

INTIMATE PARTNER VIOLENCE IN RURAL AND NORTHERN COMMUNITIES:
A CANADIAN PERSPECTIVE

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Abstract

Over the past decade, research has largely focused on the type, frequency, and severity of intimate partner violence (IPV) incidents, and has also documented the significant long-term consequences associated with experiencing IPV. To date, a large proportion of research examining IPV in relation to geographical location has focused on urban centres, which cannot be generalized to non-urban areas due to landscape differences (Burke, O'Campo, & Peak, 2006). Furthermore, a small proportion of research has begun to explore the complexities associated with living in rural and northern regions; however, the bulk of these studies span international contexts, and thus, cannot be generalized to a Canadian context (e.g., Beyer, Wallis, & Hamberger, 2015; Zakar, Zakar, & Abbas, 2016). Therefore, although important contributions have been made to increase our understanding of IPV in rural and northern communities, research examining this important topic within a Canadian context is limited (Moffitt, Fikowski, Mauricio, & Mackenzie, 2013; Wuerch, Zorn, Juschka, & Hampton, 2019; Zorn, Wuerch, Faller, & Hampton, 2017). This community-based research expanded on two previous studies, entitled "Canadian Domestic Homicide Prevention Initiative with Vulnerable Populations" and "Rural and Northern Community Response to Intimate Partner Violence," which were funded by SSHRC and SSHRC/CURA, respectively. The purpose of the current investigation was to: (1) explore the challenges that service providers face when supporting survivors of IPV in rural and northern communities, (2) explore the barriers that survivors of IPV face when seeking refuge in rural and northern communities, and (3) identify helpful and/or promising practices being implemented within geographically diverse regions in Saskatchewan. Thus, semi-structured,

qualitative interviews were completed with 16 services providers from rural regions and 16 service providers from northern regions within Saskatchewan, Canada. Data collection and analysis was guided by thematic analysis as recommended by Braun and Clarke (2016) through a phenomenological lens (Pietkiewicz & Smith, 2014). Six overarching themes were identified for rural communities, including Root Causes of IPV, Barriers to Leaving IPV Relationships and Accessing Services, Areas in Need of Improvement and Change, Working with Indigenous Peoples, Promising Practices in Rural Communities, and Overall Perception of Work as a Service Provider. In addition, six overarching themes were identified for northern communities, including A Cycle of Disadvantage, Barriers to Leaving IPV Relationships and Accessing Services, Areas in Need of Improvement and Change, Concern about Court Structure and Police Services, Promising Practices in Northern Communities, and Overall Perception of Work as a Service Provider. Higher order themes and subthemes were further identified for the overarching themes. The knowledge gained from the current research will be used to enhance, inform, and improve the effectiveness of national services and the allocation of funding to support survivors of IPV in rural and northern communities within Canada.

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Dedication

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1.0. Chapter 1: Introduction

1.1. Not in the City Anymore

Imagine this. You are a middle-aged woman who has endured psychological and physical violence at the hands of your intimate partner for several years. Your partner has hit you before, but you have managed to forgive him and move on, telling yourself that this will not happen again. One evening, a conversation escalates, and your partner threatens you with a weapon. Scared that this threat may result in you being severely injured, you make the decision that you need to seek safety. The challenge is – you live in a northern community. You do not own a vehicle and there is no public transportation in town. You and your partner share finances, and because he is the sole earner, you do not have access to the money needed to use a cab. You are aware that there is a safe shelter two hours away, but without money or transportation, you cannot get there. The thought of calling your sibling crosses your mind. But wait, they will probably not believe you because they adore your partner. The thought of calling your high school friend crosses your mind. But wait, will she blame you? Will she tell you to be a better partner? Another option, call the police. Again, you stop and think. The local police officer and your partner play cards together on Tuesday nights. That will not work. He will tell you to stop exaggerating. Plus, you do not want people in your community to know that your partner threatened you with a weapon. This news will spread like wildfire in your small town and people will think of you differently. What other options do you have? You are not sure.¹

1.2. Research Overview

Research within the past decade has documented the significant long-term

¹This description of challenges associated with living in a northern community and experiencing IPV was formulated based on findings from research conducted by Wuerch, Zorn, Juschka, & Hampton (2019).

consequences associated with experiencing IPV. Women who experience IPV are more likely to report symptoms of depression, anxiety, substance-use related disorders, and posttraumatic stress disorder (PTSD), as well as suicidal ideation, problems with academic functioning, job loss, and difficulty with daily life functioning (e.g., Black, 2011; Bonomi et al., 2006; Golding, 1999; Graham-Bermann, Sularz, & Howell, 2011; Kaur & Garg, 2010; Lilly, Valdez, & Graham-Bermann, 2011; Lynch & Graham-Bermann, 2004; Ludermir, Schraiber, D' Oliveira, Franca-Junior, & Jansen, 2008). Experiencing IPV impacts survivors of IPV as well as their families, communities, and society (Moffitt et al., 2013; Statistics Canada, 2016a).

A large proportion of research to date has focused on the type, frequency, and severity of IPV incidents, as well as the negative consequences experienced among the general population; however, few studies to date have examined the experiences of women survivors of IPV living in rural and northern regions (Moffitt et al., 2013; Moffitt & Fikowski, 2017; Wuerch et al., 2019; Zorn et al., 2017). This research is imperative as rural and northern regions are geographically diverse in comparison to urban centres, and thus, have different barriers to accessing vital resources and services as well as unique intervention needs (Moffitt et al., 2013; Wuerch et al., 2019; Zorn et al., 2017). Due to the difficulties associated with conducting research in rural and northern communities, limited studies have attempted to describe the unique needs among these regions within a Canadian context (Rural Health Information Hub, 2016; Zorn et al., 2017).

Examining the current programs, resources, and services implemented, as well as the challenges community-based and government-level service providers face in relation to supporting IPV survivors in geographically diverse regions is needed in order to

enhance our understanding of how to best meet the needs of this vulnerable population. Using qualitative approaches, a comprehensive and in-depth understanding was obtained to help inform and improve the effectiveness of national services (e.g., access to resources, quality of services, culturally sensitive programming), the allocation of funding, and future quantitative and qualitative research objectives to support survivors of IPV within rural and northern regions (Murray et al., 2015). Furthermore, researching IPV within the context of community perceptions and cultural norms allows for a broader understanding of IPV within geographically diverse regions (Lewis, West, Bautista, Greenberg, & Done-Perez, 2005).

Based on the above recommendations, future research was warranted to investigate the experiences of IPV survivors living in rural and northern regions within a Canadian context. The present study addresses the noted gaps within the literature by collecting in-depth information from knowledgeable and experienced service providers within geographically diverse areas in Saskatchewan. This community-based research project also obtained information that is relevant and responsive to our current social climate and generated recommendations to impact social change in relation to IPV. The following section will include a review of intimate partner violence, service provision, and research examining rural and northern communities, and following this, the purpose, objectives, methodology, results, and discussion (separated for rural and northern participant groups) of the present study, and end with an integrative conclusion.

1.3. Intimate Partner Violence

Intimate partner violence (IPV) is complex, pervasive, and preventable (Health Organization, 2012). This form of violence is defined as “physical violence, sexual

violence, stalking, and psychological aggression (including coercive tactics) by a current or former intimate partner (i.e., spouse, boyfriend/girlfriend, dating partner, or ongoing sexual partner)” (Breiding, Basile, Smith, Black, & Mahendra, 2015, p. 11). The term *intimate partner* is used to capture a close personal relationship that involves two partners sharing in a range of behaviours, such as “emotional connectedness, regular contact, ongoing physical contact, sexual behaviour, identity as a couple, and familiarity and knowledge about each other’s lives” (Breiding et al., 2015, p. 11). Using a definition that encompasses different relationship dynamics provides a broader picture of IPV, allowing for the information obtained to inform policy (Statistics Canada, 2016a). Furthermore, an important caveat to remember when reflecting upon IPV is that IPV, especially within rural and northern communities, often involves more than two people (Juschka, Hampton, Wuerch, Bourassa & Knutson, in press). Juschka et al. (in press) maintain that within small and geographically diverse areas, violence often includes more than two people, such as family members, children, and siblings. The decision was made to focus inclusively on IPV within the present research; however, expanding the definition of IPV in future research is warranted.

Within *intimate partner violence*, behaviours consistent with this definition include, but are not limited to: 1) *physical violence*: hitting, kicking, slapping, or pushing; 2) *sexual violence*: forced unwanted penetration, non-contact sexual acts, or penetration involving substance-use, 3) *stalking*: repeated and unwanted phone calls or text messages, watching or following the victim, or making threats to harm the victim, and 4) *psychological aggression*: exerting control and power through covert methods,

such as name-calling, control over reproductive health products, or playing mind games (Breiding et al., 2015; World Health Organization, 2013).

According to the World Health Organization (2013), 35% of women experience IPV in their lifetime. Within Canada, women are 80% more likely to experience IPV in comparison to men (Statistics Canada, 2016a). Statistics Canada (2016a) identifies that the average rate of IPV within Canada is 301.1 per 100,000 population, with Saskatchewan having the highest rate of police reported IPV (652.1 per 100,000 population) among the Canadian provinces. Saskatchewan also exceeds the next highest province by nearly 30% (Manitoba; 499.99 per 100,000 population). Statistics Canada (2016a) indicates that while women are at an increased risk for experiencing IPV in comparison to men, women living in Saskatchewan and Manitoba are four times more susceptible, which is not the case among the other eight provinces. In terms of domestic homicide, between 2010 and 2015, Manitoba (3.36), Saskatchewan (2.28), and New Brunswick (2.28) had the highest domestic homicide rates per 100,000 population amongst the provinces (Dawson et al., 2018). The Northwest Territories and Nunavut had the highest rates in Canada, at 16.75 and 27.82 per 100,000 population, respectively (Dawson et al., 2018). In addition, the United Nations Office on Drugs and Crime (UNODC; 2018) recently confirmed that many women who were deemed to be homicide victims were in fact killed by partners or family members within their own home.

Of importance to note is that 70% of IPV survivors do not report experiences of IPV to the police (Statistics Canada, 2016a). This suggests that the already devastatingly high IPV prevalence rates within Canada are likely much higher. Reasons that influence the decision of whether or not to report include the belief that experiences of IPV should

remain private and the thought that the violence experienced is unimportant or accidental, among many others (Statistics Canada, 2016a). Of the minority who reported their experiences of IPV to the police, 82% indicated that this was in order to receive protection (Statistics Canada, 2016a). With the notion that 70% of women do not report experiences of IPV, the number of women who continue to be turned away from support, particularly shelter services, is likely significant. A recent report found that when focusing on shelter admissions across Canada for one day, called Snapshot Day, 669 women were turned away. Among the provinces, Saskatchewan had the highest percentages of shelters operating at full capacity (CBC News, 2019).

