-pc/spouse-epouse-abu-eng.htm	1	1		2	66.67
canada.ca/en/public-health/services/health-promotion/stop-family-violence/problem-canada.html	1	1	1	3	100.00
pathssk.org/	1		1	2	66.67
umanitoba.ca/centres/resolve/doyouneedhelp.html	1	1		2	66.67
skprevention.ca/domestic-violences/		1	1	2	66.67
yourlegalrights.on.ca/resource/women-living-hiv-and-intimate-partner-violence-questions-answers	1	1	1	3	100.00
cnpea.ca/en/about-cnpea/cnpea-webinars/668-intimate-partner-violence-and-older-women	1	1	1	3	100.00
swc-cfc.gc.ca/violence/resources-ressources/violence-partner-partenaire-en.html?wbdisable=true	1	1	1	3	100.00
conexuscounselling.ca/areas-of-therapy/anger-management/intimate-partner-violence/		1	1	2	66.67
empathicsolutions.ca/intimate-partner-violence/		1	1	2	66.67
robertswright.ca/intimate-partner-violence				0	0.00

hope247.ca/	1	1	1	3	100.00
learningtoendabuse.ca/	1	1	1	3	100.00
srhweek.ca/healthy-sexuality-healthy-relationships/intimate-partner-violence-sexual-violence/	1	1	1	3	100.00
mta.ca/Community/Student_services/Health_and_wellness/Harassment_Advisor/Intimate_partner_violence_(abuse)/Intimate_partner_violence_(abuse)/	1	1	1	3	100.00
nationtalk.ca/story/nb-government-new-protection-measures-available-for-victims-of-intimate-partner-violence	1	1	1	3	100.00
mcss.gov.on.ca/en/mcss/programs/community/helpingwomen/index.aspx	1	1	1	3	100.00
torontopolice.on.ca/community/domesticviolence/	1	1		2	66.67
legalaids.on.ca/en/getting/type_domesticviolence.asp	1	1	1	3	100.00
wrps.on.ca/en/staying-safe/domestic-violence.aspx	1	1	1	3	100.00
londonpolice.ca/en/crime-prevention/Domestic-Violence.aspx	1	1	1	3	100.00
gsps.ca/en/specializedservices/domesticandfamily.asp	1	1	1	3	100.00
lavalensante.com/en/care-and-services/list-of-care-and-services/mental-health-and-psychosocial-services/domestic-violence/	1	1	1	3	100.00
unifor.org/en/take-action/campaigns/workers-facing-domestic-violence-lobbying-economic-support	1	1	1	3	100.00
kingstonpolice.ca/services-resources/court-offences/domestic-violence/	1	1	1	3	100.00
trilliumhealthpartners.ca/patientservices/womens/Pages/sexualassault.aspx		1	1	2	66.67
bchsys.org/hospital/services-list/sexual-assault/	1	1	1	3	100.00
osmh.on.ca/programs-services/RegionalWomenandChildrenProgram/sadv/domesticviolence.aspx		1		1	33.33
sadvtreatmentcentres.ca/	1		1	2	66.67
qhc.on.ca/domestic-violencesexual-assault-response-program-c67.php	1	1	1	3	100.00
haltonpolice.ca/about/specializedunits/domesticviolence.php	1	1	1	3	100.00
prhc.on.ca/cms/sexual-assault-domestic-violence-program	1	1	1	3	100.00
hamiltonhealthsciences.ca/body.cfm?id=281	1	1		2	66.67
smgh.ca/patient-care-programs/community-based-programs/waterloo-region-sexual-assault-and-domestic-violence-treatment-centre/	1	1	1	3	100.00
bluewaterhealth.ca/programs-services/sexual-assaultdomestic-violence-treatment-centre	1	1	1	3	100.00
sjhc.london.on.ca/sexualassault	1	1	1	3	100.00
canadianlabour.ca/issues-research/domestic-violence-work	1	1	1	3	100.00

wrh.on.ca/Site_Published/wrh_internet/RichText.aspx?Body.QueryId.Id=3427&LeftNav.QueryId.Categories=238				0	0.00
makeitourbusiness.ca/	1	1	1	3	100.00
niagarahealth.on.ca/site/sexual-assault-domestic-violence-treatment-program		1	1	2	66.67
acws.ca/		1	1	2	66.67
pshsa.ca/products/domestic-violence/	1	1	1	3	100.00
nsdomesticviolence.ca/				0	0.00
sah.on.ca/programs-services/sexual-assaultdomestic-violence/domestic-violence	1	1	1	3	100.00
ywcalgary.ca/programs-services/domestic-violence-crisis/	1	1	1	3	100.00
calgary.ca/cps/Pages/Community-programs-and-resources/Crime-prevention/Domestic-violence.aspx	1	1	1	3	100.00
regionofwaterloo.ca/en/living-here/domestic-violence.aspx	1	1	1	3	100.00
lare-source.org/en		1	1	2	66.67
healthunit.com/domestic-violence	1	1	1	3	100.00
bcehs.ca/health-info/support-for-bcehs-family-members/critical-incident-stress/domestic-violence	1	1	1	3	100.00
cridge.org/cthw/resources/		1	1	2	66.67
hamiltonpolice.on.ca/prevention/domestic-violence/community-resources-domestic-violence	1	1	1	3	100.00
maisonfemmessi.com/page97.html		1	1	2	66.67
justiceeducation.ca/legal-help/family-violence/domestic-violence-and-protection-orders/domestic-violence-and-protection	1	1		2	66.67
amalwomencenter.ca/	1	1	1	3	100.00
nsfamilylaw.ca/family-violence/general-information-domestic-violence/links	1	1	1	3	100.00
nwpolice.org/blog/2017/04/10/domestic-violence-never-ok/	1	1	1	3	100.00
lifeservices.ca/domestic-violence/		1	1	2	66.67
edmontonpolice.ca/CrimePrevention/PersonalFamilySafety/DomesticViolence.aspx	1	1	1	3	100.00
reddeer.ca/city-services/police-rcmp/domestic-violence-information-and-resources/	1	1	1	3	100.00
vancouver.ca/police/organization/investigation/investigative-services/special-investigation/domestic-violence-criminal-harassment.html	1	1		2	66.67
worksafebc.com/en/health-safety/hazards-exposures/violence/domestic-violence/resource-toolkit	1	1	1	3	100.00
saanichpolice.ca/index.php/integrated-services/rdvu		1		1	33.33
healthcareathome.ca/nsm/en/Getting-Care/Patient-and-Caregiver-Resources/safe-at-home/domestic-violence	1	1	1	3	100.00
attorneygeneral.jus.gov.on.ca/english/family/violence.php	1	1	1	3	100.00

