

A Web of Disheartenment With Hope on the Horizon: Intimate Partner Violence in Rural and Northern Communities

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Abstract

Intimate partner violence (IPV) has become a worldwide epidemic, yet little is known about the experiences of women survivors living in rural and Northern Canadian communities. Existing statistics suggest that women living in rural areas of the Canadian Prairie Provinces and Northwest Territories (NWT) are at a significantly higher risk of experiencing IPV. To better understand the experiences of IPV in these regions, qualitative interviews were conducted with service providers, including the Royal Canadian Mounted Police (RCMP), Victims Services, Shelter Services, counselors, and others (e.g., physicians). In total, 122 participants were

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interviewed. These interviews were analyzed using a grounded theory approach where the data/results were transformed into a pictorial matrix that documents the struggles that service providers endure. The matrix/results highlight how social issues, such as isolation and poverty, contribute to social oppressions, such as lack of resources, transportation, and/or services. As service providers struggle against these forces, they begin to develop feelings of disheartenment. Yet, they continue to fight because there are opposing forces, such as Emergency Intervention Orders, police transportation, and Victim Services, that demonstrate how societal response is improving the lives and increasing safety in rural and Northern communities. Ultimately, the results suggest that to reduce the incidences of IPV, we must go beyond the violent acts and deal with the social contexts in which IPV resides.

Keywords

domestic violence, cultural contexts, community violence, service providers, intervention/treatment, legal intervention

Intimate partner violence (IPV) is defined as a range of physically, sexually, and psychologically coercive and controlling acts by one intimate partner against another intimate partner (Ellsberg & Heise, 2005). Research conducted globally on the prevalence of violence against women suggests that this issue is reaching epidemic proportions where no social class or ethnicity is immune (Alhabib, Nur, & Jones, 2010). Despite the fact that 41% of these studies were conducted in North America (Alhabib et al., 2010), there continue to be gaps in knowledge about the Canadian context of IPV, specifically the experiences of women survivors in rural and Northern communities (Peek-Asa et al., 2011; Statistics Canada, 2014; Tam, Tutty, Zhuang, & Paz, 2016). These gaps need to be addressed to understand the barriers faced by women living in geographically isolated communities, who are often at a greater risk of violence and have fewer resources available to them (Lauzon & McCallum, 2007; Romans, Forte, Cohen, Du Mont, & Hyman, 2007). By understanding community experiences with IPV, these risks could be mitigated through the planning and implementation of appropriate interventions in rural and Northern communities (Nelder & Snelling, 1999). The purpose of this article is to address these issues by focusing on the community response to IPV in rural and Northern regions of the Canadian Prairie Provinces and Northwest Territories (NWT).

Rural and Northern Defined

“Rural” refers to persons living outside centers with a population of 1,000 and outside areas with 400 persons per square kilometer (du Plessis, Beshiri, & Bollman, 2001; Statistics Canada, 2011). The Statistics Canada Economic Regions map (Statistics Canada, 2011) was used to define “Northern” communities. This map was used, in part, because it incorporates a delimitation of Northern areas that is both officially accepted and corresponds to the Census data collection units. The focus of this study was on geographical communities located in rural and Northern regions of Saskatchewan (SK), Alberta (AB), Manitoba (MB), and NWT.

Prevalence of IPV in Canada

IPV continues to be a serious societal issue in the Canadian Prairie Provinces and NWT. These areas include the highest rates of shelter utilization, sexual assault, IPV, and spousal homicide in the country (Beattie & Hutchins, 2015; Brennan & Taylor-Butts, 2008). In fact, IPV rates in the territories (i.e., NWT, Nunavut, and the Yukon) are six times higher than in SK, with SK having IPV rates two times the national average. MB and AB also report significantly higher IPV rates when compared with the national average (Beaupre, 2015; Statistics Canada, 2013). In AB, rates of female IPV homicide have increased over the last 3 decades (Mihorean, 2005), while in Nunavut, NWT, MB, and SK, women are three times more likely than men to be victims of spousal homicide (Beattie & Cotter, 2010). In addition, researchers have consistently concluded that Indigenous women are at greater risk of IPV than non-Indigenous women (Allan & Smylie, 2015; Amnesty International, 2004; Brownridge, 2003; Wahab & Olson, 2004). Reports indicate that Indigenous women in Canada are three times more likely to be victims of spousal violence than non-Indigenous women (21% vs. 7%; Statistics Canada, 2006). These significant prevalence rates indicate that women, particularly Indigenous women, living in the Prairie Provinces and NWT, are at a much higher risk of physical violence and homicide than other areas across Canada. Yet, there remains a paucity of research on the experiences of women living in IPV relationships in Canada’s rural and remote areas and the service providers trained to help them.

