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ORIGINAL ARTICLE

Perspectives on Regional Differences and Intimate Partner Violence in Canada: A Qualitative Examination

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Abstract Few studies have examined the impact of intimate partner violence (IPV) within rural and northern communities. The current study addressed gaps within the literature by gathering perspectives from community service providers and academic researchers in order to increase understanding about the unique needs of IPV survivors within geographically diverse regions. Interviews were conducted with ten participants from Saskatchewan, Manitoba, Alberta, and Northwest Territories. Interviews focused on the unique needs of IPV survivors within each region, gaps that exist in meeting those needs, as well as questions pertaining to a larger research study entitled, *Rural and Northern Community Response to Intimate Partner Violence*. Results revealed several core themes relating to the unique challenges faced by IPV survivors within each region, as well as barriers to accessing services within rural and remote communities. Results also highlighted important considerations for future researchers, such as challenges that can arise when conducting research within geographically remote locations. Findings may help inform future development and implementation of services for IPV survivors residing in geographically diverse locations across Canada.

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Intimate partner violence (IPV) occurs worldwide and is one of the most pervasive forms of gender-based violence (Heise et al. 2002). IPV refers to "behaviour by an intimate partner or ex-partner that causes physical, sexual, or psychological harm, including physical aggression, sexual coercion, psychological abuse, and controlling behaviours" (World Health Organization 2013, p. 239). It is well documented within the research literature that there are long term physical, emotional, social, and mental health consequences associated with IPV. For instance, higher rates of depression, suicidal ideation, posttraumatic stress disorder, substance misuse, and difficulty with daily life functioning have been reported among women who have experienced IPV (e.g., Golding 1999; Graham-Bermann et al. 2011; Lilly et al. 2011; Lynch and Graham-Bermann 2004).

In Canada, women are four times more likely than men to experience severe forms of IPV, such as spousal homicide and being threatened with a weapon (Statistics Canada 2013a). When examining police-reported IPV, Saskatchewan and Manitoba have the highest rates of spousal violence against women, 1028 and 832 per 100,000 population respectively, when compared to any other province and the average rate of IPV in Canada (485 per 100,000 population; Statistics Canada 2013a). Among the Territories, Northwest Territories (NWT) has a prevalence rate three times higher when compared to any other province, with rates of 3542 per 100,000 population (Statistics Canada 2013a). It is important to note that prevalence rates within Canada may be inaccurate, as experiences of IPV tend to go unreported. Statistics Canada (2009a), b) suggests that 78% of instances of spousal violence and abuse occur that are not reported, so prevalence rates for IPV are likely higher.

Moreover, Statistics Canada (2011) reports that Aboriginal peoples constitute a high percentage of the population within the Prairie Provinces and NWT. Aboriginal people constitute

51.9% of NWT's population, 16.7% of Manitoba's population, 15.6% of Saskatchewan's population, and 6.2% of Alberta's population (Statistics Canada 2011). The severity and frequency of IPV among Aboriginal women is magnified when compared to non-Aboriginal women. Of the Aboriginal women who experience IPV and come forth with these accounts, 48% report being severely abused and express thoughts of fearfulness for their lives (Statistics Canada 2009a; b). These severe abusive behaviours include being beaten, choked, threatened, or having a gun or knife used against them (Mihorean 2005; Statistics Canada 2009a; b). In comparison, 32% of non-Aboriginal women report similar behaviours and levels of violence. Furthermore, Aboriginal women are eight times more likely to be killed by an intimate partner when compared to non-Aboriginal women (Statistics Canada 2011; The Canadian Women's Foundation, 2013). The devastatingly high rates of IPV accounts among women, and even higher accounts among Aboriginal women, indicate that future research is imperative to gain a greater understanding of the needs of women within Canada.

Several challenges and barriers are cited that influence whether or not women experiencing IPV will access resources and services. Fear of retaliation, shame, embarrassment, fear of losing children, animal safekeeping, financial concerns, and not being aware of available resources are attributing barriers (e.g., Faver and Strand 2003; Hathaway et al. 2002; Morrison et al. 2006). Among Aboriginal women, greater challenges and barriers exist due to gender and cultural inequalities. For instance, poverty, family size, language barriers, limited employment opportunities, the intergenerational effects of colonization, and living in a rural or northern area are all common barriers among Aboriginal women seeking refuge from IPV (Brownridge 2009; Malcoe et al. 2004; Sheftel 2014).

Within rural and northern communities, there are unique challenges to accessing resources and services. Often, there are no close shelters available, there may be a lag in response time due to distance to services or transportation issues, and problems with confidentiality arise (Aboriginal Justice Implementation Commission 1999; Brownridge 2009; National Collaborating Centre for Aboriginal Health 2011; Peek-Asa et al. 2011). Findings from a study conducted by Forsdick Martz and Sarauer (2000) indicate that within rural communities in Saskatchewan, the nearest specialized service for women seeking refuge was located an extensive distance away. This distance was a deterrent for many women accessing services (Forsdick Martz and Sarauer 2000). Furthermore, concerns regarding anonymity and confidentiality are of great concern. Research findings suggest that because it is difficult to remain anonymous within smaller communities (e.g., if the police officer in town is a relative to the abusive partner), hesitation in accessing various services becomes a challenge (Forsdick Martz and Sarauer 2000).