uregina.ca/student/counselling/resources/Domestic-Violence.html	1	1		2	66.67
schontario.ca/sexual-assault-and-domestic-violence-care-centre.html	1	1	1	3	100.00
cornerstonenorthumberland.ca/	1	1	1	3	100.00
cdvc.ca/		1	1	2	66.67
ckpolice.com/domestic-violence-unit/	1	1	1	3	100.00
surrey.rcmp-grc.gc.ca/ViewPage.action?siteNodeId=2214&languageId=1&contentId=7659	1	1	1	3	100.00
biblesociety.ca/domestic-violence-solution.html		1	1	2	66.67
adoptontario.ca/domestic-violence		1	1	2	66.67
legalaid.ab.ca/help/Pages/Emergency-Protection-Orders-Domestic-Violence.aspx	1	1		2	66.67
tbrhsc.net/programs-services/emergency-critical-care-services/sexual-assault-domestic-violence-treatment-centre/		1	1	2	66.67
telaide.org/en/listening/conjugal-violence/		1	1	2	66.67
workplacestrategiesformentalhealth.com/psychological-health-and-safety/addressing-domestic-violence	1	1	1	3	100.00
novavita.org/		1	1	2	66.67
members.drps.ca/internet_explorer/our_organization/unit.asp?Scope=Unit&ID=77	1	1	1	3	100.00
mobilecrisis.ca/program-services/domestic-violence		1	1	2	66.67
halifax.ca/fire-police/police/programs-services/victim-services-halifax/domestic-violence	1	1	1	3	100.00
cwhn.ca/en/node/39486	1		1	2	66.67
crossroadsforwomen.ca/en/		1	1	2	66.67
autumnhouse.ca/		1	1	2	66.67
rnc.gov.nl.ca/services/intimate-partner-violence/		1	1	2	66.67
ementalhealth.ca/Nova-Scotia/Abuse-and-Domestic-Violence/index.php?m=article&ID=8920	1	1		2	66.67
vaw-mediahub.ca/		1	1	2	66.67
rapworkers.com/	1	1		2	66.67
legal-info-legale.nb.ca/en/emergency_intervention_orders	1	1	1	3	100.00
alicehouse.ca/	1	1	1	3	100.00
settlement.org/ontario/health/family-health/domestic-abuse/where-can-i-get-help-for-domestic-abuse/	1	1	1	3	100.00
domesticviolenceinfo.ca/	1	1	1	3	100.00
alberta.ca/violence-against-women.aspx	1	1	1	3	100.00
octevaw-cocvff.ca/		1	1	2	66.67
durham.ca/en/living-here/domestic-violence.aspx?_mid_=24459	1	1	1	3	100.00
ccohs.ca/oshanswers/psychosocial/violence_domestic.html	1	1	1	3	100.00
leducvictimservices.ca/domestic_violence		1	1	2	66.67
familyservicetoronto.org/	1	1	1	3	100.00

victiminfo.ca/en/services/specific-crimes/violence-in-a-relationship	1	1		2	66.67
sheltersafe.ca/				0	0.00
maws.mb.ca/index.htm		1	1	2	66.67
solgps.alberta.ca/safe_communities/community_awareness/family_violence/Pages/default.aspx	1	1	1	3	100.00
ywcavan.org/advocacy/stopping-violence-against-women	1	1	1	3	100.00
neighboursfriendsandfamilies.ca/	1	1	1	3	100.00
domesticpeace.ca/		1	1	2	66.67
connectingottawa.com/services/17	1	1	1	3	100.00
1infour.ca/	1	1	1	3	100.00
womensoutreach.ca/	1	1	1	3	100.00
shelwinhouse.ca/		1	1	2	66.67
thewomenscentrebrandon.com/		1	1	2	66.67
womenaware.ca/		1	1	2	66.67
crime-safety-security.com/		1	1	2	66.67
dfnt.ca/		1		1	33.33
dvat.ca/		1		1	33.33
militaryfamilyviolencesupport.ca/		1		1	33.33
connectnetwork.ca/		1		1	33.33
wrcev.ca/	1	1		2	66.67
dvatworknet.org/	1	1	1	3	100.00
thetodaycentre.ca/		1	1	2	66.67
ccrfv.ca/		1		1	33.33
surreywomenscentre.ca/		1	1	2	66.67
endabuseinalgoma.com/		1		1	33.33
acttoendvaw.org/history.php				0	0.00
barrieshelter.com/	1	1	1	3	100.00
silentwitness.ca/home	1	1		2	66.67
naomisociety.ca/		1		1	33.33
atira.bc.ca/	1	1	1	3	100.00
mhwss.ca/		1	1	2	66.67

Appendix O: Privacy and Data Protection of the IPV Websites

IPV Websites URLs	Presents the privacy policy stipulating what users' information is collected and how it is used	Have the "Quick Exit" button	Total Score	Privacy & Data Protection (0-100 Score)
vawlearningnetwork.ca/	1	1	2	100.00
cdhpi.ca/	1	1	2	100.00
endingviolence.org/	1	1	2	100.00
canada.ca/en/public-health/services/health-promotion/stop-family-violence/problem-canada.html	1	1	2	100.00
yourlegalrights.on.ca/resource/women-living-hiv-and-intimate-partner-violence-questions-answers	1	1	2	100.00
learningtoendabuse.ca/	1	1	2	100.00
legalaids.on.ca/en/getting/type_domesticviolence.asp	1	1	2	100.00
sadvreatmentcentres.ca/	1	1	2	100.00
makeitourbusiness.ca/	1	1	2	100.00
acws.ca/	1	1	2	100.00
nsdomesticviolence.ca/	1	1	2	100.00
ywcalgary.ca/programs-services/domestic-violence-crisis/	1	1	2	100.00
cornerstonenorthumberland.ca/	1	1	2	100.00
alicehouse.ca/	1	1	2	100.00
familyserVICetoronto.org/	1	1	2	100.00
neighboursfriendsandfamilies.ca/	1	1	2	100.00
womensoutreach.ca/	1	1	2	100.00
dfnt.ca/	1	1	2	100.00
dvatworknet.org/	1	1	2	100.00
barrieshelter.com/	1	1	2	100.00
mhwss.ca/	1	1	2	100.00
healthlinkbc.ca/health-topics/te7721	1		1	50.00
homelesshub.ca/blog/intimate-partner-violence-tenancy-rights-canada-recent-changes-ontario-alberta-and-bc%E2%80%99s	1		1	50.00
saysomethingbc.ca/		1	1	50.00
earlyyearsbc.ca/new-toolkit-domestic-violence-intervention/	1		1	50.00
bcwomens.ca/health-professionals/professional-resources/addressing-gender-based-violence/gender-based-violence-learning-series	1		1	50.00
intervalhouse.ca/		1	1	50.00