1.4. Definition of Rural and Northern Communities in Canada

Eighty-one percent and 19% of the Canadian population live within population centres and rural areas, respectively (Statistics Canada, 2011). To conceptualize rural and northern communities, the distinctive features of these regions are important to consider in order to help shape the context of interest. A population centre is defined as “an area with a population of at least 1,000 and a density of 400 or more people per square kilometer,” with all regions not meeting this criterion defined as a rural area (Statistics Canada, 2016b). Attempting to depict the geographic diversity in Canada, Statistics Canada (2016b) divides population centres into three sub-groups, including: 1) *small population centres*: a population between 1,000 and 29,999, 2) *medium population centres*: a population between 30,000 and 99,999, and 3) *large urban population centres*: a population of 100,000 and over. Most Canadians live in large urban population centres (18,656,653; 59%), followed by rural areas (6,262,154; 19.8%), small population centres (3,843,931; 12.2%), and medium population centres (2,850,159; 9%).

Saskatchewan is known to be unique in terms of geographic landscape and population. Of the 1,098,352 individuals who live in Saskatchewan, approximately 35.6% live in rural, remote, or northern communities (Statistics Canada, 2017b). Saskatchewan is also culturally diverse, with Indigenous Peoples making up 16% of Saskatchewan's population, including 103,205 First Nations, 52,450 Métis, and 290 Inuit, with the remaining individuals reporting other (1,120) or more than one Indigenous identity (670; Kelly-Scott, 2016). Utilizing the classification starting points published by Statistics Canada (2016b), with a focus on geographical location, the 2016 Census estimates that 46.2% of Indigenous Peoples live in rural areas, followed by 27.5% in large population areas, 15.8% in small population areas, and 7.3% in medium population areas within Saskatchewan (Statistics Canada, 2017a). Of the individuals with registered Indian status, 50.5% live on-reserve and 49.5% live off-reserve. In line with the Constitution Act of 1982, Section 35, within the present research, the term Indigenous is used as an "inclusive term to encompass all Indigenous Peoples and identities, including status, non-status, Indian, Aboriginal, Native, First Nations, Métis, and Inuit," as well as those living on and off-reserve (Jeffrey et al., 2018, para. 53).

When considering the diverse geographic landscape of Saskatchewan and the definitions utilized by Statistics Canada (2016b), several limitations are noted. Looking at a map of Saskatchewan, areas that would be identified as rural regions based on the Statistics Canada (2016b) classification system vary considerably. For instance, La Loche has a population of 2,611 people, a population density of 150.6 per square kilometer, and is situated in the northern region of Saskatchewan (Statistics Canada, 2006). In comparison, Kamsack has a population of 1,825, a population density of

311.8, and is situated in the southern region of Saskatchewan (Statistics Canada, 2012).

If the definitions posed by Statistics Canada (2016b) were applied, these two communities would be considered rural areas. This is problematic as each region is qualitatively different in terms of nordicity. Therefore, to account for the geographical diversity of Saskatchewan, two modifications were made to the classification starting points proposed by Statistics Canada (2016b) in the present research. First, northern regions were defined as all communities within the Northern Administration District, Division No. 18, which consists of approximately 45 communities in northern regions of Saskatchewan (Government of Saskatchewan, n.d.; Statistics Canada, 2015). Second, a modified version of Statistics Canada's (2016b) definition of rural was used. Statistics Canada (2016b) does not account for proximity to urban centres and dispersed communities; thus, recommendations from the Rural and Northern Health Care Panel (2011) were included. The Rural and Northern Health Care Panel (2011) define rural as all regions outside of population centres and "...those with a population of less than 30,000 that are greater than 30 minutes away in travel time from a community with a population of more than 30,000" (Rural and Northern Health Care Panel, 2011, p. 8).

1.4.1. Importance of agreed-upon definitions. Improving the methodological rigour of research in relation to IPV is of vital importance. One approach to increase methodological rigour is to utilize consistent, clear, and concise definitions. To date, inconsistent definitions of IPV, as well as what constitutes a rural or northern region have been noted, which limits the utility, comparability, and transferability of IPV research findings to inform prevention and intervention initiatives (Breiding et al., 2015; Coker et al., 2002b; Zorn et al., 2017). Therefore, as indicated above, defining the terms

that will be used for the purposes of the current research project is imperative, as utilizing agreed-upon definitions captures the magnitude of the problem, allows for the identification of vulnerable populations and their unique needs in relation to experiencing IPV, and ultimately, ensures that the findings from the present research will inform policy and lead to social change (Breiding et al., 2015; Zorn et al., 2017).

1.5. Origin and Impact of Intimate Partner Violence

IPV is a complex, pervasive, and preventable problem that affects women of all cultures, races, SES-levels, and ages (Black et al., 2011). Walker (1999) asserts that:

Although each country has unique factors that determine the services and resources available to battered women, children exposed to domestic violence, and abusive partners, it is the interaction among gender, political structure, religious beliefs, attitudes toward violence in general, and violence toward women, as well as state-sponsored violence, such as civil conflicts and wars, and the migration within and between countries that ultimately determine women's vulnerability and safety (p. 21).

While there must be mention of the positive steps taken to increase our understanding of IPV and the collective and tireless efforts toward research, assessment, intervention, and prevention, the journey to end gender-based violence is far from over. For instance, the Canadian Centre for Justice Statistics (2018) confirmed in their recent publication, which utilized data from the 2014 General Social Survey on Canadians' Safety (Victimization), that IPV continues to be the leading type of violence experienced by women.

There are a number of theoretical models that attempt to explain the root cause of IPV perpetration. First, feminist theorists encourage individuals to go beyond the

individual and partnership level to focus more broadly on how social structures, systems of oppression (e.g., heterosexism, classism, spirituality-based oppression), cultural influences, and personal experiences influence and perpetuate IPV (Kelly, 2011). Feminist theorists propose that there is a strong need for power and control among male perpetrators. The need for power and control is grounded in the patriarchal structure of society, “a gender ideology of masculine domination” (Juschka et al., in press), which is a view that is still widely held to date (Kelly, 2011; Lawson, 2012). The patriarchal structure in combination with seeking to maintain the societal and cultural ideals of what masculinity “should” look like, results in men seeking to exert power, control, and authority over women, thus sustaining gender-based violence (Kelly, 2011).

Under the feminist theories umbrella is the feminist intersectionality perspective, which postulates that the social identities of individuals, such as culture, race, religion, gender, and socioeconomic status, intersect and influence power relationships. For instance, when an individual faces societal disadvantages and oppression, these positions interact to construct the individual’s social location and identity, which often, negatively impacts physical and mental health, and overall, quality of life (Kelly, 2011). A main critique of the feminist perspective is that systems of power and oppression do not discriminate, meaning that these systems are not based solely on gender; therefore, striving to understand IPV through the feminist intersectionality perspective takes into account the complexities of multiple identities.

A wonderful example of this movement is illustrated by Chavis and Hill (2009), who expanded upon the Power and Control Wheel (Pence & Paymer, 1993) and created the Multicultural Power and Control Wheel to represent how multiple identities can

impact the experiences of women when experiencing IPV and their responses to violent and oppressive environments. The seven identities included are sexism, heterosexism, ageism, racism/ethnocentrism, ableism, classism, and spirituality/religion, and by using different tactics, can all be subjected to various forms of IPV (Chavis & Hill, 2009). For instance, a perpetrator of IPV may attempt to make an immigrant woman “feel like she is betraying her race” as a form of emotional abuse (Chavis & Hill, 2009, p. 20). A noted limitation of the Multicultural Power and Control Wheel (Chavis & Hill, 2009) is that the constructed identity of living in geographically diverse communities is not included. Chavis and Hill (2009) call for future research to explore how living in rural communities may impact experiences of IPV for women survivors.

Second, theories attempting to explain IPV perpetration and survivor responses have focused on the individual level in terms of mental health. At the perpetrator level, research suggests that violent behaviour may be related to antisocial personality disorder, borderline personality disorder, PTSD, depression, and anxiety (Kelly, 2011; Rakovec-Felser, 2014; Ross & Babcock, 2009). There is a movement toward conceptualizing aggression on the part of the perpetrator as either reactive or proactive (Chase, O’Leary, & Heyman, 2001). Reactive aggression, which can be found in impulsive, emotional, or unplanned reactions, is conceptualized as occurring in situations where there is an evoking and high arousal presence (Chase, O’Leary, & Heyman, 2001; Ross & Babcock, 2009). For instance, individuals who perpetrate violence may react to “insult from [their] partner or the threat that [their] partner plans to leave” (Ross & Babcock, 2009, p. 608), with the reaction of the situation influenced by personality traits. Individuals who respond with reactive aggression tend to be angrier and more dependent on their partners

(Chase, O'Leary, & Heyman, 2001), which are characteristics consistent with borderline personality disorder (Chester & DeWall, 2018). Conversely, proactive aggression is planned and goal-directed in the absence of a provoking stimulus, such as through the use of control or intimidation to achieve an end goal (Ross & Babcock, 2009).

Individuals who utilize proactive aggression tend to be more dominant, antisocial, and callous (Chase, O'Leary, & Heyman, 2001), which are characteristics consistent with antisocial personality disorder (Ross & Babcock, 2009).

Ross and Babcock (2009) administered men the SCID-II, a diagnostic interview to determine the presence of psychopathology, to determine the diagnosis of either antisocial personality disorder, borderline personality disorder, or no disorder. Female partners were also interviewed and asked about their relationship and violence history. Findings suggested that men diagnosed with a personality disorder were significantly more violent towards their female partners in comparison to the control-group. Their findings also revealed that men diagnosed with antisocial personality disorder were more likely to engage in both proactive and reactive violence, whereas men diagnosed with borderline personality disorder were more likely to engage in reactive violence only. Men in the borderline group were more likely to react to signs of distress from their female partner with severe violence, including choking and twisting of her neck. Men in the antisocial group were more likely to react with severe violence when their partner engaged in dominant behaviour, which may be conceptualized as a way to obtain power and control. The research conducted by Ross and Babcock (2009) adds another layer to the understanding of perpetrator motivation and how to develop and implement appropriate and effective interventions for men with specific personality characteristics.

At the survivor level, the question of why women stay in an abusive relationship has historically been asked too many times. There is often an underlying connotation, which parallels the victim-blaming stance, that women are experiencing mental health concerns (e.g., depression, anxiety, substance abuse) or certain characteristics (e.g., weakness and helplessness), which may serve as risk factors for experiencing IPV (Kelly, 2011). Historically there has also been the belief, or assumption, that survivors of violence may provoke their partners to act in an aggressive or violent manner (Arizona Coalition to End Sexual & Domestic Violence, n.d; Kelly, 2011). Furthermore, the notion that women deserve to be abused is a myth that is still prevalent today (Yamawaki, Ochoa-Shipp, Pulsipher, Harlos, & Swindler, 2012). Kelly (2011) proposes that the historical question of “why does she stay?” is now being replaced with imperative questions such as “why do so many men assault their partners” and “what is getting in the way of women’s safety and freedom from abuse” (p. 38). The evolution of trauma-informed care and strength-based approaches are promising avenues for focusing on resiliency and the complexities associated with responding to experiences of abuse for women survivors of IPV (Kelly, 2011; Wilson, Fauci, & Goodman, 2015).