Women’s Experiences With IPV Living in Rural and Northern Communities

Although the research on the experiences of women and service providers in rural and Northern communities is scarce, existing research suggests that

they are confronted with unique needs and barriers that prevent them from accessing critical services (Jiwani, Berman, & Cameron, 2010; Pruitt, 2008; Vafaei, Rosenberg, & Pickett, 2010). These obstacles include those that are geographic, failure of service availability, cultural barriers (e.g., lack of culturally sensitive services and interventions for Indigenous individuals), legal (e.g., decreased police presence), and confidentiality concerns (McGillivray & Comaskey, 1999; Murray et al., 2015; Peek-Asa et al., 2011; Puchala, Paul, Kennedy, & Mehl-Madrona, 2010; Shannon, Logan, Cole, & Medley, 2006; Shepherd, 2001; Smye & Browne, 2002; Thomlinson, Erickson, & Cook, 2000; Wuerch, Zorn, Juschka, & Hampton, 2016). Due to these unique circumstances, women in rural and Northern locations are at a much higher risk of sustained incidences and more severe consequences (e.g., death) of IPV. To better understand the consequences and impacts of these unique circumstances, the needs and barriers evident in rural and Northern locations will be discussed next.

The existing research suggests that geographic barriers have had a profound and direct impact on women in IPV relationships. Forsdick-Martz and Sarauer (2000) noted that with the nearest shelter often 100 kilometers away and public transportation not readily available, IPV survivors in rural SK are geographically isolated from necessary services. For instance, use of legal resources were impacted by the lack of legal and IPV-related services within rural SK communities. This finding was supported by Peek-Asa et al. (2011), who reported that, compared with women in urban settings in the United States, rural women must travel more than three times farther to access similar services. For women in Northern communities, lack of money and access to transportation (e.g., vehicle or fly-out services) also impacted their ability to flee violent situations (Riddell, Ford-Gilboe, & Leipert, 2009; Wuerch et al., 2016). Consequently, many women in IPV relationships are often forced to stay in their relationships due to limited service options within their immediate vicinity.

In addition to geographical barriers, there were also anonymity concerns regarding disclosure of IPV. Forsdick-Martz and Sarauer (2000) recognized the detrimental effect of the lack of confidentiality and anonymity in smaller centers in rural SK. The inclusive nature and smaller size of these communities meant that there was a higher likelihood that other people, including the offending partner, would find out if someone accessed IPV services (Forsdick-Martz & Sarauer, 2000). They also noted that anonymity concerns may lead to increased discomfort when accessing legal services in the community, particularly if police officers or lawyers knew the offending partner. Another study conducted in upstate New York found that women resisted reporting IPV to the police for fear that claims would be invalidated and discredited by police who they feared were desensitized to repeated reports of violence (Horwitz et al., 2011).

Finally, many studies have focused on how cultural contexts (e.g., rural culture and/or Indigenous cultures) impact IPV. For instance, Petersen, Moracco, Goldstein, and Clark (2005) found that rural women in North Carolina were less likely to disclose incidences of IPV due to conservative attitudes about domestic violence and the roles of men and women. In turn, this conservatism led to continued stigmatization and silenced the victims of IPV. In another study, Wendt and Hornosty (2010) examined the cultural contexts experienced by farm women living in rural areas in Australia and Eastern Canada. Their study found that rural women are more likely to stay in IPV relationships due to cultural contexts that emphasize the need for closeness, a sense of belonging in the community, and values tied to family unity and gender roles (Wendt & Hornosty, 2010). Finally, other studies have focused on the complicated dynamics of racism and discrimination with regard to IPV. For instance, cultural values and beliefs frequently make disclosing abuse to both formal services (i.e., police, shelters, and health care professionals) and informal supports (i.e., family and relatives) more difficult for Indigenous women (Bopp, Bopp, & Lane, 2003; Willis, 2011). Furthermore, many Indigenous women living in geographically diverse communities are faced with the additional challenge of finding services and interventions relevant to Indigenous cultures (McGillivray & Comaskey, 1999; Puchala et al., 2010; Shepherd, 2001; Smye & Browne, 2002; Thomlinson et al., 2000). Despite the valuable research on IPV experiences in rural areas in various parts of Canada, Australia, and the United States, we still lack a comprehensive understanding of the experiences of women in IPV relationships in Northern and rural communities in Western Canada.

Experiences of Service Providers Working in Rural and Northern Communities

Even fewer studies have examined the experiences of service providers in rural and Northern regions of Canada. One study by Wuerch et al. (2016) highlighted the challenges of service providers in rural and Northern SK. In this region, service providers expressed their frustration with a lag in response time that often led women to return to their perpetrator because of a lack of support (emotional and financial). Service providers also documented the difficulties (e.g., high staff turnover) they faced while trying to build respectful and trusting relationships between themselves and the communities they were servicing. Another study by Merchant and Whiting (2015) found that shelter workers in geographically diverse areas often felt frustration and hopelessness with the scarcity of IPV resources, which contributed to professional burnout and a further reduction in resources.

The intent of the current study is to further our understanding of the experiences of service providers in rural and Northern regions of AB, SK, MB, and NWT. By examining these experiences, we will gain a more comprehensive understanding of the unique needs and service barriers that exist for women in these regions, the cultural contexts that impact women's access to IPV resources, and the conditions required to build safer communities and more effective services for women living in IPV relationships in rural and Northern communities.