benefitscanada.com/news/what-do-canadian-provinces-offer-around-domestic-violence-leave-107713	1		1	50.00
ontario.ca/document/crown-prosecution-manual/d-23-intimate-partner-violence	1		1	50.00
rcmp-grc.gc.ca/cp-pc/spouse-epouse-abu-eng.htm	1		1	50.00
umanitoba.ca/centres/resolve/doyouneedhelp.html	1		1	50.00
empathicsolutions.ca/intimate-partner-violence/	1		1	50.00
hope247.ca/		1	1	50.00
nationtalk.ca/story/nb-government-new-protection-measures-available-for-victims-of-intimate-partner-violence	1		1	50.00
mcss.gov.on.ca/en/mcss/programs/community/helpingwomen/index.aspx	1		1	50.00
torontopolice.on.ca/community/domesticviolence/	1		1	50.00
londonpolice.ca/en/crime-prevention/Domestic-Violence.aspx	1		1	50.00
gsp.ca/en/specializedservices/domesticandfamily.asp	1		1	50.00
unifor.org/en/take-action/campaigns/workers-facing-domestic-violence-lobbying-economic-support	1		1	50.00
trilliumhealthpartners.ca/patientservices/womens/Pages/sexualassault.aspx	1		1	50.00
bchsys.org/hospital/services-list/sexual-assault/	1		1	50.00
osmh.on.ca/programs-services/RegionalWomenandChildrenProgram/sadv/domesticviolence.aspx	1		1	50.00
haltonpolice.ca/about/specializedunits/domesticviolence.php	1		1	50.00
prhc.on.ca/cms/sexual-assault-domestic-violence-program	1		1	50.00
hamiltonhealthsciences.ca/body.cfm?id=281	1		1	50.00
smgh.ca/patient-care-programs/community-based-programs/waterloo-region-sexual-assault-and-domestic-violence-treatment-centre/	1		1	50.00
bluewaterhealth.ca/programs-services/sexual-assaultdomestic-violence-treatment-centre	1		1	50.00
sjhc.london.on.ca/sexualassault	1		1	50.00
canadianlabour.ca/issues-research/domestic-violence-work	1		1	50.00
niagarahealth.on.ca/site/sexual-assault-domestic-violence-treatment-program	1		1	50.00
sah.on.ca/programs-services/sexual-assaultdomestic-violence/domestic-violence	1		1	50.00
calgary.ca/cps/Pages/Community-programs-and-resources/Crime-prevention/Domestic-violence.aspx	1		1	50.00
regionofwaterloo.ca/en/living-here/domestic-violence.aspx	1		1	50.00
lare-source.org/en		1	1	50.00
healthunit.com/domestic-violence	1		1	50.00
bcehs.ca/health-info/support-for-bcehs-family-members/critical-incident-stress/domestic-violence	1		1	50.00
cridge.org/cthw/resources/		1	1	50.00

hamiltonpolice.on.ca/prevention/domestic-violence/community-resources-domestic-violence	1		1	50.00
maisonfemmessi.com/page97.html		1	1	50.00
justiceeducation.ca/legal-help/family-violence/domestic-violence-and-protection-orders/domestic-violence-and-protection	1		1	50.00
edmontonpolice.ca/CrimePrevention/PersonalFamilySafety/DomesticViolence.aspx	1		1	50.00
reddeer.ca/city-services/police-rcmp/domestic-violence-information-and-resources/	1		1	50.00
vancouver.ca/police/organization/investigation/investigative-services/special-investigation/domestic-violence-criminal-harassment.html	1		1	50.00
worksafebc.com/en/health-safety/hazards-exposures/violence/domestic-violence/resource-toolkit	1		1	50.00
healthcareathome.ca/nsm/en/Getting-Care/Patient-and-Caregiver-Resources/safe-at-home/domestic-violence	1		1	50.00
attorneygeneral.jus.gov.on.ca/english/family/violence.php	1		1	50.00
uregina.ca/student/counselling/resources/Domestic-Violence.html	1		1	50.00
biblesociety.ca/domestic-violence-solution.html	1		1	50.00
adoptontario.ca/domestic-violence	1		1	50.00
legalaid.ab.ca/help/Pages/Emergency-Protection-Orders-Domestic-Violence.aspx	1		1	50.00
tbrhsc.net/programs-services/emergency-critical-care-services/sexual-assault-domestic-violence-treatment-centre/	1		1	50.00
workplacestrategiesformentalhealth.com/psychological-health-and-safety/addressing-domestic-violence	1		1	50.00
novavita.org/		1	1	50.00
members.drps.ca/internet_explorer/our_organization/unit.asp?Scope=Unit&ID=77	1		1	50.00
halifax.ca/fire-police/police/programs-services/victim-services-halifax/domestic-violence	1		1	50.00
crossroadsforwomen.ca/en/		1	1	50.00
autumnhouse.ca/		1	1	50.00
ementalhealth.ca/Nova-Scotia/Abuse-and-Domestic-Violence/index.php?m=article&ID=8920	1		1	50.00
legal-info-legale.nb.ca/en/emergency_intervention_orders		1	1	50.00
settlement.org/ontario/health/family-health/domestic-abuse/where-can-i-get-help-for-domestic-abuse/	1		1	50.00
alberta.ca/violence-against-women.aspx	1		1	50.00
octevaw-cocvff.ca/		1	1	50.00
durham.ca/en/living-here/domestic-violence.aspx?_mid_=24459	1		1	50.00
leducvictimservices.ca/domestic_violence		1	1	50.00
victimsinfo.ca/en/services/specific-crimes/violence-in-a-relationship	1		1	50.00
sheltersafe.ca/		1	1	50.00