The information mentioned above highlights theoretical approaches that seek to deepen our understanding of the causes of IPV and how women survivors respond to experiences of abuse. The vital message is that there is not one cause of IPV. Adding to this message, the World Health Organization (2019) provides an ecological framework to illustrate the notion that experiencing IPV is related to the connection between individual, relationship, community, and societal factors (Figure 1).

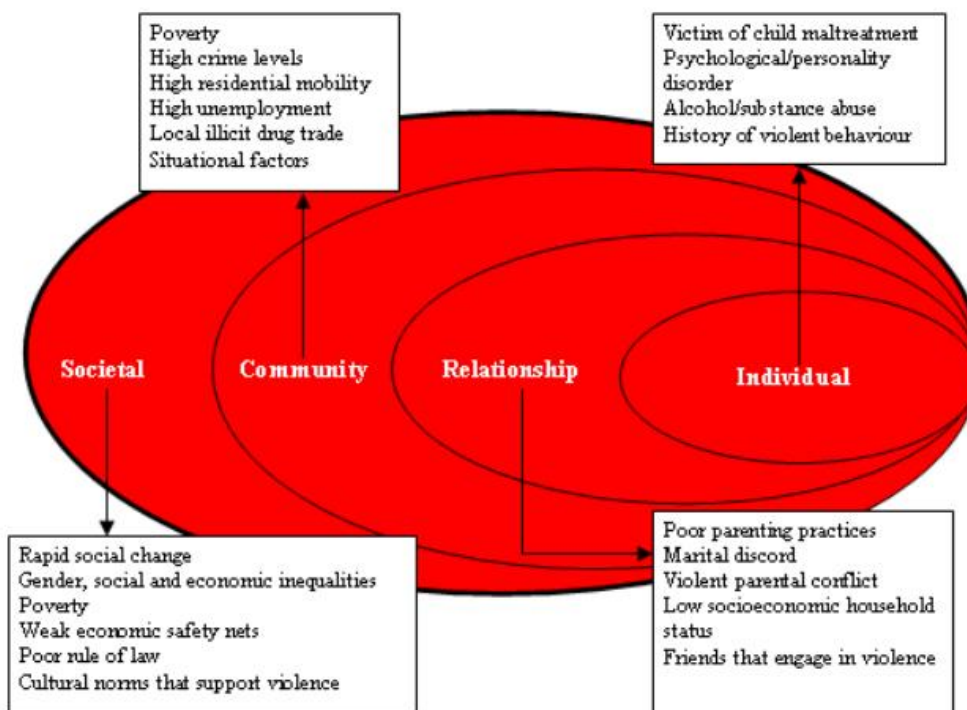


Figure 1. The ecological framework: Examples of risk factors at each level. Adapted from the World Health Organization (2019).

As an example, Sianko, Hedge, and McDonell (2019) examined psychological adjustment among adolescents living in rural areas who had been exposed to IPV. Of the 580 adolescents who participated in the study, 68.8% reported being exposed to IPV. The authors obtained information about symptoms of depression, problem-solving attitudes, and self-efficacy in order to create adjustment profiles. Based on their responses, participants were labelled as well-adjusted (46.2%), moderately adjusted (44.2%), and struggling (9.5%). The well-adjusted group scored the highest on measures of self-efficacy and problem-solving attitudes, as well as lowest on the measure of depression, whereas this was vice versa for the struggling group.

Interestingly, findings revealed that the three adjustment profiles were influenced by adolescent attitudes, family characteristics, and community context. The struggling cluster had the highest proportion of caregivers that had a high school diploma, earned an income of less than \$10,000 a year, and identified as being racially and ethnically diverse. In contrast, the well-adjusted group tended to live in safer neighbourhoods, have caregivers that earned a higher income, and have more positive peer supports. Furthermore, the well-adjusted group and the struggling group differed on reports of having at least one adult in their life that was a positive support, 90.3% and 61%, respectively. This study illustrates the complex layers of IPV and the importance of taking into consideration individual, family, and neighbourhood characteristics.

When taking the various theoretical approaches and risk factors into consideration, one message is clear: various research studies report that experiencing IPV is connected to more severe health outcomes in comparison to no experience or history of abuse (Bonomi et al., 2006; Coker et al., 2002b; Pico-Alfonso et al., 2006).

The most externally noticeable consequences of IPV are physical injuries. Black (2011) asserts that among women living in the United States, millions experience acute injuries, permanent disability, life-threatening injuries, and death due to incidents of IPV.

Moreover, reports of domestic homicides in Canada were recently analyzed through the Canadian Domestic Homicide Prevention Initiative with Vulnerable Populations (CDHPVP, 2017) research project. Information drawn from court and media reports highlighted the significance of IPV and the vital importance of informing practice, policy, and research (Dawson et al., 2018). From 2010 to 2015, Dawson et al. (2018) revealed that 418 cases of domestic homicide were reported. Of 476 victims, 427 were adults and 49 were children aged 17 and younger. Of the 427 adult victims, 79% were female. Stabbing (38%), shooting (24%), strangulation (11%), or beating (11%) were the most cited reasons that led to the victim's deaths. The majority of victims were either legally married or in a common-law relationship with their accused partner (61%), with the remaining victims were reported as either being separated or estranged (26%). Forty-four victims were identified as Indigenous, which represented 9% of the domestic homicide cases reported. This suggests that Indigenous individuals were at an increased risk for domestic homicide in comparison to non-Indigenous populations. This finding is further confirmed by UNODC (2018), who detail that the "social, cultural, economic, and political marginalization" (p. 33) that Indigenous women experience increases their vulnerability to IPV.

In addition to the overwhelming number of women who have suffered physical injuries, or more devastating, death, research has continuously demonstrated an association between physiological, mental, and emotional concerns and IPV. Women

who experience IPV report more symptoms of depression, anxiety, substance-use related disorders, PTSD, chronic pain, and heart disease, as well as suicidal ideation, problems with academic functioning, job loss, and difficulty with daily life functioning in comparison to women who have never experienced IPV (Black, 2011; Bonomi et al., 2006; Golding, 1999; Graham-Bermann, Sularz, & Howell, 2011; Kaur & Garg, 2010; Lilly, Valdez, & Graham-Bermann, 2011; Lynch & Graham-Bermann, 2004; Ludermir et al., 2008; Ragusa, 2012; Vives-Cases, Ruiz-Cantero, Escriba-Aguir, & Miralles, 2010). Headaches, memory problems, somatic symptoms, acute and chronic levels of stress, and changes to the biological responses to life challenges and stressors are additional health consequences following experiences of IPV (Black, 2011). Furthermore, the Department of Justice (2009) estimates that the total economic impact of IPV in Canada is \$7.4 billion per year.

Pico-Alfonso et al. (2006) conducted structured interviews with 182 women to gather information about physical, sexual, and psychological violence perpetrated by an intimate male partner, childhood abuse, and mental health disorders. Women were grouped into non-abused (29%), physically/psychologically abused (41%), and psychologically abused (30%) based on their reported experiences with IPV. Childhood abuse was reported by 67.3% of the psychologically abused women, 64% of the physically/psychologically abused women, and 48% of the non-abused women, with physical and sexual childhood abuse being significantly associated with IPV. The physically/psychologically and psychologically abused women reported more symptoms of depression, anxiety, and PTSD in comparison to the non-abused group. Women who were sexually abused in addition to physically and/or psychologically by their intimate

partners reported significantly higher levels of depression in comparison to women who were not sexually abused in addition to other types of abuse. No differences in PTSD scores and anxiety levels were found among the women who had experienced sexual abuse and other forms of abuse. The complexity of IPV was highlighted within this research, with results suggesting that psychological abuse by an intimate partner is as detrimental as physical violence in relation to overall health for women IPV survivors.

Zlotnick, Johnson, and Kohn (2006) gathered information about interpersonal victimization, depression, life satisfaction, self-esteem, quality of life, substance use, and social support to explore the long-term impact of IPV. Experiencing IPV was related to higher rates of depressive symptoms and impairment in functioning, as well as lower rates of self-esteem and overall life satisfaction in comparison to women who did not report experiencing IPV. Interestingly, mental health concerns and daily functioning did not differ for women who remained in their abusive intimate relationship compared to women who sought refuge, which suggests that women who experience IPV are at risk for long-term negative health consequences regardless of the length of the relationship. Reports of alcohol use were comparable among women who had experienced IPV and those who had not, which is inconsistent with findings from Bonomi et al. (2006), who found that women survivors of IPV were more likely to engage in heavy drinking or binge drinking in comparison to women who had never experienced IPV. Women IPV survivors were also more likely to report being exposed to IPV as a child and experiencing childhood abuse. Furthermore, women who experienced recent IPV (within the past five years) were more likely to report struggling with symptoms of depression, with trusting people, and with engaging in activities. Women who

experienced remote IPV (not within the past five years) were also at increased risk for experiencing these struggles; therefore, again, suggesting that the consequences associated with experiencing IPV are long-term.

In addition to the health-related consequences, there is considerable literature discussing the connection between poverty, homelessness, unemployment, and IPV (Davies et al., 2015; Tutty et al., 2014). Bell, Goodman, and Dutton (2009) found that women who were less dependent on their abusive partners for certain tangible resources, such as housing, money for rent, and transportation were more likely to be completely separated from their abusive partner in comparison to women who were more reliant on their partners and thus, remained in the abusive relationship.

Furthermore, Tutty, Ogden, Giurciu, and Weaver-Dunlop (2014) interviewed 62 women from urban cities across Canada that experienced relative or absolute homelessness due to limited housing options following experiences of IPV. Results detailed the extreme impact of IPV on women and the behaviours that male partners may engage in, such as burning down their residence. The researchers noted that in addition to experiences of homelessness and abuse, the women interviewed had other intersectional factors that may have increased their level of vulnerability, including belonging to marginalized groups and past experiences of childhood abuse. The intersectional nature of IPV is important to consider as this demonstrates the level of complexity that survivors of IPV face in their daily lives (Faller et al., 2018). Tutty et al. (2014) indicated that the complexities further demonstrate the importance of creating solutions that are multifaceted in order to address the significant needs of women survivors of IPV across Canada.

Recent research examined concerns regarding affordable housing in a northern community in Manitoba and how this impacted the experiences of women survivors of IPV and their children (Bonnycastle, Hughes, Bonnycastle, Nixon, & Groening, 2019). Fourteen women told their stories about experiences of IPV and how housing related to their stories. Results revealed that women are often faced with various inequalities, such as health concerns and poverty, as well as inadequate or overcrowded housing. Furthermore, women reported that there appears to be a disconnect between accessing shelter services and what to do afterwards, as second stage and transitional housing are limited. Based on their research findings, Bonnycastle et al. (2019) provided a series of recommendations, including placing more focus on creating adequate and affordable housing for Indigenous Peoples, increasing formal services offered on-reserve, ensuring that shelter services are accessible regardless of location, and ensuring that investment in northern communities is allotted where needed.