Method

Data Collection

The current study was part of a multiyear project titled "Rural and northern community response to intimate partner violence," funded by the Social Sciences Humanities Research Council's Community-University Research Alliance (SSHRC/CURA). In Year 1, Geographical Information Systems (GIS) were utilized to map the reported incidents of IPV and services available to women in rural and Northern areas across MB, SK, AB, and NWT. In Year 2, this information was used to determine the regions within each province or territory where qualitative interviews with service providers would take place.

Recruitment. Purposive and snowball sampling (Creswell, 2007) were used to identify participants with extensive knowledge of the research questions and the expertise to be able to identify and suggest best practices for managing the needs and gaps in services for women in their regions. Participants included individuals employed by shelters and victim services, as well as mental health/crisis counselors who attended communities on an occasional basis and Royal Canadian Mounted Police (RCMP) officers (see Table 1). The RCMP officers were interviewed after receiving permission from each regional RCMP office. All participants had to be 18 years of age or older with experience providing services to women involved in IPV relationships in rural and Northern areas.

Interviews. Open-ended qualitative interviews were conducted with 122 individual service providers from rural and Northern communities within MB ($n = 33$), SK ($n = 28$), AB ($n = 30$), and NWT ($n = 31$). The interview guide focused on the following questions: (a) What are the unique needs of women who experience IPV living in rural and Northern regions of the Prairie Provinces and NWT in Canada? (b) What are the barriers that exist in meeting

Table 1. Participant Demographics by Region.

	Region									
	Manitoba (n = 33)		Saskatchewan (n = 28)		Alberta (n = 30)		Northwest Territories (n = 31)		Overall (N = 122)	
	n	%	n	%	n	%	n	%	n	%
Gender										
Male	4	12	9	32	8	27	9	29	30	25
Female	29	88	19	68	22	73	22	71	92	75
Occupation										
RCMP	7	21	12	43	10	33	11	36	40	33
Nurses	1	3	0	0	0	0	6	19	7	6
Shelter Services	11	33	7	25	10	33	3	10	31	25
Victim Services	10	30	8	29	10	33	3	10	31	25
Counselors	1	3	1	3	0	0	0	0	2	2
Social Workers	0	0	0	0	0	0	2	6	2	2
Other	3	9	0	0	0	0	6	19	9	7

Note. RCMP = Royal Canadian Mounted Police.

these needs? and (c) How do we create and sustain nonviolent communities in these regions? The majority of interviews were conducted via telephone due to geographical and financial barriers, as well as time constraints. All interviews were conducted by experienced postsecondary academics and graduate-level research assistants (approximately five interviewers per province/territory). All interviewers used the same script that included a description of the project, the research questions, and potential prompts.

Data Analysis

Following collection of these interview data, all interviews were transcribed and analyzed by each respective regional team. Community partners were also invited to participate in the analyses. Using a grounded theory approach (Corbin & Strauss, 2008), each regional team analyzed the transcripts in their region and generated open codes/categories. These codes described what was occurring within these data and were used in the development of overarching concepts. These concepts formed explanations as to how the codes/categories were related or connected to other codes/categories (i.e., axial coding). From these concepts, each region developed an overarching/central theme that described and explained the phenomena within their region (i.e., selective coding). Along with a written explanation, each team developed a pictorial diagram that

depicted the experiences of IPV in their respective region (Barton, Milford, McBride, Letourneau, & Mailloux, 2015). Each region presented their findings at regional meetings, group sessions with all regional personnel, and at academic conferences. Feedback and comments were reviewed and incorporated within the final regional product where appropriate.

Following the selective coding phase at the regional levels, the first author (Y.N.F.) was recruited to develop an overarching/central theme across all regions. To begin, all regional analyses, including open codes, axial concepts, and central themes, including diagrams, were collected and further analyzed for overarching themes and concepts consistent across all regions. First, all material from each region was reviewed in detail, and the author engaged in memo writing to document and dissect emerging concepts (Corbin & Strauss, 2008). The second phase was similar to the regional analysis in that common concepts explaining connections between codes/categories across all regions were identified and included within the analyses. The final step was the development of a central concept of "disheartenment with hope," which included the matrix illustrated in Figure 1. To ensure rigor, the analysis and matrix were presented to the regional teams at an annual regional meeting. The analysis and matrix were thoroughly discussed, and all agreed on the findings. The findings were then presented to service providers in attendance at an annual conference in SK. The feedback from audience members further corroborated the validity and applicability of the model.

Results

Across all regions, service providers discussed the unique needs (confidentiality) and barriers (e.g., lack of childcare) they faced while attempting to help women experiencing IPV. They also described the overarching social anchors/themes (e.g., unemployment, resources) that were contributing to the creation of these unique needs and barriers. At the center of their discussions was a sense of disheartenment as they fought against these social barriers and oppressions. Yet, they remained hopeful about the future and their ability to help women fleeing IPV.