solgps.alberta.ca/safe_communities/community_awareness/family_violence/Pages/default.aspx	1		1	50.00
ywcavan.org/advocacy/stopping-violence-against-women	1		1	50.00
domesticpeace.ca/		1	1	50.00
linfour.ca/		1	1	50.00
thewomenscentrebrandon.com/		1	1	50.00
womenaware.ca/		1	1	50.00
crime-safety-security.com/	1		1	50.00
connectnetwork.ca/		1	1	50.00
thetodaycentre.ca/		1	1	50.00
surreywomenscentre.ca/		1	1	50.00
endabuseinalgoma.com/		1	1	50.00
naomisociety.ca/		1	1	50.00
atira.bc.ca/	1		1	50.00
pathssk.org/			0	0.00
skprevention.ca/domestic-violences/			0	0.00
cnpea.ca/en/about-cnpea/cnpea-webinars/668-intimate-partner-violence-and-older-women			0	0.00
swc-cfc.gc.ca/violence/resources-ressources/violence-partner-partenaire-en.html?wbdisable=true			0	0.00
conexuscounselling.ca/areas-of-therapy/anger-management/intimate-partner-violence/			0	0.00
robertswright.ca/intimate-partner-violence			0	0.00
srhweek.ca/healthy-sexuality-healthy-relationships/intimate-partner-violence-sexual-violence/			0	0.00
mta.ca/Community/Student_services/Health_and_wellness/Harassment_Advisor/Intimate_partner_violence_(abuse)/Intimate_partner_violence_(abuse)/			0	0.00
wrps.on.ca/en/staying-safe/domestic-violence.aspx			0	0.00
lavalensante.com/en/care-and-services/list-of-care-and-services/mental-health-and-psychosocial-services/domestic-violence/			0	0.00
kingstonpolice.ca/services-resources/court-offences/domestic-violence/			0	0.00
qhc.on.ca/domestic-violencesexual-assault-response-program-c67.php			0	0.00
wrh.on.ca/Site_Published/wrh_internet/RichText.aspx?Body.QueryId.Id=3427&LeftNav.QueryId.Categories=238			0	0.00
pshsa.ca/products/domestic-violence/			0	0.00
amalwomenscenter.ca/			0	0.00
nsfamilylaw.ca/family-violence/general-information-domestic-violence/links			0	0.00
nwpolice.org/blog/2017/04/10/domestic-violence-never-ok/			0	0.00
lifeservices.ca/domestic-violence/			0	0.00
saanichpolice.ca/index.php/integrated-services/rdvu			0	0.00
schontario.ca/sexual-assault-and-domestic-violence-care-centre.html			0	0.00
cdvc.ca/			0	0.00

ckpolice.com/domestic-violence-unit/			0	0.00
surrey.rcmp-grc.gc.ca/ViewPage.action?siteNodeId=2214&languageId=1&contentId=7659			0	0.00
telaide.org/en/listening/conjugal-violence/			0	0.00
mobilecrisis.ca/program-services/domestic-violence			0	0.00
cwhn.ca/en/node/39486			0	0.00
rnc.gov.nl.ca/services/intimate-partner-violence/			0	0.00
vaw-mediahub.ca/			0	0.00
rapworkers.com/			0	0.00
domesticviolenceinfo.ca/			0	0.00
ccohs.ca/oshanswers/psychosocial/violence_domestic.html			0	0.00
maws.mb.ca/index.htm			0	0.00
connectingottawa.com/services/17			0	0.00
shelwinhouse.ca/			0	0.00
dvat.ca/			0	0.00
militaryfamilyviolencesupport.ca/			0	0.00
wrcev.ca/			0	0.00
ccrfv.ca/			0	0.00
acttoendvaw.org/history.php			0	0.00
silentwitness.ca/home			0	0.00

Appendix P: Average Quality the IPV Websites

IPV Websites URLs	0-100 Scores					Average Quality	Quality Rating
	Accessibility	Relevance	Readability	Interactivity	Privacy & Data Protection		
neighboursfriendsandfamilies.ca/	70.00	92.00	77.30	100.00	100.00	87.86	Very High
endingviolence.org/	61.00	98.00	65.80	100.00	100.00	84.96	Very High
learningtoendabuse.ca/	61.00	97.00	57.10	100.00	100.00	83.02	Very High
legalaids.on.ca/en/getting/type_domesticviolence.asp	74.00	52.00	86.50	100.00	100.00	82.50	Very High
makeitourbusiness.ca/	71.00	74.00	63.00	100.00	100.00	81.60	Very High
vawlearningnetwork.ca/	71.00	95.00	35.10	100.00	100.00	80.22	Very High
yourlegalrights.on.ca/resource/women-living-hiv-and-intimate-partner-violence-questions-answers	96.00	35.00	69.50	100.00	100.00	80.10	Very High
mhwss.ca/	46.00	85.00	100.00	66.67	100.00	79.53	High
familyservicetoronto.org/	53.00	93.00	48.90	100.00	100.00	78.98	High
dvatworknet.org/	48.00	91.00	55.50	100.00	100.00	78.90	High
cdhpi.ca/	72.00	96.00	26.20	100.00	100.00	78.84	High
attorneygeneral.jus.gov.on.ca/english/family/violence.php	99.00	61.00	72.40	100.00	50.00	76.48	High
sadvtreatmentcentres.ca/	66.00	80.00	69.30	66.67	100.00	76.39	High
cornerstonenorthumberland.ca/	0.00	87.00	91.40	100.00	100.00	75.68	High
healthlinkbc.ca/health-topics/te7721	92.00	46.00	82.90	100.00	50.00	74.18	High
canada.ca/en/public-health/services/health-promotion/stop-family-violence/problem-canada.html	74.00	35.00	61.90	100.00	100.00	74.18	High
londonpolice.ca/en/crime-prevention/Domestic-Violence.aspx	100.00	35.00	81.50	100.00	50.00	73.30	High
durham.ca/en/living-here/domestic-violence.aspx?_mid_=24459	95.00	46.00	71.80	100.00	50.00	72.56	High
womensoutreach.ca/	34.00	90.00	37.70	100.00	100.00	72.34	High
barrieshelter.com/	0.00	92.00	68.20	100.00	100.00	72.04	High
alicehouse.ca/	0.00	82.00	77.10	100.00	100.00	71.82	High
calgary.ca/cps/Pages/Community-programs-and-resources/Crime-	72.00	64.00	71.20	100.00	50.00	71.44	High