Adding to the research examining IPV within urban centres, Lockie (2011) gathered information from 532 women living in rural regions and mining communities within Australia. Across their lifetime, women reported experiences of psychological abuse (20.3%), social-psychological abuse (15.3%), and economic abuse (3.6%). Reports of physical abuse were reported by 9.2% of women, using methods such as being pushed, grabbed, or shoved (5.5%), threatened to be hit (4.8%), and being thrown something that could cause injury (4.0%). Consistent with the abovementioned research studies (e.g., Pico-Alfonso et al., 2006), findings revealed that experiences of IPV were significantly related to decreased mental health and wellbeing among women.

Women who had experienced economic abuse (37%), psychological abuse or

physical abuse (20%), sexual abuse (14%), social-psychological abuse (13%) at any stage within their relationship reported severe mental health concerns. In contrast to other studies (Ansara & Hindin, 2011), no significant relationship was found between experiences of IPV, physical health, and well-being, suggesting that the negative consequences associated with experiencing IPV were not related to type of abuse. Of note, the latter study only included women IPV survivors still living with their abusive partner; thus, women IPV survivors who suffered negative consequences and sought refuge were not represented. Given the correlational nature of this study, the causal nature of these findings cannot be determined.

No significant relationships were found when comparing experiences of IPV among women living in rural or mining towns and women living in urban centres; however, women who grew up in rural towns prior to the age of 18 were more likely to report experiences of psychological abuse and social-psychological abuse within their current relationship. Moreover, women who had partners who grew up in rural regions were twice as likely to experience physical abuse and psychological abuse, and six times more likely to experience social-psychological abuse. These results may suggest that rural culture impacts and contributes to IPV (Lockie, 2011; Wendt, 2009).

Previous research demonstrates a significant relationship between experiencing IPV and resulting negative physical, mental, and emotional consequences. With IPV continuing to be a pervasive, complex, and global problem, research examining how best to support women experiencing IPV is needed. This research is well warranted among women living in rural and northern regions, as there is indication that rural culture may impact IPV experiences (Lockie, 2011; Wendt, 2009). Elements in relation to IPV also

need to be explored, such as the question of whether or not women in all communities experience the same level of risk. As Gallup-Black (2005) bluntly indicates, the answer is no. Gallup-Black (2005) details a growing body of research suggesting that in terms of violence, abuse, and homicide, areas with smaller populations are at greater risk for experiencing violence at the hands of family members or intimate partners.

1.6. Intimate Partner Violence in Rural and Northern Communities

Our knowledge and understanding of IPV has increased significantly over the past decade; however, less is known about how IPV impacts specific vulnerable populations (Black et al., 2011). Statistics Canada (2016a) reports that individuals are at an increased risk for experiencing IPV when living in non-urban areas (365.3 per 100,000 population) in comparison to individuals living in population centres (191.4 per 100,000 population). Dawson et al. (2018) found that of the 476 victims of domestic homicide between 2010 and 2015 in Canada, 22% lived in rural, remote, and northern communities. Most victims were female (78%) and most of the individuals who were accused of the crime were male (86%). When analyzing the information further and accounting for intersectionality, of the victims and perpetrators living in geographically diverse communities, 24% and 28% identified as Indigenous, respectively. In comparison to the general population, the most common reported methods of homicide were through the use of a firearm (36%) or stabbing (28%). Saskatchewan was the second highest province to have domestic homicide victims (12%), with Ontario (25%) being the first. The population of Saskatchewan was 1,098,352 and Ontario was 13,448,494 in 2016 (Statistics Canada, 2016b).

In the last decade, research has established that the experiences of women IPV

survivors living in rural and northern regions are qualitatively different than women IPV survivors living in population centres (Logan, Walker, Cole, Ratliff, & Leukefeld, 2003; Dawson et al., 2018). This is further evidenced by the vignette detailed in Section 1.1. Rennison, DeKeseredy, and Dragiewicz (2013) found that rates of lethal and nonlethal violence were higher for women living in rural areas in comparison to women living in urban areas and that the risk for domestic homicide was greatest following separation from a perpetrator. Logan et al. (2003) conducted a preliminary study and found that rural IPV survivors reported less social support, education, and income, and more experiences of physical abuse, childhood physical and sexual abuse, and overall, worse health consequences in comparison to IPV survivors living in urban areas.

Furthermore, geographic features, community dynamics, and the availability of resources and services may also impact experiences of IPV (Gallup-Black, 2005). Of the research to date that has focused on rural and northern regions, several unique factors in relation to geographic location have been identified. Women living in rural and northern regions experience physical and social isolation (Carrington, McIntosh, Hogg, & Scott, 2013; Few, 2005; Owen, 2012; Wuerch et al., 2019). Physical isolation may include not having access to timely resources and services due to limited personal and public transportation, as well as having to travel significant distances to access the nearest formal support (e.g., Hornosty & Doherty, 2002; Krishman, Hilbert, & VanLeeuwen, 2001; Ulbrich & Stockdale, 2002; Yun, Swindell, & Kercher, 2009). This increases the possibility that the experiences of IPV that lead to calling the police may escalate before support and safety is accessed (Carrington et al., 2013).

Perpetrators of violence often use physical isolation as a control tactic (e.g.,

Peek-Asa et al., 2005; Wendt, 2009). Firing guns for threats or disabling personal vehicles are tactics that are more successful in isolated regions due to the limited options for support (Doherty & Hornosty, 2008; Wendt, 2009). Social isolation may develop and be maintained as a function of not seeking support due to fear of humiliation, as well as issues of confidentiality and anonymity impacting the decision to seek support. For instance, Lanier and Maume (2009) found that in comparison to women living in urban areas, the likelihood of women living in rural communities experiencing IPV was significantly reduced when social support was obtained. As research suggests that social support is a protective factor for women who experience IPV, this is an area of continued exploration. In terms of support within the context of confidentiality and anonymity, women IPV survivors living in rural and northern communities may be hesitant to contact the local police station if an officer is a friend of the perpetrator (Forsdick-Martz & Sarauer, 2000; Logan, Shannon, & Walker, 2005; Websdale, 1995).

Furthermore, as rural and northern communities are often close-knit, confidentiality and anonymity are hard to ensure (Gallup-Black, 2005; Hornosty & Doherty, 2002; Wuerch et al., 2019; Zorn et al., 2017). Forsdick-Martz and Sarauer (2000) examined the service and support needs of rural women within Saskatchewan. They found that the smaller population size in rural towns increased the likelihood of community members, including an abusive partner, finding out that a survivor of IPV accessed IPV services. From the opposite perspective, service providers may have to support friends, family members, or neighbours depending on their employment position, which can create feelings of discomfort due to the potential conflict between personal relationships and professional boundaries (Diamond, 2004; Yun, Swindell, &

Kercher, 2009). Knowing how to separate personal feelings from professional obligations is important in these situations, which is sometimes difficult in smaller regions where resources and support are limited (Diamond, 2004).

The time-point in which an individual is contemplating whether or not to leave an abusive relationship is the most dangerous period in the lives of women survivors of IPV (DeKeseredy & Schwartz, 2009; Gunsallus, 2011; Dawson et al., 2018). DeKeseredy and Schwartz (2009) maintain that there are certain societal factors that negatively impact the decision of whether or not women IPV survivors will seek refuge or remain in their abusive situation. Researchers have proposed a relationship between cultural norms and geographic locations. For instance, the term *cognitive landscape* was proposed by Sampson and Wilson (1995) to illustrate the notion that violence may be normalized due to ecological norms. This notion was applied to IPV, suggesting that due to societal norms and perceptions, IPV may be normalized and used as a way of exerting power and control (Beyer, Wallis, & Hamberger, 2015; Kaur & Garg, 2010; Lee, Maume, & Ousey, 2003; McQuestion, 2003). McQuestion (2003) suggests that in communities where IPV behaviours occurs by individuals thought to be influential role models (e.g., mayor), community members are more likely to follow suit and engage in these behaviours too.

Rural culture has been alluded to as a contributing factor to IPV (Wendt, 2009). One example of this is that IPV is often considered a private matter. IPV being considered a private matter leads to the concealment of violence and abuse (Carrington et al., 2013; Few, 2005), as holding this perception often creates feelings of shame and embarrassment, which further deters survivors of IPV from seeking support (Carrington et al., 2013; Eastman & Bunch, 2007; Few, 2005; Kaur & Garg, 2010; Logan, Shannon,

& Walker, 2005; Ragusa, 2012; Yun, Swindell, & Kercher, 2009). The need to maintain privacy within rural families has been referred to as a *cloak of silence*, with this veil of silence leading to women being more dependent on their male partners for financial and social needs (Owen & Carrington, 2015). Little (2017) maintains that exploring IPV in geographically diverse areas must be grounded in the social and cultural underpinnings of rurality. There is also not one sole experience or common understanding of rurality, but rather, rurality is shaped by personal circumstances, experiences, cultural backgrounds, and social structures (Little, 2017). The complexity of rural culture and IPV further illustrates the need for intervention models that go beyond what services and resources are implemented within urban centres (Owen & Carrington, 2015).

Hayati, Eriksson, Hakimi, Hogberg, and Emmelin (2013) examined experiences of coping with IPV among rural Javanese women. Based on the findings, these authors conceptualized the *elastic band strategy*, which illustrates the back-and-forth nature of women attempting to cope with IPV. This strategy implies that women experience "...a constant stretching, by making efforts to oppose the violence, for example, through spiritual framing, seeking outside support, being assertive, and trying to make a positive diversion. However, the stretching was often followed by withdrawal and surrender through submissiveness, keeping silent, or ignoring [their partner's] behaviour" (Hayati et al., 2013, p. 8). As mentioned above, the notion of keeping silent is a finding within other research as well (Owen & Carrington, 2015; Kaur & Garg, 2010; Little, 2017). While these findings are interesting to consider, the sociocultural influences associated with coping among this population does not permit generalizability to other populations.

An additional example of this is that individuals in rural and northern regions are

more likely to hold patriarchal values, such as men symbolizing strength, control, and power, as well as strong religious values and beliefs about privacy, which may also influence patterns of violence (Carrington, 2007; Carrington et al., 2013; Carrington & Scott, 2008; Few, 2005; Websdale, 1995). For instance, research by Petersen, Moracco, Goldstein, and Clark (2005) revealed that women living in rural parts of North Carolina were less likely to disclose incidents of IPV due to traditional views regarding the roles of men and women as well as the stigma of IPV. Results suggest that traditional gender roles continue to stigmatize and silence survivors of IPV and impact feelings of shame.