In addition to the mentioned challenges and barriers, Aboriginal women within rural and northern communities face further challenges when accessing resources and services for IPV. The lack of culturally sensitive interventions that target the longstanding impacts of colonization, such as ongoing prejudice against Aboriginal peoples in Canada and the normalization of violence, impacts the likelihood that women will seek out formal support (McGillivray and Comaskey 1999). For many Aboriginal women, there is a level of distrust associated with seeking support from service providers, such as an increased fear of being stereotyped from members of their community (Sheftel 2014).

Due to the difficulties in conducting research within geographically diverse regions, few studies have examined the experiences of women living in rural and northern communities within Canada (Moffit et al. 2013). For instance, as rural and northern regions are less populated, challenges may arise when recruiting participants (Rural Health Information Hub 2016). Care must be taken to ensure that trust is established and that the information collected is shared in a manner that protects individual and community identity (Rural Health Information Hub 2016). Another common limitation discussed is the lack of universally accepted definitions for "rural" and "northern" (Pong and Pitblado 2001). In addition to these barriers, research on community partnerships has discussed the tensions that may arise between service providers and academic researchers (Bryant et al. 2007; Ristock and Pennell 1996). Further research is warranted to examine additional barriers in conducting IPV research within rural and remote regions and to continue investigating the importance of geographic, economic, and structural factors within diverse regions (Jennings and Piquero 2008). Focusing on contextual differences among these regions will better inform the development and implementation of resources and services as well as future research endeavors investigating IPV within these communities (Beyer et al. 2013).

Researchers assert that examining IPV through a broader lens, such as through community perceptions, allows for a comprehensive understanding of the responses to and needs of individuals experiencing IPV (Lewis et al. 2005). In addition, Murray et al. (2015) suggest that examining the perspectives of academic and community service providers is vitally important, as the experience of front-line individuals will better inform further quantitative and qualitative research objectives and methods that may need to be utilized. Few studies have explored the perspectives of academic researchers and front-line service providers in an attempt to understand challenges arising within IPV research, especially within remote regions. In addition, no studies to date have explored community and academic perspectives with regards to IPV service provision within the Prairie Provinces and NWT.

There were several challenges that arose during initial phases of the larger study, which focused on investigating

challenges for survivors of IPV within rural and northern communities. During monthly coordinators meetings, unforeseen obstacles emerged, such as difficulties in completing environmental scans for IPV service provision across Alberta, Saskatchewan, Manitoba, and NWT. The purpose of the current study was to examine the rich knowledge of community service providers and academic researchers within family violence across the Prairie Provinces and NWT; specifically, to document important challenges that arose during completion of the larger longitudinal study, as well as their perspectives on barriers that exist for IPV survivors across diverse geographic regions. The primary objectives of the current study were twofold: (1) The first objective was to document emerging issues, which arose during monthly meetings, as we hoped that compiling such issues would inform subsequent phases of the larger research project. In addition, coordinators believed that sharing challenges from the larger study could provide insight for other researchers investigating IPV across diverse geographic landscapes; (2) a second objective was to examine the perspectives of academic researchers and community service providers, regarding the unique experiences faced by IPV survivors living in rural and northern regions across Canada, as well as barriers that exist to meeting those needs. Since the larger study was based on feminist and community research principles, the tensions that can occur between service providers and academic researchers were minimal. As such, the current study does not provide an investigation into these tensions.

Method

Study Description

The current study was a sub-study of a larger project entitled, *Rural and Northern Community Response to Intimate Partner Violence*, funded by the Social Sciences and Humanities Research Council and Community University Research Alliances (SSHRC/CURA). Data collection for this study is ongoing and is being conducted by the Research and Education for Solutions to Violence and Abuse (RESOLVE) team in Saskatchewan, Manitoba, Alberta, and NWT; the Principal Investigator is Dr. Mary Hampton at the University of Regina. This is a five-year longitudinal study, which was built on well-established connections among academic researchers, justice, and community family violence agencies to conduct research aimed at enhancing our understanding of effective community response to IPV within rural and northern regions across Canada.

Year one of the aforementioned study focused on creating environmental scans in order to decipher services available for IPV survivors within rural and northern regions. Year two activities included qualitative interviews with rural and northern service providers and police personnel over four regions (i.e., Alberta, Manitoba, Saskatchewan, and NWT). In year three, communities identified during the environmental scan and interview processes were chosen for an in-depth community profile. Representative members of the community were interviewed about their perception of the IPV response within their communities. Year four involved the creation of models of non-violent communities with input from all research team members and community participants. Year five is dedicated to using the results of this study to create actionable steps to reduce IPV. This will be achieved through research dissemination (e.g., publications and community presentations) and community collaborations.