A matrix (Figure 1) was developed to more fully explain the experiences of service providers in rural and remote areas. The matrix depicts a web that is anchored by six social factors (e.g., poverty) that represent the higher level or overarching contexts in which service providers felt IPV occurred. They are broad categories or anchors that intersect to create an environment conducive to IPV while oppressing and marginalizing those fighting against or experiencing IPV firsthand. The web further illustrates how the anchors are interconnected through social issues and concerns that service providers and

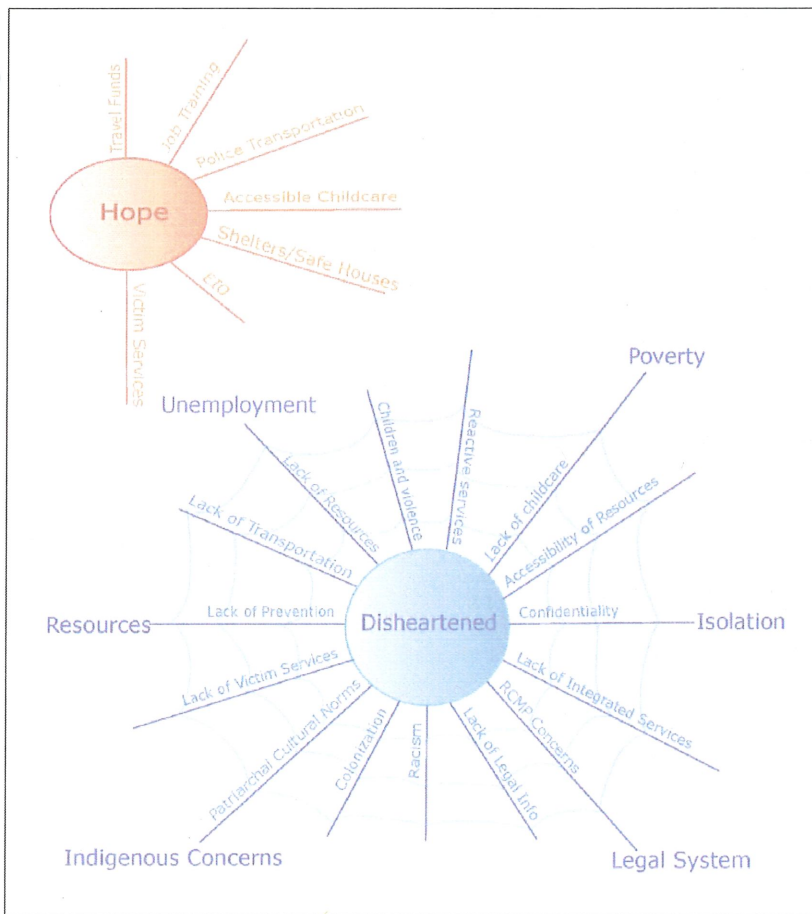


Figure 1. Web of oppression, disheartenment, and hope.

Note. EIO = Emergency Intervention Order.

women in IPV relationships must contend with on a more frequent or immediate basis. For example, lack of childcare is a more immediate concern that is a product of the overarching social anchors of isolation, poverty, and unemployment. At the center of the web is a sense of disheartenment. Service providers indicated that disheartenment was a common feeling as they repeatedly struggled against these daily challenges and larger social concerns.

Disheartenment is not to be confused with hopelessness. In this matrix, the pictorial metaphor of the sun represents strength, perseverance, illumination,

and hope. For many of the participants, strength is required as they continually fight against the social contributors to IPV in rural and remote areas despite an absence of solutions. Perseverance to keep fighting was also vital when feelings of frustration concerning failed IPV interventions were experienced. Illumination of the web and the issues they were fighting against was necessary to understand when deciding what actions to take. Conversely, illuminating the good (e.g., safe houses) created hope that things could change. Hope was placed in the center of the metaphorical sun because it symbolized the critical force in the fight against IPV. For, without hope, the fight would be meaningless, and individuals would likely discontinue fighting. The following results describe the overarching anchors in more detail and how they intersect through the daily challenges and barriers experienced by service providers in rural and remote areas. The results also highlight the hope found in the social structures aimed at helping women in IPV relationships.

Indigenous Concerns

The legacy of colonization and marginalization has had a profound impact on the experience of IPV. Throughout Canadian history, Indigenous people have been subjected to a variety and abundance of documented tragedies that include trauma, grief, and loss, which contribute to current incidences of substance abuse and IPV. Due to these injustices, many residents of Indigenous communities feel a sense of hopelessness and despair (Allan & Smylie, 2015). For many participants, Indigenous concerns were a common need that they attempted to address on a frequent basis. This was the case for one participant, who described the impact of the residential school system on Indigenous men:

Victim Services: I think that there has to be programs in place and it could be even politically done in a way that it's because of the residential school incidents and stuff, but that the men have suffered and they've learned . . . you know abuse brings abuse, so they've learned that this is their survival, and they don't have to fight anymore. Like they have healing circle and that, and I don't know what goes on there, whatever, but obviously it's not working. To me it's not working. It might work for them, but it's always . . . I get discouraged when I hear, "Well, I was in a residential school and I was abused and that's why I do this." No, no, no, no . . . You have a choice. Either you can be a victim all of your life or you can be a person. But doing it in such a way that it addresses the issue because I'm not saying they don't have issues. (SK)