Women IPV survivors living in rural regions who participated in focus groups discussed factors impacting the decision to leave an abusive partner, including limited housing, job opportunities, and childcare (Logan, Shannon, & Walker, 2005). Concerns regarding childcare responsibilities and being economically dependent on abusive partners is cited within other studies as well (Ragusa, 2012). When seeking refuge, women IPV survivors often must leave their home community due to services not being available in or around their area of residence (Wuerch et al., 2019). This is problematic, as women are often torn to make the decision of whether or not to seek safety at the expense of leaving their informal support networks (Carrington et al., 2013; DeKeseredy & Schwartz, 2009; Wuerch et al., 2019). Recent research conducted by Fisher and Stylianou (2019) further revealed that among survivors of IPV in urban areas, being displaced from their home as well as their home community can be a difficult adjustment due to having to leave their support network to seek refuge. As individuals living in geographically diverse communities are often faced with economic hardships as well as limited service availability, women survivors of IPV may become more

dependent on the few formal services that are offered (Yun, Swindell, & Kercher, 2009).

Faller et al. (2018) examined IPV in rural and northern communities within a Canadian context. Results revealed that social factors, such as isolation, unemployment, poverty, lack of resources, and Indigenous concerns intersect with oppressive social concerns, such as racism, which taken together, perpetuates and maintains IPV. Furthermore, Faller et al. (2018) reported that these factors also impact service providers working in rural and northern communities and may contribute to feelings of marginalization among those working with survivors of IPV. The researchers note that we need to do more than only trying to remediate one concern while disregarding other oppressive concerns. For instance, the example used to illustrate this idea involved the connection between lack of childcare, poverty, limited resources, and isolation. As there are three concerns that are connected to childcare, working to reduce or eliminate one of the three concerns, such as isolation, may not be beneficial in reducing the oppressive situations occurring in geographically diverse communities. Therefore, the other factors, such as poverty and limited resources, will continue to persist and maintain the complex struggles and barriers experienced.

In terms of the experiences of service providers in rural and northern communities, few studies to date have examined this within a Canadian context. Wuerch et al. (2019) found that service providers within northern communities expressed frustration with various aspects of service provision, including lags in response time, high staff turnover, and barriers to accessing services for survivors of IPV that often led to women returning to their abusive partner. The emotional impact of supporting survivors of IPV in the face of significant challenges and limitations was discussed

within a focus group format. Furthermore, Merchant and Whiting (2015) found that frustration and hopelessness were common emotions felt among shelter workers faced with limited resources and services within geographically diverse communities, which in some cases, contributed to feelings of burnout and failure. Participants noted that although there was the notion that the system was in fact failing women survivors of IPV, the service providers often internalized this failure. These findings are concerning as research suggest that experiences of vicarious trauma, also known as secondary traumatic stress (STS), are prevalent among IPV service providers and protective factors for this center around a supportive workplace, including support from colleagues, supervision with others, and shared decision-making (Slattery & Goodman, 2009), which is sometimes difficult within rural and northern communities when service providers are working in isolation from one another.

Despite the importance and significant research contributions of the research described above, two concerns are noted. First, much of the literature reviewed above examined IPV within rural communities as opposed to northern communities, making this an identified gap for future research studies. Second, of the literature that included both rural and northern communities, the information gathered was combined within the data analysis, which does not allow for a direct comparison between rural and northern areas within a Canadian context. As rural and northern communities are distinctively different and have unique features, separating rural and northern communities is important to inform our understanding of the challenges faced in each diverse region.

1.7. Indigenous Peoples in Canada

Justice Murray Sinclair, who served as Chairman of the Truth and Reconciliation

Commission of Canada, asserts that there is not one Indigenous person in Canada who has not been impacted in some way by the residential school experience (Truth and Reconciliation Commission of Canada, 2015a). He declares that “the residential school experience is one of the darkest, most troubling chapters” within the history of Canada, where children were taken away from their families, home communities, languages, cultural traditions, and spiritual identities (Maclean’s, 2015). The creation of residential schools has been referred to as cultural genocide, in that the schools were created to not only assimilate, but to extinguish, Indigenous culture (Maclean’s, 2015).

Recorded statements were provided by 6,750 survivors of residential schools to the Truth and Reconciliation Commission of Canada (Truth and Reconciliation Commission of Canada, 2015b). These stories are painful reminders of the Canadian history and our duty to do the right thing: to stand with our brothers and sisters in the face of reconciliation. Lindsay Star, an Elder from Regina and the surrounding area, recently visited a class I was involved with, a class designed to acknowledge and commemorate children who lost their lives while attending the Regina Indian Industrial School from 1891 to 1910. With courage and strength, Lindsay Star shared his story of being a residential school survivor and the lasting impact this experience had on him, his family, his community, and future generations (L. Star, personal communication, March 5, 2019). He encouraged us to remember that Indigenous Peoples were taught to work together with mutual respect, which is what is needed to work towards reconciliation as a collective unit. Understanding the unfathomable discrimination, deprivation, and abuse Indigenous Peoples have faced and continue to face is important in order to ground our understanding of IPV among this vulnerable population.

The history of colonization extends beyond the creation of residential schools. The Indian Act of 1876 was implemented to disempower, marginalize, and oppress Indigenous Peoples. Due to federal policies, cultural practices and traditional ways of knowing and living were destroyed and/or outlawed. Furthermore, women were revoked of their Indian status if they married a non-Indigenous person, which was not the case for Indigenous men who married non-Indigenous partners. Changes were made to the Indian Act in 1985; however, equality has not yet been obtained for descendants of Indigenous women, further demonstrating that women continue to be inferior to men. The egalitarian Indigenous society shifted to the patriarchal North American society through colonization (Moffitt et al., 2013). While men and women were once thought of as equals, this has ceased with the post-colonial society, where powers shifted between men and women and self-worth was devalued (Moffitt et al., 2013). Weaver (2009) maintains that the colonial context and where Indigenous women exist within their social environment “allows and promotes ongoing violence” (p. 1554). The effects of colonization and historical trauma still linger today (Brownridge et al., 2017).

As discussed previously, of the 476 victims of domestic homicides from 2010 to 2015 in Canada, 44 (9%) identified as Indigenous (Dawson et al., 2018). Of the 44 victims of domestic homicide, 24% lived in geographically diverse communities (Dawson et al., 2018). Furthermore, Indigenous Peoples continue to struggle with high rates of completed suicide, suicidal ideation, suicide attempts, mental health concerns, and socioeconomic disadvantages (Hajizadeh, Bombay, & Asada, 2019; Hatcher, Crawford, & Coupe, 2017). Hajizadeh et al. (2019) examined socioeconomic disadvantages, psychological distress, and suicidal behaviours among Indigenous

Peoples in Canada, irrespective of IPV. Results revealed individuals reporting socioeconomic disadvantages reported higher scores on measures of psychological distress and suicidal ideation. Women reported higher scores on measures of psychological distress, suicidal ideation, and suicide attempts in comparison to men.

When taking into consideration the intersecting factors of societal context, violence, mental health concerns, socioeconomic disadvantages, and suicidal behaviours among Indigenous Peoples, the root causes are all results of marginalization, oppression, and being devalued within society (Hatcher, Crawford, & Coupe, 2017; Weaver, 2009). We as a society must extend beyond the outdated understanding that violence is due to individual problems and factors within the victims' control (i.e., victim-blaming), and instead, ground our understanding of violence within the societal context (Weaver, 2009; Faller et al., 2018). Connie Walker, a Cree journalist who grew up in the Okanese First Nation in Saskatchewan, has dedicated her career to giving Indigenous Peoples a voice within mainstream media (Chahinian, 2015). In her recent talk entitled "Missing and Murdered: Finding Cleo," she passionately encouraged individuals within the audience to be mindful of the sensitivities Indigenous Peoples have experienced and to create a space for empathy (C. Walker, personal communication, March 12, 2019), which can only occur once we have a true willingness to cultivate change and stand alongside our allies.

1.7.1. Intimate partner violence among Indigenous Peoples. There is a well-established understanding that Indigenous Peoples are a vulnerable population within the context of IPV (Brownridge, 2003; Brownridge et al., 2017; Dawson et al., 2018). Brownridge (2003) examined data from the General Social Survey in 1999 and found

that Indigenous women living in rural areas within Canada had 372% higher odds of experiencing IPV in comparison to Indigenous women living in urban areas. With Saskatchewan being home to 16% of Indigenous Peoples and 46.2% of these individuals living in geographically diverse communities (Kelly-Scott, 2016; Statistics Canada, 2016b), learning more about IPV among Indigenous Peoples living in rural and northern areas is of great importance. While there is limited research examining IPV among Indigenous Peoples living in rural and northern communities within Canada, there is a movement towards learning with Indigenous Peoples in order to increase the effectiveness of interventions. Indigenous Peoples continue to have elevated risk for childhood abuse and IPV, suggesting that this research is vital (Brownridge et al., 2017).

Results from the 2014 General Social Survey revealed that 10% and 3% of Indigenous and non-Indigenous women (respectively) self-reported experiencing IPV, indicating that Indigenous women were three times higher to experience violence at the hands of their intimate partner (Department of Justice, 2017). In comparison to 29% of non-Indigenous women, 53% of Indigenous women reported fearing for their lives. Furthermore, Indigenous women were also more likely to report experiencing emotional and financial abuse by an intimate partner in comparison to non-Indigenous women. These results are consistent with previous findings by Brownridge (2003), who found that Indigenous women were five times more likely to report victimization by a current intimate partner within a one-year time frame in comparison to non-Indigenous women. Results also revealed that Indigenous women were at least three times more likely to experience a range of violence, including being choked, pushed, slapped, threatened with/having a weapon (e.g., gun, knife) used against them, or beaten.

The *colonization theory* asserts that the high rates of IPV among Indigenous Peoples are associated with historical and intergenerational trauma (Brownridge et al., 2017). A concern regarding this theory is that there is limited understanding as to why some Indigenous Peoples perpetrate and experience IPV, while others do not (Brownridge, 2003). Brownridge (2003) mentions that while consuming large amounts of alcohol was related to IPV incidents among Indigenous Peoples, this is related to larger societal issues as opposed to a cause and effect association. When controlling for all independent variables (e.g., age, education, employment, geographic location, marriage/common-law, alcohol consumption), results revealed that the odds of violence for Indigenous women compared to non-Indigenous women were reduced (Brownridge, 2003). He asserts that these results indirectly lend support to the notion that the unique experiences of colonization impact the cycle of violence among Indigenous Peoples. While these results are important to consider, we cannot underestimate the very complex societal concerns that Indigenous Peoples face, such as the experiences noted above.