During the creation of environmental scans across each province/territory, and at coordinators monthly meetings, several unforeseen challenges arose. It was determined that a sub-study, documenting these emerging issues, would benefit additional phases of the larger project. For example, it would highlight and address emerging definition discrepancies. More specifically, definitions of rural and northern were agreed upon to develop environmental scans that were consistent across each region. The Statistics Canada (2012) definition for rural was used, which included persons living in communities that were outside regions with a population of one thousand. To determine whether or not a community was considered northern, the Statistics Canada (2013b) Economic Regions map was utilized, which incorporated a delineation of accepted northern regions across Canada. Concerns regarding these definitions were raised; for example, the rural definition did not seem to be an accurate reflection of Alberta populations or landscapes, and utilizing a standard definition could have excluded remote communities from their province. Although these issues were raised within meetings, they were not well documented.

In addition, valuable information was coming forward within monthly meetings that could enhance our understanding of two main research questions: (1) what are the unique needs of IPV survivors living in rural and northern regions across Canada; (2) what are the barriers that exist in meeting those needs. As such, a sub-study was pursued with the objective of conducting interviews with both community service providers and academic researchers from each region to document their observations regarding the abovementioned research questions. Questions regarding challenges in forming the environmental scans, including whether or not the definitions of rural and northern were an accurate reflection of the geographical landscapes within their regions, were also included.

Data Collection

Participants Ten women from Saskatchewan, Manitoba, Alberta, and NWT participated in the current study. Of the

ten women, three ($n = 3$, 30.0%) participants were from Saskatchewan, three ($n = 3$, 30.0%) from Manitoba, two ($n = 2$, 20.0%) from Alberta, and two ($n = 2$, 20.0%) from NWT. Occupations of these participants will not be disclosed to protect confidentiality. More generally, participants were employed in academic positions or were leading community service providers (e.g., shelter coordinators) within their region; six participants were employed in academic positions and four participants were employed as community service providers at the time of the interviews. Ethical clearance was granted by the University of Regina Ethics Board in Saskatchewan, Canada. Informed consent was provided by all participants prior to beginning the interview.

Participant Recruitment All participants were informed of the study during a yearly coordinators meeting. Details regarding the purpose, method, and planned analyses were discussed, where it was determined that each region would identify individuals who were interested in participating. Interested individuals were contacted by a graduate student in clinical psychology, who then discussed a convenient time to conduct the phone interviews.

Data Management and Analysis

Each interview was conducted over the phone. Potential interview questions were formulated during a monthly coordinators meeting for the abovementioned study whereby it was determined that each participant would be asked three main guiding questions: (1) what are the unique needs of IPV survivors within your region; (2) what are the barriers that exist in meeting those needs within your region; (3) were there any challenges that arose within your region when developing the environmental scan and conducting phase one of the larger research project. Additional probing questions were administered as needed, to clarify information shared by participants or to gather additional insight into specific topics. Probing questions were not necessarily asked in order nor were they asked of every participant. Additional questions were administered based on the amount of information shared and need for clarification, as was determined appropriate by the interviewer. Each interview was recorded on a digital voice phone recorder, which was then uploaded to a password-protected computer. Interview times ranged from 17 to 40 min in length, with an average interview time of 26 min. Interviews were then transcribed by a graduate student in clinical psychology.

Interview transcriptions were analyzed using grounded theory methodology as described by Glaser and Strauss (1967) and Strauss and Corbin (1990, 1998). Grounded theory methodology was chosen as the method of analysis to gain a comprehensive understanding of themes emerging from the data. As described within grounded theory methodology, we employed the constant comparative method for coding and analyzing responses (Glaser and Strauss 1967). This method of analysis was most applicable for the current study as we aimed to identify potential themes, including similarities and differences, across the four geographically diverse regions. Utilizing the constant comparative method, open, axial, and selective coding was employed to allow for potential core categories and themes to emerge from the dataset (Strauss and Corbin 1998). Coding was conducted by two separate researchers to increase reliability of themes emerging from the data.

Prior to data analysis, all recordings were reviewed and transcribed verbatim. These transcriptions were then revised to remove any repeated utterances (e.g., um). The analysis commenced with open coding, where each line of the transcribed interview was reviewed for emerging codes. A code is defined as a short, simple, precise, analytic label that describes what is happening within the data (Strauss and Corbin 1998). As codes emerged, they (i.e., participant quotes) were cut and pasted into separate word documents to allow for axial coding to occur. During axial coding, the word documents were analyzed for larger categories or themes that linked the codes together. This involved comparing the codes from open coding to the larger transcript to ensure the data fit appropriately. Once a full understanding of the themes and linkages emerged, it was determined that the analysis was complete.