prevention/Domestic-violence.aspx							
acws.ca/	13.00	100.00	70.50	66.67	100.00	70.03	High
healthcareathome.ca/nsm/en/Getting-Care/Patient-and-Caregiver-Resources/safe-at-home/domestic-violence	90.00	35.00	72.60	100.00	50.00	69.52	High
haltonpolice.ca/about/specializedunits/domesticviolence.php	75.00	55.00	66.70	100.00	50.00	69.34	High
ywcalgary.ca/programs-services/domestic-violence-crisis/	58.00	26.00	61.90	100.00	100.00	69.18	High
gsps.ca/en/specializedservices/domesticandfamily.asp	65.00	59.00	62.80	100.00	50.00	67.36	High
regionofwaterloo.ca/en/living-here/domestic-violence.aspx	93.00	26.00	67.00	100.00	50.00	67.20	High
surreywomenscentre.ca/	41.00	83.00	92.40	66.67	50.00	66.61	High
autumnhouse.ca/	41.00	72.00	100.00	66.67	50.00	65.93	High
saysomethingbc.ca/	72.00	65.00	73.80	66.67	50.00	65.49	High
intervalhouse.ca/	28.00	89.00	59.60	100.00	50.00	65.32	High
mcss.gov.on.ca/en/mcss/programs/community/helpingwomen/index.aspx	74.00	26.00	76.10	100.00	50.00	65.22	High
lare-source.org/en	53.00	67.00	85.60	66.67	50.00	64.45	High
sjhc.london.on.ca/sexualassault	72.00	26.00	72.40	100.00	50.00	64.08	High
1infour.ca/	0.00	84.00	85.20	100.00	50.00	63.84	High
bchsys.org/hospital/services-list/sexual-assault/	74.00	52.00	42.00	100.00	50.00	63.60	High
canadianlabour.ca/issues-research/domestic-violence-work	71.00	26.00	69.50	100.00	50.00	63.30	High
crossroadsforwomen.ca/en/settlement.org/ontario/health/family-health/domestic-abuse/where-can-i-get-help-for-domestic-abuse/	56.00	66.00	77.70	66.67	50.00	63.27	High
alberta.ca/violence-against-women.aspx	71.00	35.00	59.80	100.00	50.00	63.16	High
maisonfemmessi.com/page97.html	68.00	70.00	60.30	66.67	50.00	62.99	High
rcmp-grc.gc.ca/cp-pc/spouse-epouse-abu-eng.htm	75.00	61.00	61.30	66.67	50.00	62.79	High
bcehs.ca/health-info/support-for-bcehs-family-members/critical-incident-stress/domestic-violence	69.00	26.00	68.80	100.00	50.00	62.76	High

halifax.ca/fire-police/police/programs-services/victim-services-halifax/domestic-violence	67.00	35.00	59.30	100.00	50.00	62.26	High
ontario.ca/document/crown-prosecution-manual/d-23-intimate-partner-violence	99.00	26.00	67.70	66.67	50.00	61.87	High
unifor.org/en/take-action/campaigns/workers-facing-domestic-violence-lobbying-economic-support	92.00	15.00	51.10	100.00	50.00	61.62	High
naomisociety.ca/	71.00	59.00	94.60	33.33	50.00	61.59	High
nsdomesticviolence.ca/	88.00	72.00	47.60	0.00	100.00	61.52	High
solgps.alberta.ca/safe_communities/community_awareness/family_violence/Pages/default.aspx	46.00	46.00	64.90	100.00	50.00	61.38	High
members.drps.ca/internet_explorer/our_organization/unit.asp?Scope=Unit&ID=77	79.00	15.00	61.90	100.00	50.00	61.18	High
hamiltonhealthsciences.ca/body.cfm?id=281	74.00	86.00	28.50	66.67	50.00	61.03	High
bluewaterhealth.ca/programs-services/sexual-assaultdomestic-violence-treatment-centre	49.00	55.00	50.50	100.00	50.00	60.90	High
dfnt.ca/	48.00	55.00	67.00	33.33	100.00	60.67	High
atira.bc.ca/	6.00	95.00	51.30	100.00	50.00	60.46	High
amalgomencenter.ca/	48.00	75.00	78.40	100.00	0.00	60.28	High
mta.ca/Community/Student_services/Health_and_wellness/Harassment_Advisor/Intimate_partner_violence_(abuse)/Intimate_partner_violence_(abuse)/	56.00	59.00	86.10	100.00	0.00	60.22	High
wrps.on.ca/en/staying-safe/domestic-violence.aspx	88.00	35.00	77.70	100.00	0.00	60.14	High
legal-info-legale.nb.ca/en/emergency_intervention_orders	68.00	26.00	56.40	100.00	50.00	60.08	High
smgh.ca/patient-care-programs/community-based-programs/waterloo-region-sexual-assault-and-domestic-violence-treatment-centre/	74.00	15.00	60.80	100.00	50.00	59.96	Medium
sah.on.ca/programs-services/sexual-assaultdomestic-violence/domestic-violence	69.00	35.00	45.40	100.00	50.00	59.88	Medium
ccohs.ca/oshanswers/psychosocial/violence_domestic.html	70.00	65.00	60.50	100.00	0.00	59.10	Medium