The results above are also consistent with research conducted by Brownridge et al. (2017), who examined the relationship between child maltreatment and IPV among Indigenous Peoples and non-Indigenous individuals by using data from the 2014 General Social Survey. Results demonstrated that Indigenous women were at higher risk for experiencing childhood maltreatment and IPV. Childhood maltreatment was conceptualized as witnessing domestic violence, experiencing physical and/or sexual childhood abuse, and a combination of both forms of violence. Experiencing childhood maltreatment was associated with increased risk for IPV in adulthood. Additional risk factors predictive of IPV among Indigenous women included young age, alcohol and

drug use, low education, unemployment, and having a controlling partner.

Moffitt et al. (2013) indicate that “since the variables that appear to influence IPV are multifactorial, it is acknowledged that a comprehensive approach to both the investigation of IPV and the analysis of the data is required” (p. 219-220). Cheers et al. (2006) conducted a community-based participatory action research study in collaboration with an Indigenous women’s organization located in a remote Indigenous community in Australia. Individual interviews and focus groups were held with Indigenous and non-Indigenous service providers, individuals living in the community, Indigenous Elders, and government employees. Participants reported conceptualizing violence holistically as opposed to cause and effect. Feelings of grief and shame were thought to be managed with substance abuse and gambling. Cheers et al. (2006) assert that individuals reported grieving the loss of their culture, self-respect, inner strength, and respect for others, as well as shame about letting themselves, others, and their community, down. There was also mention of intergenerational violence and the ripple effect, in that IPV impacts individuals, families, and the whole community on a physical, mental, emotional, and spiritual level.

Cheers et al. (2006) note that the terms culture and community were used interchangeably, as emphasis was placed on cultural roots and family values as foundational to the community. Participants agreed that a holistic, comprehensive, and innovative approach needs to be taken in order to address the social, economic, and societal issues in relation to IPV among Indigenous Peoples living in geographically diverse communities. Providing education about IPV, identifying how IPV has impacted Indigenous Peoples at the individual, family, and cultural level, and empowering

individuals to make a difference and celebrate their community were all suggested.

A northern community in Saskatchewan ranked third on the list of highest number of police-reported IPV across Canada from 2008 to 2015 (Jones, 2018). Karen Sanderson, the Executive Director of the community's women shelter, exclaimed that the numbers were "not really a positive highlight on some of the stuff we do here and some of the programs that are available" (Eneas, 2018). She details the positive steps her community is taking to serve the community of La Ronge (i.e. community organizations and volunteers working collaboratively to target IPV, building a second stage housing unit, increasing awareness of IPV) and change the current state of IPV. While she admits that there are more needs than services currently available, there is much emphasis placed on building healthy relationships (Eneas, 2018).

Indigenous women, children, families, and communities continue to demonstrate resilience, courage, and perseverance. Reconnecting with traditional healing practices and Indigenous belief systems are considered to be protective factors for IPV among Indigenous Peoples (Burnette, 2018). Burnette (2018) gathered information from 29 women survivors of IPV and 20 service providers living in various rural Indigenous reserves within the United States. Findings highlighted a number of factors that promoted resilience and positive coping including family support, family unity and connectedness, storytelling by Elders, and learning traditional and non-violent values from Elders. One participant noted that:

Once we get back to basics and teach them that [violence is] not a norm, with being proud of who you are, being proud of where you came from, where your parents came from, where your ancestors came from. And once they start

realizing that, and knowing all that, maybe they'll be proud of themselves, so they can try to do better in life (p. 56).

The research conducted by Burnette (2018) highlights the importance of familial and cultural protective factors. As large blended families are often the norm among Indigenous Peoples, of great importance is to remember that Indigenous communities may be more inclusive in comparison to Western culture.

Elder Betty McKenna, from the Anishinaabe Nation, Shoal River Band, states that “when you heal one person, they go back and heal their family, and that family heals their community” (B. McKenna, personal communication, March 7, 2018). As there are variations in the beliefs and values among Indigenous Peoples across various contexts, Burnette (2018) reminds readers that not all traditional beliefs may be protective; therefore, future research is needed to understand the experiences of Indigenous women experiencing IPV. Elder Betty also encouraged listeners of a panel discussion to consider the complexities Indigenous Peoples face when living in geographically diverse communities. She indicated that women are often separated from their home community and their families to access much needed resources and services, which is deeply concerning given that research suggests that Indigenous women need these supports (B. McKenna, personal communication, March 7, 2018).

1.8. Service Provision in Rural and Northern Communities

To date, a paucity of research has been conducted within Canada, Australia, and the United States in relation to rural and northern regions, IPV, and the challenges and barriers to accessing services for women IPV survivors (Wendt, 2009; Wendt, 2017; Wuerch et al., 2019; Yun, Swindell, & Kercher, 2009). Eastman and Bunch (2007)

examined the perceptions of service providers supporting IPV survivors in rural and urban regions within North Carolina and Virginia. Both groups of service providers reported consistent perceptions regarding the difficulties accessing affordable housing, employment, and transportation. However, significant differences were also identified, including rural service providers reporting that their clients tend to experience multiple problems that require more services than what are available and resources and services being difficult to access. The latter is coupled with beliefs being held by individuals and community members about abuse being a private matter, which all contribute to the decision of whether or not to stay in an abusive relationship.

Similar findings were identified in a Canadian context by Wuerch et al. (2019) when focusing solely on northern communities. These researchers conducted a focus group with eight community-level and government-level service providers with experience supporting IPV survivors in a profiled northern community in Saskatchewan, Canada. Challenges discussed within this focus group included a lack of safe shelters, transportation, and services, as well as limited access to timely support, overwhelming caseloads, and services being stretched too thin. Participants discussed the difficulties associated with recruiting and retaining qualified service providers in northern communities, which impacts their ability to implement programs and collaborate with agencies. The concern regarding transportation has also been reported by Shepherd (2001), who noted that among women living in remote locations in Alaska, accessing services becomes difficult when taking into consideration geographic isolation, severe weather, and inaccessible road systems.

In addition to the challenges discussed, the research also offered several suggestions to address the challenges (Wuerch et al., 2019). Participants discussed the importance of giving survivors of IPV a voice by empowering and promoting strength in their lives. Increasing confidentiality, educating service providers about the unique dynamics of living in northern communities, and addressing the normalization of violence were also suggested as ways in which to create and sustain non-violent communities. As the present sample included one focus group with eight individuals, the authors recommended future research should continue to address IPV within rural and northern regions.

There is a paucity of research examining the normalization of violence within the context of IPV. Findings from a qualitative study conducted by Wood (2001) revealed that women survivors of IPV tend to rationalize, justify, and normalize experiences of abuse at the hands of an intimate partner, which may impact their awareness of IPV and ultimately, seeking or not seeking support. For instance, women reported rationalizing the violence by believing that the abuse was not that bad or could have been worse (i.e., “just bruises; I didn’t have a broken jaw” p. 248), justifying the abuse by thinking of positive times within their relationship as opposed to the violence (i.e., “a week ago he was nice” p. 248), and normalizing the violence by stating the belief that the abuse was a common experience amongst women (i.e., “I just figured every woman dealt with this” p. 248). Research further suggests that individuals who consider IPV to be normal or are more accepting towards this type of violence may minimize experiences of abuse (Dunham & Senn, 2000). The authors conclude that the minimization of abuse may serve as a coping strategy; however, this is a cause for concern in that women may be

encouraged to view IPV as normal and this may impact support seeking behaviours and the utilization of services. As this study examined acceptance of physical abuse only, it may be desirable for future research to examine other types of IPV as well.

Social learning theory, developed by Albert Bandura (1973), suggests that upon witnessing certain behaviours occurring, these behaviours may be repeated by other individuals and subsequent generations. Hoffart (2016) asserts that social learning theory is useful in understanding the behaviours of children who have grown up in violent households. Children may watch their parents or loved ones attempt to remediate conflict using physical and verbal aggression (Bandura, 1973; Hoffart, 2016). Following this experience or multiple experiences of witnessing verbal and physical aggression to solve conflict, children and youth may learn that violence is commonplace and an appropriate tool that can be used to resolve problems (Bandura, 1973; Hoffart, 2016). For instance, Kalmuss (1996) examined the relationship between experiencing childhood abuse, witnessing domestic violence as a child, and later experiences of IPV. Results revealed that children who witnessed physical aggression between their parents were more likely to experience violence within an intimate relationship in adulthood.

Furthermore, in relation to service provision, problems with police responses and court processes following the reporting of IPV experiences is noted within IPV research (e.g., Benson, 2009; Few, 2005; Logan, Shannon, & Walker, 2005; Wuerch et al., 2019). When thinking of the formal services available for survivors of IPV, police are often the first point of contact (Lambert et al., 2007). Benson (2009) conducted three focus groups with survivors of IPV living in rural areas in Illinois, United States. The majority of women discussed that their encounters with police personnel were difficult, ranging

from police personnel knowing the perpetrator, which may impact the decision of whether or not to report the violence or press charges, to police personnel not taking the necessary action to offer assistance. In comparison to urban areas, where numerous police personnel are responsible for one smaller, more concentrated area, within rural and northern regions, one officer may be responsible for a larger area (Weisheit, Wells, & Falcone, 1995). Ongoing training to address gender and cultural sensitivity may improve responses to IPV among police personnel (Few, 2005; Wuerch et al., 2019).

Ragusa (2012) conducted qualitative interviews with 36 women survivors of IPV. Positive and negative experiences were discussed in relation to contact with police personnel. Contacting the police was seen as a first step towards empowerment and freedom. While some women described their experiences with police personnel as helpful and supportive, the majority reported feeling as though certain police personnel did not take their reports of IPV seriously. Participants who reported negative experiences with police personnel also mentioned a noticeable power-differential. Despite these experiences, police personnel were reported to be a crucial first response, which further illustrates the importance of police offering empathetic services.

Eastman and Bunch (2007) surveyed opinions of service providers and found rural service providers were more likely to report feeling as though their personal safety had been compromised, that quality training opportunities were limited, and that the needs for support were not being met due to limited service availability. Limited services and training may be partially explained by funding. Yun, Swindell, and Kercher (2009) obtained quantitative information from 379 directors of victim service and law enforcement organizations in Texas. Questions were asked about service availability,

funding, and training hours provided for service providers. Findings suggest that rural programs received less training (29.76 hours vs. 50.53 hours) and funding in comparison to programs located in urban areas (Yun, Swindell, & Kercher, 2009). Northern programming was not included within the research design

Studies have also suggested that limited collaboration among service providers, lack of knowledge about what other services in the surrounding area offer, and limited understanding about how the dynamics of IPV all impact whether or not women survivors of IPV are accessing effective support (Hochstein & Thurman, 2006; Wendt, 2010). Furthermore, a large proportion of programs and services have been developed and implemented using a large city model (Yun, Swindell, & Kercher, 2009). The programs utilized within urban areas may be effective in rural areas if the features were parallel; however, this is not normally the case (Yun, Swindell, & Kercher, 2009).