Results

Emerging Research Challenges

Participants identified several emerging issues that were coming forward during year one of the larger project. Within the interviews, participants highlighted numerous concerns regarding the use of standard definitions for rural and northern within IPV research. More specifically, participants from Alberta and NWT reported that definitions for rural and northern, utilized for environmental scans, were not an accurate reflection of their geographical landscapes. For Alberta, it was noted that the definition of rural excluded many communities, as population sizes of less than one thousand people are rare within their province:

> **Alberta**: Some unique aspects about the Alberta province is that, the definitions really take us down to a very small number. Rural communities can be defined as populations under a thousand. Alberta doesn't have such small numbers, even 10 thousand. So, and the major cities, and then there are outlying cities in close proximity. So, it was very challenging to work with a number of a thousand because if we were going to adopt that rural definition that seems to work for other provinces, we wouldn't have any.

Alberta: Many of our Aboriginal communities also have more than a thousand people. I think the 48 first nations and 22 of those have more than a thousand people and eight Metis settlements and half of those have more than a thousand people, residents, and that's not including the non-residents. So a lot of the Aboriginal communities would not be considered rural by that definition, so they would be excluded from consideration.

NWT also voiced concerns about the rural definition. It was clear from the interviews that the definition of rural did not accurately reflect the landscape, language, or understanding within their region. Rather, it was reported that communities within NWT are referred to as 'remote' given the nature of their geographical location. Participants added that rural is considered a southern expression, which is not used to describe areas in the north:

NWT: Because of the arctic and the territory itself, and I don't think you hear too many northerners explain themselves as rural; but, you do often hear the phrase remote. Remote comes up quite a bit because many of our communities are off the road, they're fly-in communities. They are populated with small numbers, they are under-resourced, they are under-serviced.

NWT: Yeah, northerners for sure. That's how they would perceive it, I mean, rural to us is a southern Canadian expression.

Another important issue emerging during compilation of the environmental scans was concern over listing resources as 'primary' or 'secondary'. Participants voiced concerns regarding whether or not to list secondary services, with no direct resources for women who have experienced IPV, within the environmental scans. There are secondary services in many communities, such as a Royal Canadian Mounted Police (RCMP) depot or nursing station that may be available. However, the primary purpose of these services is not for women and children who have experienced abuse. For this reason, participants were concerned that listing secondary services within rural and northern communities would be a false representation of what is actually available for women fleeing violence:

Manitoba: The other issue that arose during the creation of the environmental scan was the whole series of what I see as secondary sources starting to be listed, doctor's offices, etc. And I'm really worried that it will give an impression of more services available in northern and rural areas than there are in fact for this specific problem that an abused woman would face. Because, it's true that most reserves probably all have a nursing station and the nurses play a very important role but they

are not there, and they are not able to, they don't have the resources to provide long-term counselling.

Saskatchewan: How do you define secondary, number one. Number two, partners want all RCMP locations indicated. Now that doesn't mean there are services there for women because there aren't. You simply have an office but that's going to be what, a primary service? And how is that a service?

Conversations arising from whether or not to include secondary services made it clear to some participants that there are tremendous gaps in primary services available for survivors of IPV within rural and northern regions. Participants highlighted a number of specific service gaps including lack of second stage housing, shelters, treatment programs for male abusers, programs for children who witness violence, educational programs, counselling for IPV, and culturally sensitive programs that incorporate the needs of the community:

Manitoba: There appears to be a lack of primary, what I am calling primary resources and I mean those that are intended to absolutely and directly serve women who have experienced intimate partner violence, in a necessary and meaningful way. And so, really what I am talking about is shelters and second stage housing as well as direct counselling around intimate partner violence. So, when you look at it, we've got these, well we've got over a hundred pages of different services that might be available but when you come right down to what is it that women most urgently need, there's still a real gap there.

NWT: There's no shelter in these communities. So when they come out, people know where they've gone and what's happened.

Alberta: Another gap I think you'll find is treatment programs for abusers. For the longest time, we were without such a program here. The closest one was 200 kilometers away so there's no way that man would be able to drive there after work, go to the program, drive home again, and still be ready to go to work in the morning.

Alberta: There is no programming for the children to assist them and support them after they witnessed domestic violence.

Manitoba: They say they're not funded for children's counselling or children support workers or anything like that. So, if they can't hire people to do that and if they can't take women and children, then women won't come. Who's going to come without their children? So, I think making sure that we have adequate resources for children as well as women, and equally balanced, because often times there are more children than women at the shelter. I think that's critical.

Saskatchewan: Very much on that environmental scan, my observations on that scan were that I felt there were gaps in it around the Aboriginal piece in particular that we weren't capturing, the piece on whether the services were there. We're looking for Aboriginal specific services, which we know there aren't going to be very many.

Alberta: There aren't enough therapists to meet the needs and so there is a long wait for therapy. And a lot of women who have been abused, they develop symptoms of posttraumatic stress and there is no therapy for them.