domesticpeace.ca/	38.00	87.00	53.50	66.67	50.00	59.03	Medium
womenaware.ca/	48.00	69.00	61.10	66.67	50.00	58.95	Medium
niagarahealth.on.ca/site/sexual-assault-domestic-violence-treatment-program	85.00	26.00	66.40	66.67	50.00	58.81	Medium
thetodaycentre.ca/	43.00	77.00	56.20	66.67	50.00	58.57	Medium
uregina.ca/student/counselling/resources/Domestic-Violence.html	70.00	46.00	57.50	66.67	50.00	58.03	Medium
leducvictimservices.ca/domestic_violence	36.00	64.00	72.70	66.67	50.00	57.87	Medium
surrey.rcmp-grc.gc.ca/ViewPage.action?siteNodeId=2214&languageId=1&contentId=7659	72.00	46.00	70.80	100.00	0.00	57.76	Medium
srhweek.ca/healthy-sexuality-healthy-relationships/intimate-partner-violence-sexual-violence/	63.00	52.00	71.90	100.00	0.00	57.38	Medium
vancouver.ca/police/organization/investigation/investigative-services/special-investigation/domestic-violence-criminal-harassment.html	70.00	46.00	54.10	66.67	50.00	57.35	Medium
silentwitness.ca/home	73.00	77.00	69.50	66.67	0.00	57.23	Medium
reddeer.ca/city-services/police-rcmp/domestic-violence-information-and-resources/	28.00	46.00	61.80	100.00	50.00	57.16	Medium
domesticviolenceinfo.ca/	23.00	94.00	67.90	100.00	0.00	56.98	Medium
hope247.ca/	0.00	82.00	52.50	100.00	50.00	56.90	Medium
maws.mb.ca/index.htm	49.00	80.00	88.80	66.67	0.00	56.89	Medium
bcwomens.ca/health-professionals/professional-resources/addressing-gender-based-violence/gender-based-violence-learning-series	74.00	15.00	45.40	100.00	50.00	56.88	Medium
workplacestrategiesformentalhealth.com/psychological-health-and-safety/addressing-domestic-violence	62.00	15.00	56.60	100.00	50.00	56.72	Medium
thewomenscentrebrandon.com/	40.00	79.00	44.60	66.67	50.00	56.05	Medium
pshsa.ca/products/domestic-violence/	68.00	46.00	64.90	100.00	0.00	55.78	Medium
endabuseinalgoma.com/	75.00	70.00	49.90	33.33	50.00	55.65	Medium
benefitscanada.com/news/what-do-canadian-provinces-offer-	62.00	46.00	51.50	66.67	50.00	55.23	Medium

around-domestic-violence-leave-107713							
ywcavan.org/advocacy/stopping-violence-against-women	36.00	26.00	61.30	100.00	50.00	54.66	Medium
octevaw-cocvff.ca/	5.00	88.00	63.50	66.67	50.00	54.63	Medium
lavalensante.com/en/care-and-services/list-of-care-and-services/mental-health-and-psychosocial-services/domestic-violence/	96.00	26.00	49.90	100.00	0.00	54.38	Medium
wrcv.ca/	75.00	76.00	53.00	66.67	0.00	54.13	Medium
nsfamilylaw.ca/family-violence/general-information-domestic-violence/links	49.00	59.00	61.70	100.00	0.00	53.94	Medium
crime-safety-security.com/	0.00	78.00	74.90	66.67	50.00	53.91	Medium
healthunit.com/domestic-violence	65.00	52.00	0.00	100.00	50.00	53.40	Medium
torontopolice.on.ca/community/domesticviolence/	43.00	68.00	39.20	66.67	50.00	53.37	Medium
justiceeducation.ca/legal-help/family-violence/domestic-violence-and-protection-orders/domestic-violence-and-protection	23.00	52.00	74.20	66.67	50.00	53.17	Medium
victiminfo.ca/en/services/specific-crimes/violence-in-a-relationship	39.00	55.00	54.90	66.67	50.00	53.11	Medium
novavita.org/	0.00	90.00	56.30	66.67	50.00	52.59	Medium
connectingottawa.com/services/17	75.00	55.00	32.30	100.00	0.00	52.46	Medium
umanitoba.ca/centres/resolve/doyouneedhelp.html	44.00	15.00	86.00	66.67	50.00	52.33	Medium
hamiltonpolice.on.ca/prevention/domestic-violence/community-resources-domestic-violence	0.00	59.00	52.60	100.00	50.00	52.32	Medium
swc-cfc.gc.ca/violence/resources-ressources/violence-partner-partenaire-en.html?wbdisable=true	100.00	15.00	46.40	100.00	0.00	52.28	Medium
nwpolice.org/blog/2017/04/10/domestic-violence-never-ok/	51.00	15.00	95.40	100.00	0.00	52.28	Medium
kingstonpolice.ca/services-resources/court-offences/domestic-violence/	75.00	15.00	71.10	100.00	0.00	52.22	Medium
ementalhealth.ca/Nova-Scotia/Abuse-and-Domestic-	0.00	64.00	78.30	66.67	50.00	51.79	Medium

Violence/index.php?m=article&ID=8920							
telaide.org/en/listening/conjugal-violence/	92.00	15.00	83.40	66.67	0.00	51.41	Medium
schcontario.ca/sexual-assault-and-domestic-violence-care-centre.html	47.00	35.00	74.00	100.00	0.00	51.20	Medium
empathicsolutions.ca/intimate-partner-violence/	41.00	15.00	83.10	66.67	50.00	51.15	Medium
vaw-mediahub.ca/	58.00	73.00	54.40	66.67	0.00	50.41	Medium
prhc.on.ca/cms/sexual-assault-domestic-violence-program	0.00	46.00	56.00	100.00	50.00	50.40	Medium
edmontonpolice.ca/CrimePrevention/PersonalFamilySafety/DomesticViolence.aspx	38.00	15.00	48.80	100.00	50.00	50.36	Medium
cridge.org/cthw/resources/	40.00	35.00	57.20	66.67	50.00	49.77	Medium
shelwinhouse.ca/	42.00	68.00	71.90	66.67	0.00	49.71	Medium
qhc.on.ca/domestic-violencesexual-assault-response-program-c67.php	59.00	46.00	43.50	100.00	0.00	49.70	Medium
nationtalk.ca/story/nb-government-new-protection-measures-available-for-victims-of-intimate-partner-violence	13.00	15.00	67.50	100.00	50.00	49.10	Medium
worksafebc.com/en/health-safety/hazards-exposures/violence/domestic-violence/resource-toolkit	0.00	35.00	53.90	100.00	50.00	47.78	Medium
legalaidth.ab.ca/help/Pages/Emergency-Protection-Orders-Domestic-Violence.aspx	6.00	46.00	62.70	66.67	50.00	46.27	Medium
cwhn.ca/en/node/39486	82.00	35.00	46.30	66.67	0.00	45.99	Medium
adoptontario.ca/domestic-violence	18.00	35.00	60.00	66.67	50.00	45.93	Medium
trilliumhealthpartners.ca/patientservices/womens/Pages/sexualassault.aspx	25.00	15.00	69.80	66.67	50.00	45.29	Medium
dvat.ca/	39.00	81.00	72.70	33.33	0.00	45.21	Medium
earlyyearsbc.ca/new-toolkit-domestic-violence-intervention/	26.00	15.00	63.70	66.67	50.00	44.27	Medium
ckpolice.com/domestic-violence-unit/	35.00	26.00	56.50	100.00	0.00	43.50	Medium
homelesshub.ca/blog/intimate-partner-violence-tenancy-rights-canada-recent-changes-ontario-alberta-and-bc%E2%80%99s	0.00	61.00	38.00	66.67	50.00	43.13	Medium