Racism and colonialism. A common theme for service providers was frustration expressed at racism, particularly toward Indigenous populations or individuals. This frustration often took the form of rallying against the idea that partner

violence (or any violence) was an accepted way of life and dominant characteristic of Indigenous cultures. While these expressions of frustration are negative sentiments, they may also be evidence of a positive factor: that police force members, Victim Services workers, and community workers are all aware that violence, such as IPV, should not be more "acceptable" in some regions and that they are willing to speak out against its normalization on the basis of race. Conversely, some participants described how police response to IPV in Indigenous communities was slower than warranted, which was attributed to the lower social status of Indigenous women within Canadian society:

Shelter Services: I think the Aboriginal women are not treated the way they should be by society . . . The [RCMP] don't respond as quickly, from the numerous conversations I've had with women over the past 10 years. They are not looked at as important. (MB)

In addition, the slower response time may also be attributed to the geographical isolation of many Indigenous communities.

Isolation

Isolation, particularly within rural communities, strongly impacts the trajectory of IPV in a myriad of ways. Service providers described how physical isolation, community dynamics, and communication limitations prevent women who have experienced IPV from seeking services and interventions. Furthermore, of the limited services available, distance to these services may impact access to required services, given the distance that would be required to access them. Isolation also contributes to longer response times for police, which may act as a deterrent to victims who require their assistance:

Victim Services: In some of my other communities, it could be an hour before the police get there, so you know if you need to call for help, you better make it worth it. Because you're going to be waiting for them. Even when they come lights and sirens, it's still 45 minutes away. (SK)

These barriers to essential services also greatly contributed to the service providers' frustrations and feelings of disheartenment.

Lack of community/familial resources. A lack of community resources was characterized by instances where communities were unable to respond effectively with existing resources. These instances included lack of services due to staffing issues, high staff turnover rates, overworked existing positions, volunteer fatigue, and inadequate training. General funding concerns were

frequently expressed, in addition to several other service gaps that needed to be addressed at a community level. Other times, the deficit is interwoven with problems of poverty or fear, as family members may also lack resources necessary to help victims.

Victim Services: I think that the resources aren't there, and I think that if they were, like if there were enough counselors and enough resources, we could . . . I'm sure you could go into almost every community, especially these isolated ones, and you could hand pick, well you can find the high risk areas, you could pick them out and work with them. But there's not the resources to do that, so you kind of risk manage; you hope for the best. (NWT)

Legal System

The legal system in rural and Northern communities also contributed to the oppression of women in IPV relationships. Although domestic violence courts have been established, and specialized training for many police officers and RCMP workers has been offered, these resources do not always reach rural and Northern regions within Canada. For instance, in SK, some participants expressed frustration at the expectations of police officers; they are responsible for dealing with the perpetrator but have limited resources and authority to help the victim. Furthermore, they are not always able to provide aid to women or children who may be at risk. There are also communities where police and RCMP officers are expected to take a nurturing role with victims, providing emotional support and acting as liaisons between victims and other services, such as shelters. RCMP officers also reported feelings of frustration with the interpersonal dynamics and patterns within IPV relationships, where victims recant statements following charges of abuse:

RCMP: They are reporting a fair bit, not as much as it should be. But there is a tendency to report to the police to get the partner picked up. It's Band-Aid. It's rare to see the follow through. The amount of investigation I've done where the victim becomes noncooperative. As soon as he's in custody, they're done. They want him taken away for 8 hours. . . . The next day, don't want to speak about it again. Recanting statements they want their partner back. Our hands are tied. We have a zero tolerance DV (domestic violence) policy, but it doesn't help at court time because the charges go away. (NWT)

There were also feelings of disheartenment with the legal systems in these regions. Some participants discussed inadequate knowledge of the system and noted that many women were unsure of where to access this

knowledge. In some cases, fear of retribution, family disruption, children's safety, money problems, and displacement of housing kept women away from the legal system entirely. In fact, participants indicated that abused women who had gone through the legal system previously were often hesitant to reenter the system, especially if the system did not serve their best interests the first time.

Shelter Services: I'm going to say that most women do not want the police involved—a good majority. They just want to move forward in a safe way, they don't want the community to know, they don't want their family or friends to know. They want to be safe, they want to keep their options open. They may feel that the violence will get worse if they cause that problem. They may have previous history and have decided that the police and the courts have let them down, and there's no point. (AB)

There were also suggestions on what needed to change within the current system, including good legal assistance for women to help them deal with Family Law issues, pro-arrest policies for IPV, allowing women to make their own decisions, separating women from their offenders in court, and to stop blaming women for the abuse they have endured. Participants also expressed a desire for more resources within the legal system that were aimed at rehabilitating individuals commonly found in the court system.

RCMP: I can definitely say that if the courts here, like I'm not looking at these offenders always going to jail, that's not my viewpoint, my viewpoint is we see the same people coming to the court systems, we see the same victims, and we're not even taking the time to rehabilitate these people. They're there in front of us, and we're not preventing anything, we're not treating anybody, so how else would we not break these cycles? (SK)

Poverty/Unemployment

Poverty was a concern in many communities and for many women who did not have access to educational and employment opportunities within their respective communities. An absence of educational credentials negatively impacted women's ability to obtain employment within their communities. In addition, due to a lack of financial and employment resources in rural areas, there was a scarcity of jobs available for women seeking financial independence. Consequently, many participants described how a lack of education and community resources led to financial dependency on an abusive partner and limited the victim's ability to escape abusive relationships, which impacted their ability to help the dependent partner.