In sum, participants highlighted a number of important issues that emerged during completion of environmental scans for the larger study. The use of standard definitions for "rural" and "northern" were key concerns brought forward by participants within Alberta and NWT, as those definitions were not reflective of their unique geographical landscapes. Additionally, participants raised concerns over identifying "secondary" services on the environmental scans, which may have no direct resources for women experiencing IPV. Participants also described significant gaps in primary services for women and children living in rural and northern communities. In addition to emerging concerns, participants were asked to describe the unique needs of women living in rural and northern regions across the Prairie Provinces and NWT, as well as gaps that exist in meeting those needs.

Unique Needs and Service Gaps

Based on grounded theory analysis, there were a number of important themes that emerged regarding to the unique needs of women living in rural and northern communities across the Prairie Provinces and NWT and gaps that exist in meeting those needs. Core themes included concerns over transportation, housing and the economy, intermittent and inconsistent services, and confidentiality and privacy. Each theme describes specific challenges for IPV survivors living in rural and remote communities across Canada, as described by participants within this sample.

Transportation The first theme emerging from the data was transportation; specifically, how lack of transportation within rural and northern communities prevents women from accessing IPV services, even when they are available within surrounding areas. Concerns over lack of public transportation were raised by participants from all regions. Likewise, lack of access to a vehicle, or the inability to operate a vehicle, was echoed by a number of participants when describing obstacles faced by IPV survivors within these regions:

Alberta: There is no public transportation often and a lot of Aboriginal communities are not served by

Greyhound bus lines. There is no passenger service anymore from Greyhound. There is a kind of makeshift local company that is providing some connections but its hard finding transportation. Most, the majority of women we see do not have their own vehicles and some of them don't have a driver's license or the money to pay the costs of operating the vehicle. So, transportation is a big obstacle. It's hard to access services. It's hard to get to safety.

Manitoba: Does she have access to a car? And her husband is abusing her, he may not be letting her have access to the car keys and so issues of transportation I think are really huge. Whereas if it's in the city, if the husband is hiding the car keys, she can call a cab and get to a shelter and the shelter can pay for the cab. So, there are just transportation challenges that are so much greater in rural areas and then I would say even greater in northern areas where you don't have year round roads, your only way out at some times of the year might be a plane, but the plane isn't going to be in for three days. And so, where do you go in the meantime? Is transportation, is it available period?

The issue of road conditions, especially for northern communities, was raised as a significant barrier to accessing services for IPV survivors. For instance, in some northern regions, women may not have access to year round roads and thus, the only way out is by plane. Participants noted that some women are forced to take drastic measures in an attempt to flee violence and get to safety:

Manitoba: I've read many stories about women who live on reserves in the North that pack their kids up and live in the bush until they can either get out or that they feel that their partner has calmed down.

NWT: Oh there are huge barriers. Sometimes, I think there are just nothing but barriers. We've had women try and snowmobile out, and then meet their sister on a winter road.

Manitoba: We've flown people out in helicopters and planes and all kinds of things, to get women safe.

Transportation, in addition to the lack of year round roads, was also reported to be a significant barrier for RCMP officers and other service providers who are attempting to get into rural and northern regions during times of conflict and emergency situations. Participants shared that difficulties in responding to IPV, due to geographical barriers, put women in vulnerable and dangerous situations with little help available during times of abuse:

NWT: Yeah, they have no way of responding [RCMP]; by the time the call goes out, by the time you get to the

plane, go in there, and then maybe it's even weathered out. Sometimes you're weathered out, so you couldn't even get there depending on the time of the year. Some of these communities, there's only an ice road. So, during the winter, you may actually be able to get there by road but if it were spring or summer you would have to fly in. So, there's a lot of, there really are some barriers that are present geographically.

Housing and the Economy The second major theme emerging was the issue of housing and economic barriers. Based on the interviews, it seems that there are few available options for women regarding where they can go to escape violence. One concern that arose frequently throughout the interviews was the need for additional second stage housing. Providing housing to aid in the transition to independent living was considered critically important:

Alberta: We're finding one of the reasons why the percentage of Aboriginal women in shelters is not going down, in fact going up, a lot of these women don't immediately go back to their abusers. They try to live independently in the community and for whatever reason it doesn't work out. Then three or four months, they're back with their partner, or they're couch surfing with their children, or they're with a relative in overcrowded conditions, or something like that and things can really unwind. It's a real downward spiral sort of thing. What we need to do is increase their chances of success. I think that second stages would be a way to do this.