mobilecrisis.ca/program-services/domestic-violence	45.00	52.00	49.90	66.67	0.00	42.71	Medium
connectnetwork.ca/	65.00	64.00	0.00	33.33	50.00	42.47	Medium
cnpea.ca/en/about-cnpea/cnpea-webinars/668-intimate-partner-violence-and-older-women	26.00	26.00	59.10	100.00	0.00	42.22	Medium
militaryfamilyviolencesupport.ca/	71.00	52.00	50.40	33.33	0.00	41.35	Medium
biblesociety.ca/domestic-violence-solution.html	11.00	15.00	63.70	66.67	50.00	41.27	Medium
sheltersafe.ca/	64.00	71.00	20.00	0.00	50.00	41.00	Medium
pathssk.org/	0.00	97.00	37.40	66.67	0.00	40.21	Medium
rapworkers.com/	0.00	75.00	58.80	66.67	0.00	40.09	Medium
ccrfv.ca/	54.00	46.00	62.80	33.33	0.00	39.23	Low
tbrhsc.net/programs-services/emergency-critical-care-services/sexual-assault-domestic-violence-treatment-centre/	0.00	15.00	60.80	66.67	50.00	38.49	Low
osmh.on.ca/programs-services/RegionalWomenandChildrenProgram/sadv/domesticviolence.aspx	22.00	46.00	37.70	33.33	50.00	37.81	Low
lifeservices.ca/domestic-violence/	49.00	26.00	46.50	66.67	0.00	37.63	Low
cdvc.ca/	35.00	85.00	0.00	66.67	0.00	37.33	Low
rnc.gov.nl.ca/services/intimate-partner-violence/	47.00	15.00	45.20	66.67	0.00	34.77	Low
robertswright.ca/intimate-partner-violence	49.00	26.00	83.40	0.00	0.00	31.68	Low
conexuscounselling.ca/areas-of-therapy/anger-management/intimate-partner-violence/	0.00	15.00	70.90	66.67	0.00	30.51	Low
saanichpolice.ca/index.php/integrated-services/rdvu	56.00	15.00	45.20	33.33	0.00	29.91	Low
skprevention.ca/domestic-violences/	0.00	46.00	0.00	66.67	0.00	22.53	Low
wrh.on.ca/Site_Published/wrh_internet/RichText.aspx?Body.QueryId.Id=3427&LeftNav.QueryId.Categories=238	24.00	15.00	0.00	0.00	0.00	7.80	Very Low
acttoendvaw.org/history.php	24.00	15.00	0.00	0.00	0.00	7.80	Very Low

Appendix Q: Ethics Board Approval Letter



Date: 13 May 2019

To: Dr Isola Ajiferuke

Project ID: 112487

Study Title: The Use of Intimate Partner Violence Websites: Website Visibility, Information Quality, and Perceived Usefulness

Short Title: The Use of IPV Websites: WV, IQ, & PU

Application Type: NMREB Initial Application

Review Type: Delegated

Full Board Reporting Date: 07/Jun/2019

Date Approval Issued: 13/May/2019 15:11

REB Approval Expiry Date: 13/May/2020

Dear Dr Isola Ajiferuke

The Western University Non-Medical Research Ethics Board (NMREB) has reviewed and approved the WREM application form for the above mentioned study, as of the date noted above. NMREB approval for this study remains valid until the expiry date noted above, conditional to timely submission and acceptance of NMREB Continuing Ethics Review.

This research study is to be conducted by the investigator noted above. All other required institutional approvals must also be obtained prior to the conduct of the study.

Documents Approved:

Document Name	Document Type	Document Date	Document Version
Ethics Application - Debriefing_Form v.1	Debriefing document	16/Mar/2019	1
Ethics Application - Email Script v.2 CLEAN	Recruitment Materials	13/Apr/2019	2
Ethics Application - Ethics Protocol v.3 CLEAN	Protocol	13/Apr/2019	3
Ethics Application - Letter_of_information v.3 CLEAN	Implied Consent/Assent	13/Apr/2019	3
Ethics Application - Screening document v.2	Screening Form/Questionnaire	16/Mar/2019	2
Ethics Application - Survey Instrument v.3 CLEAN	Online Survey	13/Apr/2019	3
Ethics Application - UWO recruitment Poster v.3 - CLEAN	Recruitment Materials	13/Apr/2019	3

No deviations from, or changes to the protocol should be initiated without prior written approval from the NMREB, except when necessary to eliminate immediate hazard(s) to study participants or when the change(s) involves only administrative or logistical aspects of the trial.

The Western University NMREB operates in compliance with the Tri-Council Policy Statement Ethical Conduct for Research Involving Humans (TCPS2), the Ontario Personal Health Information Protection Act (PHIPA, 2004), and the applicable laws and regulations of Ontario. Members of the NMREB who are named as Investigators in research studies do not participate in discussions related to, nor vote on such studies when they are presented to the REB. The NMREB is registered with the U.S. Department of Health & Human Services under the IRB registration number IRB 00000941.

Please do not hesitate to contact us if you have any questions.

Sincerely,

Katelyn Harris, Research Ethics Officer on behalf of Dr. Randal Graham, NMREB Chair

Note: This correspondence includes an electronic signature (validation and approval via an online system that is compliant with all regulations).