Other (physician): I feel like the person who is their abuser is their only source of income. So, they number one go to jail, or number two they leave them and they have no way to support their family and kids. So, they don't press charges or they go back to these individuals because they feel that if they didn't, financially they'd be destitute. (NWT)

The effects of unemployment were far-reaching and intertwined with poverty and accessibility of resources. The lack of employment income in certain areas restricted some women's access to food, clothing, shelter, and transportation; all insecurities that play a role in the stay/leave decision-making process. As noted by the participant below, women are often connected to their communities through familial and emotional ties. As such, the idea of moving to larger urban centers, where employment and educational prospects are better, is difficult to consider.

Other (physician): These people feel that these communities are their homes and they do not want to leave them to go to a bigger center where they could potentially access more resources, more education, more jobs, so I think that the location alone is like such a huge issue. So it's kind of a combination of location versus funding, but I think the problem is so complex. (NWT)

Resources

All participants noted a deficit of resources in some capacity. This included a lack of integrated services, childcare, victim services help, alternatives to RCMP, transportation, jobs, shelters, and IPV information. Without these resources, women were at higher risk for poverty, isolation, unemployment, and decreased access to the legal system, all of which increased the likelihood of staying in the abusive relationship.

Lack of safe housing/shelters/transportation. A deficit of available housing, shelters, temporary safe houses, and options for transportation were cited as hurdles by almost every participant when addressing IPV. This deficit is interconnected with varying levels of oppression, including isolation, poverty, Indigenous concerns, fears concerning a lack of confidentiality, and accessibility of resources. This deficit results in gaps in services that could lead to potentially dangerous situations for many women living in IPV relationships.

Counselor: Because flights in these small communities don't happen every day. So there are literal gaps there in transportation services to even get her somewhere. There's the gap that there aren't shelters in the small communities, they have to literally get on a plane and fly hundreds or thousands of kilometers

to get to a place of safety, which has its pluses and minuses I suppose but it's gonna take her away from any support she does have in her community . . . there can be communities that don't even have RCMP, so if she doesn't have the backup, she's got a compounded problem if she's in this teeny community, there's no shelter, no RCMP; basically all she can hope for is if she has some healthy family connection, and the women end up supporting each other. Maybe she ends up going to another family member or friend's house. But then what are the chances he knows where the house is? (NWT)

Lack of childcare/children affected by violence. Difficulty securing childcare while seeking help, exiting the relationship, and attending support meetings was a consistent theme heard from all regions. The lack of adequate childcare is frequently framed as a financial concern (poverty), and includes issues of schooling, scheduling, and security. Instances of violence impacting children being left unaddressed were discussed, such as gaps in children's services to appropriately assist them as secondary victims of violence.

Shelter Services: And then as far as child protection goes, I've heard the same, you know, that having more supports for the parents themselves, for the whole family unit so that they can heal their own struggles and address the barriers that they're facing . . . You know, so accessing childcare, trustworthy childcare, respite services, you know, it's just kind of one thing after the other. (NWT)

Lack of victim services. A combination of hope and frustration was expressed by some participants who shared profoundly encouraging comments about Victim Services, while others expressed despair about the lack of services. In some cases, Victim Services were not available within the community; consequently, victims of partner violence were forced to travel to access services:

RCMP: There isn't a lot of resources in their communities, which requires them to either have to travel or do without them. So I think that's a huge need for the women when they're trying to deal with these situations that they're in. 'Cause not everyone wants to leave, that's not always the easy answer for them, but the resources aren't there. (AB)

Concern was also expressed regarding the lack of Victim Services for Indigenous communities. In some cases, Victim Services personnel were granted access to reserve property to support victims of abuse, while in other cases, Victim Services were unavailable. Unfortunately, in some circumstances, victim services positions on First Nations reserves were available, but they were sometimes left vacant for long periods of time leading to reduced services for IPV survivors.

Lack of integrated services. A frequent complaint was the disconnect of information between service providers and stakeholders. Victims often had to contact multiple organizations to find information about services, which could often lead to feelings of confusion or dismay resulting from having to relay their story of abuse to various individuals. Issues of “red tape” (e.g., limited hours of service provision) were also cited. For example, some shelters required referrals from Victim Services, which may not be possible at certain hours of the night:

Shelter Services: I think it's like anything when you have resources and support systems that are split up. So you know, if you want this you go there, if you want this you go there, and I think there's, with the colonization and everything that's intergenerational trauma, all that stuff in the North I think there really needs to be, and I don't know, I think it comes back to that there's not enough of a territorial obligation, I don't feel. (NWT)

Lack of prevention. Several participants expressed frustration with services that seemed to address IPV in a post hoc manner by focusing on damage control. Apart from education (discussed in section “Poverty/Unemployment”), several gaps were identified that participants felt were crucial for reducing the prevalence of IPV:

Shelter Services: Programing for the abuser as well is required, it's a barrier because they don't, unless you charge them, you don't really have an awareness or a program for them to attend. And the need or the want to change isn't there unless they are aware that what they're doing isn't healthy for the relationship . . . You know like even a crisis line if they feel like something is triggering, I think that would help a bit. (SK)

Hope

This section outlines the contexts that bring hope to individuals and communities in their struggles against IPV. While the absence of resources is addressed elsewhere, many discussions include caveats that supports are incomplete or insufficiently accessible. Interviews contained both positive, celebratory discussions of existing resources, as well as cautious optimism; clearly, some participants do not want to misrepresent resources as either more robust than they really are, or, in some cases, even sufficient.