Without access to second stage housing, many women are reportedly left homeless or go back to the abuser because they have no other options for housing. There are a number of reasons why housing is difficult to find. For instance, participants mentioned that within rural and northern regions, a high rate of women experiencing IPV have limited work experience, low educational attainment, no rental references, and no experience searching for an apartment or housing. In other words, poverty, lack of education, and lack of experience renting and owning property can create great obstacles for women in regards to housing and finding a safe place to live:

Alberta: So there is a high level of violence and danger and then what we have here is a population of abused women who face multiple barriers and obstacles. They tend to be, two thirds or three quarters of our clients are Aboriginal, and a lot of our Aboriginal clients have dropped out of school and junior high and started having children as teenagers so they have no work experience, no rental references, no experience of looking for an apartment.

Various other challenges related to housing and the economy were discussed throughout the interviews. First, depending on the community, there may not be affordable housing available. Second, concerns over whether or not the rental facility or second stage housing has room for children was reported to be an obstacle for women fleeing violence. Third, there are barriers related to gender inequality in that men earn significantly more money than women within certain regions; specifically within Alberta, it was reported that men often work in male dominated positions within the oil industry while women frequently hold positions within the service sector. The above economic inequalities were raised by participants within every region and emphasized as barriers that could prevent a woman from leaving an abusive relationship:

Alberta: Because of the shortage of housing and the boom, well we have booms and busts, but it's hard to find affordable housing. Sometimes the vacancy rate is zero but it depends on the activities in the oil patch and so on.
Manitoba: If she has to go, what about her kids? Can they come with her? If they can't, what's available in the community for child care?
Alberta: In our area there are gender equality issues in Alberta. A part of that is because we have high wages for men in the oil patch, a lot of men are making six-figure salaries working very long hours and so forth but women are predominantly certainly around here …are in the service sector. They are clerks at Wal-Mart, they're cleaning rooms at the local hotel, a lot of times the money doesn't stretch far enough to really meet their basic needs. So, poverty related issues are huge and it would take, you know, if someone dropped out of school in grade eight, upgrading her schooling to the point where she can, is eligible for a different type of employment. That is a huge undertaking.

Finally, participants described concerns over 'culture shock' for women who are uprooted from their communities and placed into a new residence such as a shelter or second stage housing. Participants explained that in order to access IPV services within rural and northern regions, women often have to travel significant distances whereby they are far removed from their family, culture, and support systems. Participants reported that even when women can access long-term services, it is difficult to be 'parachuted in' without the proper supports put in place:

NWT: So they're parachuted into this shelter where they don't know people either.
Alberta: And a community which has seven thousand people, that in itself is quite a bit of culture shock for

somebody who is coming from one of the Aboriginal community centers around here. They need the extra protection and supports for a period of months. I think it will greatly increase the likelihood of succeeding in independent housing.

Intermittent and Inconsistent Services The third theme emerging from the data was referred to as 'intermittent and inconsistent' services. Participants noted that services within rural and northern communities are often inaccessible because they are only filled for parts of the year. For some communities, the only service available is a nursing station. Unfortunately, the only available nursing station may not be filled for a variety of reasons, including the difficulty these geographic regions have in retaining employees. This may also be the case for an RCMP detachment where technically, the service is listed as available but the post is not always filled with an officer, making the service unreliable. Participants also noted that services are often inconsistent due to lack of or sporadic federal funding. Participants reported that sporadic funding can make it difficult to provide ongoing services and programming for survivors of IPV:

> **NWT:** It might depend on the time of the year or, you might say that there is a service provided but it's actually only provided once a month or bi-monthly or something like that so yeah, or when the position is filled. Even if you just said for all of those, these are available when the positions are filled because most of the time, a third of the positions are not filled. It is so hard here to get and keep people.

> **NWT:** So, for a three month period you might have something in existence and then it's gone. Everything is very, very person dependent here. So a person leaves, the service might be gone, they don't fill a victim service worker position for four months in a community. So then, technically everybody says, 'Oh, yeah we have victim service workers in x number of communities.' But do you really? Does that really mean you can actually get a service in that community when you need it?

> **Manitoba:** When I was preparing the scan, you find out that there is intermittent and inconsistent availability of services. Some of the more northern or rural or remote areas, there are, like someone comes in, a mental health worker comes in twice a month. You know? Is the service there? Yeah, but it's not available all the time.

> **Manitoba:** Lots of the programs in rural and northern areas are project based funding and so, the program can become inconsistent because if the funding gets cut. And, just as an example of talking to a woman who was the chair of [service name], she mentioned that they had a wonderful, wonderful program, ongoing support

programs for women and children. And, for whatever reasons, the federal government's funding shifted and then this program had to be cut. And so when things like that happen, you begin seeing a healing process occurring. I think what I have learned from my work in the field, particularly from Aboriginal women, is the healing takes a long time and programs need to be there for the duration.

> **Saskatchewan:** The other thing that came through the North has been, it's neglected by our federal government. It's like they don't want to see the reality of what women are living with, that are experiencing violence.