For instance, Burnett, Ford-Gilboe, Berman, Wathen, and Ward-Griffin (2016) examined shelter services within Ontario, Canada, with a particular emphasis placed on how structural factors and shelter policies impact the delivery of day-to-day services. Of the four shelters that took part in the study, one shelter was located in a rural community and one shelter was identified as being in a more remote region. Fifty percent of the women who accessed shelter services within the remote community were reported to be Indigenous. Findings revealed that shelter workers face multiple challenges to providing support to women, such as women facing housing limitations and poverty, which impacts their ability to reconstruct their lives after leaving abusive relationships.

The Canadian Mental Health Association (CMHA; 2009) further elucidates that in general, individuals living in rural and northern communities have limited access to

affordable housing and employment, as well as mental health services, which impacts the ability of individuals to receive support in addressing the structural inequalities they may experience. This in combination with experiencing IPV can lead to further disadvantages. Service providers within the Burnett et al. (2016) study identified that having limited resources and services, which was termed to be a “poverty of resources” (p. 520), limited their ability to support women experiencing marginalization. Rural service providers further discussed the importance of collaborating with other organizations in order to “stretch their resources as far as possible” (Burnett et al., 2016, p. 528). The authors discussed the importance of ensuring that services and resources within rural communities are funded accordingly as there are contextual differences in terms of the supports being provided in comparison to urban areas.

Moving away from the city model and taking into consideration the diversity within rural and northern regions, of importance to remember is that service providers, and the agencies for which they are employed, vary in the resources and services that are available to women survivors of IPV (Dienemann, Campbell, Wiederhorn, Laughon, & Jordan, 2003). Creative options for prevention, identification, and intervention in rural and northern regions have been researched. For instance, Coyer, Plonczynski, Baldwin, and Fox (2006) provided education to health care personnel on screening for IPV and aided in the modification of their current intake form to query IPV within a rural health care centre that served families from three surrounding rural regions. Six-months after the intake form was modified to include health risks consistent with IPV and then given to clients at the health care centre, personnel that received training in screening procedures re-evaluated the intake forms. Of the 859 chart reviews, six women were

identified as experiencing IPV. Follow-up was provided to these women and referrals for additional services were given. This study, in combination with an emerging literature examining the benefits of screening for IPV within health care settings (e.g., Coker, Bethea, Smith, Fadden, & Brandt, 2002a; Coker et al., 2007; Gielen et al., 2000), shows the potential for incorporating creative options in rural and northern areas. Friesen (2019) further advocates for the implementation of creative strategies to improve access to mental health services with geographically diverse communities.

As rural and northern regions have fewer available resources and services, the programs that are available are often used to support various concerns (e.g., mental health, physical health, substance-use) and cover wider geographic areas (Yun, Swindell, & Kercher, 2009; Wuerch et al., 2019). Service providers are often required to wear many hats by offering safety and a variety of additional supports (Yun, Swindell, & Kercher, 2009). Furthermore, research suggests that while there may be limited resources and services available, individuals within the community may be unaware of what resources, services, and programs are available within their community as well as surrounding areas (Ragusa, 2012). Through interviews with 36 women survivors of IPV, Ragusa (2012) found that 94% assumed there were available programs, services, and resources for IPV survivors within their community; however, the majority were unaware of what these were. This is problematic as IPV services and resources help support women survivors of IPV throughout their healing journey (Wuerch et al., 2019).

Ensuring that there is collaboration among agencies within rural and northern communities enhances support for women survivors of IPV. Logan, Shannon, and Walker (2005) discuss the importance of keeping service referral information up-to-date,

so that the information can be given to women seeking refuge and enhance their transition. Coordinated training and collaboration among community-based and government-level service providers may improve the effectiveness and consistency of services, as well as ensure that individuals within rural and northern communities are receiving ample support (Wuerch et al., 2019). However, to date, there is limited research examining ways to be successful in implementing coordinated approaches.

To summarize, there are several notable challenges to working with women survivors of IPV within rural and northern communities, including women facing multiple challenges (e.g., poverty, housing, and employment) and requiring more services than available, IPV being considered a private matter, and women having limited options for safe shelters, transportation (e.g., no access to vehicle, severe weather, and inaccessible road systems), and timely support (Eastman & Bunch, 2007; Wuerch et al., 2019). Concerns regarding the minimization and the normalization of violence are also highlighted within past research (Dunham & Senn, 2000; Wood, 2001). Furthermore, difficult and insensitive encounters with members of the police and court systems, as well as concerns regarding multiple relationship (Benson, 2009; Ragusa, 2012). At the service provider level, challenges with recruiting and retaining service providers, establishing collaborative relationships with service providers, implementing services that are based on a city model, and providing services to a large geographic location are all noted challenges (Wuerch et al., 2019; Yun, Swindell, & Kercher, 2009).

1.9. Importance of Community-Based Research

Community-based research involves partnerships between academic researchers and community personnel (Martz & Bacsu, 2014). In community-based research,

academic and community partners work in collaboration to make decisions. Previous research suggests that tension may arise between community personnel and academic researchers (Bryant et al., 2007; DeSantis, 2014; Martz & Bacsu, 2014); therefore, for this type of research to be successful, open and transparent communication, as well as gaining an in-depth understanding of each community of interest, is vital to enhance trust and communication (Martz & Bacsu, 2014).

The present research was conducted with the premise that IPV is not limited to the individual women or perpetrator, and instead, occurs within a community context. As such, IPV must be understood and examined within a broader environment to include cultural and community factors (Mancini, Nelson, Bowen, & Martin, 2006), and be examined using a community-based research approach. Thus, exploring the ways in which the community can create positive change through prevention and intervention strategies in relation to IPV will be a key approach (Mancini et al., 2006). Snyder (2001) asserts that community education programs may be ineffective in changing behaviour due to these efforts being passive and stand-alone, rather than focusing on comprehensive solutions that involve community networks.

1.10. Difficulties Conducting Research in Rural and Northern Regions

As noted above, an identified difficulty associated with conducting research in rural and northern regions is for potential disagreements to arise between service providers, as well as between service providers and academic researchers. For instance, because rural and northern regions experience unique challenges in relation to supporting IPV survivors, it is not uncommon for community-based service providers, victim advocates, and criminal justice personnel to work in collaboration to improve service

provision. While the assumption is that all individuals within the service sector operate with similar interests, different goals among service agencies, as well as protocols, may complicate the collaboration process (Sudderth, 2006).

For instance, law enforcement personnel are often guided by the responsibility of ensuring safety of the victim, whereas community-based service providers and victim advocates focus on providing safety and emotional support, which is guided by the decisions of survivors of IPV. Encouraging women to make decisions regarding their safety and emotional support is imperative, as promoting autonomy among women is considered to be a form of empowerment (Miller, 1983). Despite the conflict that may arise between community-based service providers, victim advocates, and law enforcement personnel, when discussions involve open and respectful communication, and guidelines for conflict resolution are laid out, interagency collaboration is a viable route to increase support for survivors seeking refuge from IPV (Sudderth, 2006).

Sudderth (2006) examined the obstacles faced by rural agencies working in collaboration to understand the reasons behind these obstacles and to provide meaningful recommendations. Results suggested that issues associated with high turnover rates and members differing in their level of decision-making authority impacted the development of relationships and the ability to facilitate change when working in collaboration. This is consistent with findings from Diamond (2004) and Wuerch et al. (2019), with results indicating that high turnover rates within rural as well as northern communities is problematic, respectively.

Difficulties with recruitment arise due to rural and northern regions being less populated (Rural Health Information Hub, 2016). The Rural Health Information Hub

(2016) recommends that focus must be placed on establishing trust with the communities in which the research is being conducted. They further suggest that the knowledge is collected and disseminated in a careful way to protect individual and community identities (Rural Health Information Hub, 2016). These recommendations are consistent with Lightfoot, Strasser, Maar, and Jacklin (2008), who detail the importance of collaborating in a respectful and open manner, as well as asking for feedback from community members and disseminating results to participants. Travelling to the communities of interest may also present some challenges. Rural and northern communities differ in the time and distance required to get there. It is argued that travelling to the communities of interest and conducting interviews in-person is warranted, as this allows for a meaningful understanding of the geographical context and how this impacts the topic of interest (Elliot, 2006; Lightfoot et al., 2008).

Due to the abovementioned reasons, research examining IPV within geographically diverse regions in Canada is still in its infancy. Furthermore, as detailed within the literature review, research largely focuses on rural communities within North America and Australia, which may be due to the difficulty collaborating with and recruiting individuals from northern communities. Unfortunately, the paucity of research limits our understanding of IPV within northern communities and how these regions may differ in the challenges faced when supporting survivors of IPV in comparison to rural communities. Therefore, research examining rural and northern communities separately will allow for an in-depth comparison of these two geographically diverse areas.

1.11. Situating the Research

Creswell and Poth (2018) describe a general template for conducting and representing qualitative research, an approach that was adapted from Moustakas (1994) and simplified. The authors indicate that the qualitative researcher must “describe personal experiences with the phenomenon under study” (Creswell & Poth, 2018, p. 201), which is to ensure that the participants’ experiences are at the forefront. Although completely separating the researcher’s personal experiences from the phenomenon of interest is difficult, providing information about the researcher encourages transparency.

1.11.1. The researcher. I was born and raised in a rural town known for its one main street and sense of community. I am a partner, daughter, big sister, granddaughter, and animal mother. While growing up, I learned to appreciate the simple and beautiful things in life. From working as a corn detasseler when I was 13-years old, which included wearing flatterer garbage bag attire and feeling the 5:00 am morning dew against my face, to smelling the fresh cut grass at my family’s farms, and feeling the excitement that fills an arena when the town comes together to support our local hockey team; being thankful for each moment has shaped me into the person I am today.

I attended one of the two elementary schools in my hometown; where all of the children knew of and/or played with one another, and then went on to attend a small high school with 62 students. I was taught to enjoy the process of learning and to discover my potential as an individual. Engaging in school-wide events, such as community lunches to help raise money for much needed school improvements deepened my appreciation for working together and bettering communities.

Being part of my community was a big part of my upbringing. From volunteering with my mother to working at the local coffee shop in town for five years,

connecting with people with diverse backgrounds, experiences, and stories has been something I have always treasured. An early memory I have is listening attentively as grown-ups gathered at community events and talked about their farming and financial struggles, but also being captivated by their courage, strength, and perseverance. My deepened appreciation for the experiences and stories of others, as well as coming together as a community to facilitate change, encouraged me to follow my passion for helping others and pursue an undergraduate degree in psychology.

When I planted my two feet on the floor of my first university class within an urban area, I was overcome with the thought that my life was going to change. Driving each day to attend university, meeting individuals from various backgrounds and upbringings, and learning about interesting topics was truly eye-opening. I remember having conversations with fellow students who were in disbelief that I drove 45 minutes one-way each day to attend school. This had not been something I had considered to be out of the norm. My parents worked very hard to ensure that pursuing an undergraduate degree was within my grasp. I also remember being surprised by how culturally diverse the city was, as my town was mostly Caucasian individuals.