Emergency Intervention Order (EIO). One of the common frustrations expressed by stakeholders was the removal of victims and their children from their homes following an IPV event, thus, further disempowering and disadvantaging them. Isolated from familiar surroundings, resources, and

sometimes even their place of employment, displaced women must then go through the process of seeking services and sometimes becoming embroiled in legal proceedings. EIOs are seen by participants as a positive move toward improving victim safety. EIOs allow victims and children to stay in their homes while providing a temporary legal barrier against contact from perpetrators. Contact with community resources, employment, schools, and home comforts is available to victims while they proceed with next steps, such as laying charges or seeking other living arrangements. While these interventions constitute a step toward improving safety, participants recounted how EIOs are not a cure-all, and safety issues in rural areas still exist. The authors note that, in the NWT, EIOs are referred to as Emergency Protective Orders.

Victim Services: They do have what they call the EIO, and that can buy some time for the women to be in the home to set up other places for them to go, it can buy them like 30 days or something and have him removed. Those aren't enforceable on reserve land because they're owned by the band and they get to dictate who lives there and typically the house goes under the male's name. So they're not as successful. (SK)

Job training. The theme of job training manifested in the interviews in two ways: as (a) opportunities for police, volunteers, victim's service workers, and other frontline staff to engage in professional development that assists or will assist them in their capacity to help implement interventions for IPV; and (b) opportunities for victims to engage in training that helps them find and retain employment, thus, reducing their economic vulnerability. For example, in AB, the provincial government provides educational funding (up to 1 year) for women leaving abusive conditions.

RCMP: I could get her counseling, I could get her daycare, we could look into getting her trained up, get her résumé together if she wanted to go out and work. There's a lot of different things. Through (organization A), there's a CDN\$1,000 fleeing violence fund available . . . But in order to qualify for that, you have to actually leave the residence or leave the community. (AB)

Victim Services. Victim Services provide a variety of services to families experiencing IPV, with available services varying across regions. In some jurisdictions, a Victim Services worker invariably accompanies police officers to domestic violence calls, while in other jurisdictions, victims must contact Victim Services themselves after having completed their transactions with the police. In MB specifically, all IPV incidents are reported to MB Victim Services. Also discussed were some of the changes within Victim Services that served to broaden the reach and accessibility of services.

Victim Services: I get a referral from the RCMP or if it's a, if they need my services right away, they'll call me out . . . I usually meet them at wherever the victim is. Try to find a safe place for them, but that doesn't happen very often. The police usually take them to the women's shelter . . . I get the referral the next day and do follow-up and make sure they're all right. (SK)

Accessible child services. Several participants discussed services specific to the well-being of children. Sometimes these were additional childcare considerations (e.g., services provided while women were attending counseling, shelters that accept children as well as women). More frequently, there were brief mentions of children's services becoming involved as a corollary to the involvement of Victim Services.

Shelter Services: We have all these community agencies that are very accessible for our clients, like Mental Health, Addictions . . . and they're very good, Children Who Witness Violence worker who's very good—she'll come in and talk with the women or else she'll come talk with our workers just to let us know, update information and everything. (SK)

Shelters and safe houses. In communities where shelters were available, women could access several resources during their temporary stay. The usual time frame for these temporary stays ranged from 30 days to up to 6 weeks at no cost. A few safe houses were also available for shorter term (usually overnight) placement of victims before a more permanent shelter placement could be found, or other solutions were worked out. Enthusiasm about this resource was often tempered by concerns about confidentiality, proximity, and availability.

Shelter Services: We'll get them settled, and get their children settled. Then, we will sit down, and talk to them one-on-one to find out what's going on and what their situation is like. They can stay at the shelter for up to 6 weeks with no cost. During that time, we try to put them in contact with housing, financial, sometimes education, and work programs. It depends upon the individual. (SK)

Travel and transportation. Just as transportation presented a significant barrier in some situations, in contrast, some communities, organizations, and individuals displayed initiative and helpful attitudes regarding responses to this problem. From travel funds for cab fare to police arrangements for secure transportation to and from shelters, some of the gaps in transportation were met with an encouraging willingness on the part of community members.