In sum, services are often listed as available, but the positions are not filled or they are offered at rare points throughout the month or year, making them inaccessible. Also of great importance and concern is that RCMP and nurses may not be adequately trained in the issues of IPV or in cultural sensitivity with Aboriginal peoples. Both of these training initiatives are important for women's safety and protection within rural and northern communities:

> **Manitoba:** There might be a nursing station or RCMP locations, or what have, but are those places actually providing services for women and what is the quality of those services.

Mental health services were noted to be especially inconsistent and inaccessible within rural and northern communities. As per the interviews, there are often no counselling or psychological services available for women within these regions. When services are available, they may be there once a month or bi-monthly, meaning they are inconsistent. Participants discussed how intermittent and inconsistent services can silence women who are brave enough to come forward. It was noted that having to repeatedly retell their story of violence and abuse to various mental health professionals can be frustrating and is an additional barrier for women accessing community supports:

> **Manitoba:** You have a couple of days with the mental health worker, some mental health workers were working in the community and would be there for three days and you may start closing and talking about options and safety planning, and then the mental health workers gone and won't be back for a month. It's almost like it's time to start all over again.

> **Manitoba:** So, there is someone in the community, I don't know, Tuesday, Thursday, once a month or something like that. So they're not there. And that's probably even another area, what I've mentioned earlier, not the same level of services provided, even though it's the same type of agency. Because I would phone some

and say, 'Hey, listen! Can a woman access counselling directly for IPV through the service?' Some would say yeah, but the counsellors are only here twice a month.
NWT: If you can imagine going every time and having to repeat your story to someone new every time, and maybe not see any action from it. That becomes very frustrating. And I think to a certain extent that probably silences them, or paralyzes them.

Confidentiality and Privacy The final theme emerging from the data was related to confidentiality and privacy. It was reported that limits to privacy and confidentiality are major barriers to accessing IPV services. In particular, there are instances where service providers within these communities are related to either the victim or the perpetrator of abuse. Knowing the service provider (e.g., counsellor, RCMP officer) was reported as a great deterrent from coming forward and accessing services. A second major concern was reportedly trying to access services from a shelter or safe house because often members of the community know where the woman is and what she is doing. Participants reported it is difficult to keep shelters hidden and private within a small community, which puts both women and shelter providers at risk:

NWT: We don't have a lot of resources in the communities in terms of…sometimes it's a shared counsellor that they have and sometimes, the counsellors are home grown counsellors, which is great in terms of speaking the language and understanding the worldview and belief system. That piece is wonderful and needed but they also have that great difficulty of being related to someone.
NWT: In small communities, there are a lot of relationship dynamics, so the person who may be authorizing the flight out might be a family member of the person you are trying to escape from.
NWT: These small communities, there's no shelter in these communities. So when they come out, people know where they've gone and what's happened.
Manitoba: And certainly, talking to women who work in shelters on reserves, if a woman goes to a shelter on a reserve, everybody knows.

Lastly, it was reported that the normalization of violence within these regions often leads the community to support the actions of the perpetrator. Participants reported strong community beliefs, such as the view that abuse is a private matter that should be handled within the home. It was reported that at times, the community will openly support the perpetrator and suggest that the woman may have done something to deserve

the abuse. These concerns serve as obstacles for women coming forward within these regions:

NWT: And the other thing I think that comes out loud and clear is this attitude in the community that abuse is a private matter.
Manitoba: For some women, privacy is a real issue in a small community. So they are not as comfortable accessing a particular service that might be there. There can be fear of retaliation, by that I don't necessarily mean by the person whose behaving abusively, I just mean by others in the community.
NWT: Not only aren't there many options, but they don't have the support of anybody. So, their family will say "Well, if you hadn't tried to leave this wouldn't have happened." Or, you just put up with that. You know, this is because it's so the norm here. So you go into court and the community is lined up behind the guy. They will have a feast when he comes back.
NWT: It's hard for them to even talk about the violence that happens and it's just, it's so endemic. I think the territories are at five or six times that national rate. But I see it everywhere. It's like whole communities are often, I don't know how to describe it, it's so accepted. It's so normalized here.

Discussion

This study presented qualitative findings from interviews with community service providers and academic family violence researchers across Saskatchewan, Manitoba, Alberta, and NWT. Objectives for this study were two-fold: (1) to document emerging issues, which arose during initial phases of a larger study entitled *Rural and Northern Community Response to Intimate Partner Violence*, in order to inform subsequent phases of the research project and provide insight for researchers investigating IPV across diverse geographic landscapes; (2) to examine the perspectives of academic researchers and community service providers, with regard to the unique experiences faced by IPV survivors living in rural and northern regions across Canada as well as barriers that exist to meeting those needs. Considering the high prevalence of IPV across the Prairie Provinces and NWT (e.g., Statistics Canada 2011; 2013a; b), these findings are critical to understanding current obstacles faced by survivors within these regions. Examining barriers that exist regarding service provision will serve to inform government policies by elucidating current challenges faced by IPV survivors across Canada.