Appendix R: Screening Questionnaire

To take part in this study, you must:

- (1) be aged 18 years and older;
- (2) be able to read English; and
- (3) have either a current or past IPV experience at any time in your life.

Please answer the following screening questions to ensure your eligibility.

1. Are you 18 years of age or older?

YES NO

2. Do you read English?

YES NO

3. Have you ever experienced intimate partner violence at any time in your life?

Intimate partner violence is defined as “physical violence, sexual violence, stalking and psychological aggression (including coercive tactics) by a current or former intimate partner (i.e., spouse, boyfriend/girlfriend, dating partner, or ongoing sexual partner)” (Breiding, Basile, Smith, Black, & Mahendra, 2015, p.11).

Reference:

Breiding, M., Basile, K. C., Smith, S. G., Black, M. C., & Mahendra, R. R. (2015). Intimate partner violence surveillance: uniform definitions and recommended data elements. Version 2.0. Atlanta (GA): National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

YES NO

Appendix S: Survey Instrument

A. Information Needs

1. What type(s) of information do you need to help you move towards a safer life?
(Please check all that apply)

- Warning signs
- Escape plan
- Restraining / protection orders
- Shelter information
- Child custody
- Child support
- Cyber Safety
- Definition of IPV
- General statistics / facts about IPV
- Hotline / referral service
- Job information / training
- Legal resources / assistance
- Medical facilities
- Mental health
- Provincial / territory specific statistics / facts about IPV
- Substance abuse
- Other, please specify: _____
- I choose not to answer

B. Website Awareness

2. Are you aware of the following websites?

		Yes	No	I choose not to answer
1.	https://www.healthlinkbc.ca/health-topics/te7721	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	http://www.vawlearningnetwork.ca/	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	http://endingviolence.org/	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	http://hope247.ca/	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	http://learningtoendabuse.ca/	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	https://www.mta.ca/Community/Student_services/Health_and_wellness/Harassment_Advisor/Intimate_partner_violence_(abuse)/Intimate_partner_violence_(abuse)/	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	http://www.makeitourbusiness.ca/	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12.	http://octevaw-cocvff.ca/	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	https://familyservicetoronto.org/	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	http://www.maws.mb.ca/index.htm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	http://www.neighboursfriendsandfamilies.ca/	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	http://1infour.ca/	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	http://surreywomenscentre.ca/	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	http://www.naomisociety.ca/	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	http://www.atira.bc.ca/	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	http://mhwss.ca/	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E. About You

(The following demographic information is collected for analysis purposes)

5. What is your gender?

- Male
- Female
- You are welcome to provide your self-chosen gender identity here:

- I choose not to answer

6. What is your ethnic origin?

- North American Aboriginal
- Other North American
- European
- Caribbean
- Latin, Central and South American

- African
- Asian
- Oceania
- Other, please specify: _____
- I choose not to answer

7. Where do you live most of the time?

- Canada
- United States
- Other, please specify: _____
- I choose not to answer

8. What is your highest level of education completed?

- Did not graduate from high school
- High school graduate
- Technical school or college
- Four year college graduate
- Postgraduate
- I choose not to answer

9. What is your marital status?

- Married
- Divorced
- Separated
- Widowed
- Never married
- Other, please specify: _____
- I choose not to answer

Appendix T: IPV Research Guideline and Protocol

A. Obtain Informed Consent from the Participants

1. For online participants, informed consent can be obtained by requesting them to click and accept the contents of informed consent with an option to print.
2. Informed consent should include the following information:
 - a) The risks and potential benefits of participating in this study;
 - b) The location of the survey tool server;
 - c) The kind of information to be collected;
 - d) The extent and potential limits to confidentiality and privacy, including how the information to be accessed and used; and
 - e) The right to refuse to participate and to withdraw from the research at any time without penalty or loss of benefits to which the participants are otherwise entitled (Curtis, 2014; Krogstad, Diop, Diallo, Mzayek, Keating, Koita, & Touré, 2010).
3. The researcher must be prepared to answer the questions of the participants.

B. Identity Protection of the Participants

4. The researcher should exercise extreme caution to avoid inadvertent disclosures that could be used in identifying the participants.
5. All identifiable information of the participants, such as the demographic information, should be stored separately in a secured environment and should be deleted from the data set once it is no longer needed.
6. The researcher should not discuss the results of the study with others in ways that might identify the participants.
7. In disseminating findings, the researcher should not disclose identifiable information without the consent of the participants.

C. Data Anonymity, Confidentiality, and Security

8. The data and electronic files of the study must be stored or transferred within a secured environment with current standards of encryption, firewall, and password protection, which can only be accessed by the researcher.
9. All physical files and documents must be stored and locked within a secured location with access limited to the researcher only.

10. When recruiting participants online, all data should be collected through a secured internet site, such as Qualtrics, that is outside of the social networking site, and data should be accessible only to the researcher.
11. The researcher should not request participants to provide contact information or survey responses through email.
12. The researcher must regularly review the terms and conditions of the privacy and confidentiality policies, and features of any service providers, such as online survey software, data analysis tools, and database software.
13. The researcher should request the social networking sites not to record or immediately delete all data regarding the recruitment advertisements.
14. The researcher should remind participants to avoid clicking “like” at the study webpage and sending their online “friends” invites to join the study through the social networking sites.
15. The researcher should send the participants with a link to a secure site, such as Qualtrics, which is not connected with the social networking site, to invite their friends to participate.
16. The online recruitment poster/notice should include purpose of the study, brief research description, and contact information of the researcher. The individuals interested in participating in the study can choose to contact the researcher directly for further detail without clicking on the link.
17. All electronic messages and online recruitment posters/notices should include a warning message and privacy notice written in plain language to proactively inform the interested individuals about the potential risks of clicking on any links within the advertisements.

Curriculum Vitae

Name: Sze Hang Lee

Post-secondary Education and Degrees: Simon Fraser University
Burnaby, British Columbia, Canada
2008-2013 B.B.A.

The University of Toronto
Toronto, Ontario, Canada
2013-2015 Master of Information

The University of Western Ontario
London, Ontario, Canada
2015-2021 Ph.D.

Related Work Experience Teaching Assistant
The University of Western Ontario
2015-2016