Shelter Services: Times I've gotten up at that time to drive women to the depot because I feel they shouldn't have to stand in the dark. And it's not located in a great end of town . . . it's a huge safety risk for us. (MB)

Discussion

To our knowledge, there is a paucity of research on the societal factors in rural and Northern regions that contribute to the oppression of individuals (e.g., women, men, service providers) involved in combating IPV. Previous research has discussed the impact of factors influencing individuals in rural and Northern areas in a piecemeal fashion, where factors are layered on top of one another to demonstrate the severity of their effect on women in IPV relationships (Murray et al., 2015; Peek-Asa et al., 2011; Shannon et al., 2006; Wuerch et al., 2016). Despite their importance and significant research contributions, these studies failed to acknowledge or identify the intersections of societal factors that operate to oppress individuals involved in IPV. This study contributes to the research on IPV by identifying the intersections of different social factors that work to oppress individuals dealing with IPV.

The overarching social factors identified in this study were isolation, unemployment, poverty, Indigenous concerns, lack of resources, and the legal system. They intersected through social concerns (i.e., racism, lack of resources/childcare/victim services/transportation, and confidentiality) that were experienced by service providers on a frequent basis. In trying to fight these daily oppressions, service providers described a feeling of disheartenment as they struggled with and fought against the metaphorical web. Similar to the wires of the bird cage described by Frye (1983), each strand of the web represents an oppressive social concern, and the web itself is anchored by oppressive overarching social factors. As Frye (1983) explained, not one wire, or in this case, one strand/anchor of the web, has the power to entrap the oppressed individual. Rather, the intersections of the strands and anchors that hold the web in place entrap the oppressed individual. As such, fighting against one singular strand or anchor of the web (e.g., poverty) will ultimately not eliminate the struggles and barriers faced by service providers because the other strands and anchors would continue to hold the web in place. For example, lack of childcare is a consequence of poverty, isolation, and resources. As such, eliminating one of the three overarching anchors will not solve service providers' concerns surrounding adequate childcare.

Based on participant responses, it appears that the feelings of disheartenment are a consequence of fighting primarily against the strands of the web that have daily impacts and consequences. As frontline staff, their concerns centered around ensuring the safety of women enduring IPV (e.g., adequate services, transportation). As this study and other studies have shown, this becomes increasingly more difficult for women residing in geographically diverse areas where shelters, victim services, transportation options, and so forth are scarce (Jiwani et al., 2010; Pruitt, 2008; Vafaei et al., 2010). Although the participants recognized and acknowledged the overarching anchors, there

was little they could do to fight the anchors as their energy was put toward combating the more immediate concerns (i.e., strands of the web). In addition, many of these individuals lacked the political and/or social power to combat the anchors supporting the web. Despite the frustrations and feelings of disheartenment associated with these fights, the participants still conveyed a sense of hope. Without hope, they would not continue the fight.

This study also identifies the factors that bring hope to those fighting against IPV. Too often, studies focus on the incidence, prevalence, and impacts of IPV without recognition of the services that are helping to reduce or mitigate its occurrence (Beattie & Cotter, 2010; Horwitz et al., 2011; Peek-Asa et al., 2011). In contrast, this study identifies the potential solutions to the IPV problem, such as EIOs, travel funds, police transportation, accessible childcare and victim services, job training, and increasing shelters/safe houses. It is these factors that bring relief, hope, and revitalization to those fighting against IPV.

In conclusion, IPV, as with all violence against women, is an epidemic and a global issue that transcends culture, economics, political ideology, and historical time frames (Alhabib et al., 2010). It can no longer be understood as an issue limited to individual women, but must be considered a product of social, political, and cultural structures. We must also go beyond the violent act and address how these structures are creating IPV environments while continuing to oppress women (Crenshaw, 1991). More specifically, we need to address a multitude of concerns in rural and Northern communities, where issues such as isolation, lack of resources, unemployment, poverty, and Indigenous concerns are creating and maintaining oppressive situations. Although there is progress being made in the form of job training, travel funds, and EIOs, more work needs to be done to address the larger social contexts in which IPV occurs.

Limitations

Although the contribution to knowledge is significant, there remain some limitations. First, despite having a large sample of participants, the study was restricted to three Canadian provinces and one territory; therefore, the results may not be generalizable to other populations outside of this geographical area. Second, the perspectives of IPV came from service providers and RCMP who had extensive experience and knowledge of the issues concerning women living in IPV relationships. Yet, the direct voices/stories/experiences of the women who have endured IPV were not explored, therefore, future research should focus on these experiences to determine if the victim's perspective of IPV is similar or different. Finally, although efforts were made to

protect the identity of participants, it is possible that participants were fearful of being identified through the disclosure of specific details. As such, information provided by participants may have been restricted, resulting in the loss of specific details. However, as no participants expressed confidentiality concerns, it is believed that the accounts were valid and accurate.

Participant Recommendations

The following recommendations were suggested by study participants. First, women in rural and Northern regions need a safe place to seek refuge from IPV. This will require individuals and government representatives to address the social concerns identified in this study. Second, Indigenous concerns regarding IPV should also be addressed through the implementation of culturally appropriate interventions. Third, integrated services and partnerships between service agencies should be established in communities where they do not exist to serve those who have been victimized by IPV. Through cooperative partnerships, information, resources, and knowledge intended to help women in IPV relationships, solutions of a social nature can be more effectively shared between service providers and first responders.

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