Results revealed several important considerations that were utilized to inform the larger project and may be useful for future researchers investigating IPV within rural and remote

regions. Specifically, concerns with definitions and terminology were raised; for the current study, it proved difficult to use standardized definitions for rural and northern, as each region was unique regarding their geographic landscape and population. Results suggest that while rural and northern communities share similar concerns, there are also unique markers associated with each geographic region that can lead to distinct challenges for IPV service provision within each province/territory. When conducting research within rural and northern communities, it is important to consider how the geographic landscape within that region may impact findings and implications for the study. In sum, a universal model of service provision for rural and northern communities may be ineffective in understanding the true obstacles associated with each region. Further research is necessary to decipher specific considerations across a variety of rural and northern communities, to better inform government officials about the barriers that may prevent survivors from accessing IPV services across Canada.

Similarly, results revealed significant concerns across each region regarding listing IPV resources as 'primary' or 'secondary' within the environmental scans. Numerous participants were concerned that listing secondary resources (e.g., doctor's offices), with no specialized training or explicit focus on IPV, would be a false representation of what is available for survivors within rural and northern regions. Participants explained that when conducting the environmental scans, they discovered significant gaps in primary services (e.g., second stage housing) and also found available services to be intermittent and inconsistent for a variety of reasons (e.g., sporadic funding, difficulties in retaining employees). In other words, just because a service was listed did not mean it was available or accessible to IPV survivors within that community. Future researchers should consider these concerns when assessing availability of IPV resources for women living in diverse geographic locations as there are potential implications for funding allocation and families experiencing violence within those regions. It should be noted that results from this substudy were presented to the larger research committee in order to highlight challenges and identify potential solutions. More in-depth discussions, such as deciding on what to include as reliable and consistent services for IPV survivors, followed the presentation of findings and informed subsequent phases of the larger longitudinal study.

Few studies have examined the unique needs of IPV survivors within rural and northern regions across Canada (Moffit et al. 2013). Moreover, the data that does exist describes obstacles to accessing IPV services within these areas. Previous findings suggest that financial concerns, limits to confidentiality, distance to services, lack of transportation, fear of retaliation, and lack of culturally sensitive programs create challenges for women accessing services (e.g., Faver and Strand 2003; Forsdick Martz and Sarauer 2000; Hathaway

et al. 2002; Morrison et al. 2006). Results from the current study corroborate previous findings; specifically, the current study identified a number of themes, including transportation, housing and economic barriers, intermittent and inconsistent services, and limits to confidentiality, which may prevent individuals from coming forward to access support. With regard to transportation, it was reported that lack of public transportation, limited access or inability to operate a vehicle, distance to services, and lack of year round roads are geographic barriers that impact service accessibility. Housing and economic barriers, such as lack of second stage housing and poverty, were reported as significant barriers for women attempting to flee violence and may force women to return a place where the abuser is residing. Finally, limits with confidentiality, such as knowing the service provider and keeping shelters anonymous, may prevent survivors from seeking support. In sum, results showed ample barriers for IPV survivors living in rural and northern communities across Canada. It is critical that these challenges be discussed in order to create safer communities for families, as well as a more effective response to IPV across the country.

Future Directions

To our knowledge, this is the first study examining the experiences of community service providers and academic researchers regarding IPV service provision across the Prairie Provinces and NWT. It is imperative that research continue examining IPV within rural, remote, and northern regions across Canada. More specifically, further research is needed to examine women's narratives and experiences with IPV and service provision within rural and northern communities. While the current study summarized the opinions of community and academic leaders within family violence, it fails to understand the true impact of inconsistent and intermittent services on women's mental and emotional wellbeing. It is critical that research examine how a lack of services within these regions contributes to the psychological consequences associated with IPV, from survivor's own perspectives and in their own words. In addition, the current study highlighted important differences between listing available services as 'primary' or 'secondary' and also raised concerns over the quality of resources for women within rural and remote communities across Canada. Further research should continue examining the nature of resources available for IPV survivors, including whether or not services are primary, consistent, culturally appropriate, and reliable for families within these regions. In sum, a continued focus on geographic and contextual differences among these regions may better inform the development and implementation of resources and services appropriate for these communities (Beyer et al. 2013).

Limitations

Results of this research are based on the opinions and perspectives of ten participants, which have not been verified with regard to accuracy. In addition, results are based on participants' experiences with IPV service provision and research within their region and may not reflect opinions of other community service providers or academic researchers. Similarly, each rural and northern community across Canada may be different in their geographic landscape and likely present their own unique challenges in providing IPV and health related services (Rural Health Information Hub 2016); as such, results from this study may not be generalizable.

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Exhibit: *National Inquiry into Missing and Murdered Indigenous Women and Girls*
Location/Phase: _Parts 2|3 St. Johns_
Witness: _Pertice Moffitt_
Submitted by: _Meredith Porter_
Add'l info: _P12-03P04P0201_
Date: _OCT 1 6 2018_

Intials	I/D	Entered
53		54