Through my interactions with fellow students, community members, and academic personnel, I came to the realization that living in a rural area was different than living in an urban area for many reasons. For instance, I started to reflect on the notion of rural culture and the idea that familial problems and mental health concerns should be kept private. All too often I heard the saying “buck up and move on!” which in my young adulthood, meant to avoid, distract, forget, and move on. I also remember the language used when talking about certain concerns, including IPV, and the negative

assumptions that individuals would make about women and the decision to stay or leave an abusive partner. This is not to say that my experiences are similar to others living in rural communities, as geographically diverse communities can vary based on various characteristics, including social, biological, economic, and climatic aspects, such as population characteristics, cost of living, and community isolation (McNiven & Puderer, 2000). My understanding about the complexity of various situations continued to grow as I stepped outside of my comfort zone and sought out diverse experiences.

Moving to Regina, Saskatchewan, the traditional territory of the Cree, Saulteaux, Assiniboine, and Métis, to pursue my graduate studies in Clinical Psychology was another big step on my personal and professional journey. Having the opportunity to work with open-minded, collaborative, respectful, and strong individuals has been truly life changing. I am continuously in awe of the strength and courage individuals have, especially when faced with marginalization, oppression, and socioeconomic disadvantages. The individuals who are open to working with me are truly inspiring. My approach to clinical practice and research has shifted to one that is compassionate, culturally affirming, collaborative, strength-based, and trauma-informed. Striving to further understanding IPV within the context of rural and northern communities is challenging; however, looking critically at the literature and identifying gaps gives me hope that the present research can facilitate individual, organizational, and social change.

I acknowledge that I am a privileged white-settler. I am privileged to have received education within Canada, which has contributed to the development of my worldview and values. My worldview and values are also highly influenced by the Western and feminist perspectives. I am committed to reflecting on my beliefs,

assumptions, and personal experiences, and how these may impact my verbal and non-verbal behaviour when working with individuals within a clinical and academic setting. As I strongly believe in the power of qualitative research and learning from knowledgeable individuals through their experiences, the present study arose from the need to give service providers within rural and northern communities a voice. As Connie Walker (C. Walker, personal communication, March 12, 2019) said during her talk on March 12, I, too, am striving to be a storyteller, not a storytaker.

1.12. Statement of Problem

Research to date has strongly focused on the negative consequences of experiencing IPV, as well as the frequency, severity, and type, with a scarcity of research examining IPV among vulnerable populations (Beyer, Wallis, & Hamberger, 2015). The mentioned studies throughout the literature review have made important contributions to increase our understanding of IPV in rural and northern communities; however, research within a Canadian context is limited. A bulk of studies have examined IPV in rural regions in developing countries, which unfortunately, cannot be generalized to a Canadian context (e.g., Beyer, Wallis, & Hamberger, 2015; Kaur & Garg, 2010; Vung, Ostergren, & Krantz, 2008; Zakar, Zakar, & Abbas, 2016). In terms of geographic location, much of the research has focused on urban centres in relation to IPV; however, due to geographic landscape differences, it is unclear whether or not the information obtained can be generalized to non-urban areas (Burke et al., 2006).

Furthermore, research to date has strongly focused on identifying barriers and unique risk factors that exist for women in rural and northern regions, with few focusing on the experiences of service providers who support survivors of IPV. There is also a

paucity of research examining rural and northern communities within one research project to allow for a comparison of these two geographically diverse areas. Speaking with front-line personnel who are knowledgeable and experienced and hearing their stories will also help to inform the development and implementation of appropriate services (Wuerch et al., 2019). Furthermore, this research is imperative to increase our understanding of the various ways in which rural and northern culture and context impact women's access to IPV resources, which will inform future research and applied practice (Murray et al., 2015). Wendt (2009) proposes that through the understanding of values and beliefs held within rural and northern regions, this will lead to the development and implementation of effective and appropriate services.

1.13. Purpose

As demonstrated throughout the course of this literature review, examining IPV in rural and northern regions within a Canadian context is strongly warranted. The present research sought to expand upon past research identifying unique risk factors and challenges associated with IPV by building on this foundational research to increase our knowledge of resources and services available within geographically diverse communities (e.g., Beyer, Wallis, & Hamberger, 2015; Few, 2005; Wuerch et al., 2019; Zorn et al., 2017). Given that service providers in rural and northern regions often provide services to individuals outside of their specific role, it was anticipated that gathering information from a broader group of service providers (Yun, Swindell, & Kercher, 2009), not limited solely to IPV service providers, would allow for a better understanding of the challenges, as well as current programs and services available to support women IPV survivors. Utilizing agreed-upon definitions of rural and northern

regions allowed for the accurate separation of these communities within the present research, and therefore, promotes the examination and comparison of the potential differences between rural and northern communities in relation to challenges faced when supporting survivors of IPV.

Moreover, as mentioned above, conducting research in rural and northern regions is difficult for various reasons. Thus, research of this nature is only possible by utilizing a community-engaged research framework. Working in collaboration with community organizations and individuals who bring specialized knowledge of IPV enhanced the current project and will ensure that direct changes through knowledge translation occur. The primary objectives of the present investigation are three-fold: (1) to explore the challenges that service providers face when supporting survivors of IPV in rural and northern communities, (2) to explore the barriers that survivors of IPV face when seeking refuge in rural and northern communities, and (3) to identify helpful and/or promising practices being implemented within geographically diverse regions in Saskatchewan.

2.0. Chapter 2: Methodology

2.1. Guiding Framework

The present research was guided by the social constructivist epistemological approach. The social constructivist approach is grounded in the belief that knowledge and experience are subjective (Creswell & Poth, 2018). There are no “true” or “false” answers or statements, but rather, the researcher is tasked with developing an understanding of human experiences through the consideration of cultural, historical, personal, and situational experiences (Chilisa & Kawulich, 2012). Cultural, historical, personal, and situational experiences are all connected and impact what we value and how we understand our world (Schwandt, 2007). How one thinks, feels, and behaves is dependent on their socially constructed realities. The social constructivist approach was deemed appropriate as the current research seeks to gain a deeper understanding of IPV within rural and northern communities through multiple realities (Creswell & Poth, 2018; Chilisa & Kawulich, 2012; Schwandt, 2007).

To encourage and facilitate an in-depth understanding of knowledge, the researcher will generally ask broad questions to facilitate the complex interpretation of meaning (Creswell & Poth, 2018). Creswell and Poth (2018) describe that the questions asked are most often used to gather information about the phenomenon of interest and situations that may impact experiences of the phenomenon. Asking questions in an open-ended manner, followed by prompts if necessary, encourages participants to discuss how the certain phenomenon is interpreted (Pietkiewicz & Smith, 2014).

2.2. Project Overview

The current project involved collecting in-depth information from 32 service

providers within the province of Saskatchewan. The number of participants was selected based on recommendations from Guest, Bunce, and Johnson (2006), who indicate that 12 participants is an acceptable size when accounting for saturation. Participant diversity in terms of sex, ethnicity, geographic location, and employment position was also considered. This study was conducted in collaboration with two funded projects entitled “Canadian Domestic Homicide Prevention Initiative with Vulnerable Populations” and “Rural and Northern Community Response to Intimate Partner Violence.” Interviews and methods were guided by thematic analysis as described by Braun and Clarke (2016) through a phenomenological lens (Pietkiewicz & Smith, 2014). The interviews were guided by three main research questions (1) what are the current programs, resources, and services related to IPV that are being implemented within rural and northern areas in Saskatchewan, (2) what challenges occur when supporting survivors of IPV in these areas, and (3) what helpful and/or promising practices are being implemented within geographically diverse regions. The information collected was analyzed to produce a genuine and coherent understanding of the experiences of service providers who work to support survivors of IPV in rural and northern communities within the province of Saskatchewan.

2.2.1. Canadian Domestic Homicide Prevention Initiative with Vulnerable Populations. The research project entitled “Canadian Domestic Homicide Prevention Initiative with Vulnerable Populations (CDHPIVP)” is a five-year (2015-2020) SSHRC-funded initiative being conducted in collaboration with “local, provincial, and national partnerships...with multiple academic disciplines, professions, and community settings who bring specialized domestic violence knowledge and expertise” (CDHPIVP, 2017).

The co-directors of this project are Dr. Peter Jaffe, Academic Director of the Centre for Research & Education on Violence against Women & Children, Western University, and Dr. Myrna Dawson, Director of the Centre for the Study of Social and Legal Responses to Violence, University of Guelph. The partnership grant seeks to explore the needs of Indigenous Peoples, immigrants and refugees, individuals living in rural, remote, and northern communities, and children exposed to domestic violence, all within the context of experiencing or witnessing IPV. Co-investigators with research expertise in the areas of interest were contacted, which included individuals from across Canada.

2.2.2. Rural and Northern Community Response to Intimate Partner

Violence. The research project entitled “Rural and Northern Community Response to Intimate Partner Violence (RNCRIPV)” was a five-year (2011-2016) SSHRC/CURA-funded initiative being conducted in collaboration with academic partners, community-based organizations, and an Elder (Rural and Northern Community Response to Intimate Partner Violence, 2018). All partners involved in the study had expertise in conducting IPV research through a community-based approach. The co-directors of this project were Dr. Mary Hampton, Provincial Academic Research Coordinator of the Research and Education for Solutions to Violence and Abuse Research Network (RESOLVE) Saskatchewan, Luther College at the University of Regina, and Ms. Jo-Anne Dusel, Executive Director of the Provincial Association of Transition Houses and Services in Saskatchewan (PATHS). Co-investigators with research expertise in the areas of interest were contacted, including individuals from Manitoba, Alberta, and the Northwest Territories. The partnership grant sought to explore the needs of individuals

experiencing IPV in rural and northern regions within the Prairie Provinces and the Northwest Territories.

2.3. Participant Recruitment

The present study utilized purposive and snowball sampling (Creswell & Poth, 2018) to identify participants with rich knowledge and first-hand experience with working with survivors of IPV living in rural and northern communities in Saskatchewan. These two types of sampling approaches were deemed appropriate as engaging knowledgeable and experienced service providers would help to further our understanding of the needs of women experiencing IPV living in geographically diverse communities. Although these sampling approaches were used in both studies, how each study approached recruitment slightly differed.

2.3.1. Canadian Domestic Homicide Prevention Initiative with Vulnerable Populations participant recruitment. Two phases of recruitment were conducted. Phase I involved contacting service providers from across Canada and asking them to complete a survey online (Appendix A). Individuals identified by the CDHPVP co-directors, co-investigators, partners, and collaborators as having experience working with either perpetrators of IPV and/or survivors of IPV were asked to participate in the online survey. Key informants included individuals from any of the following service sectors: shelters/victim advocates, police, crown, family law lawyer, defense lawyer, victim services, partner assault prevention programs, child protection services, corrections – probation, mental health, health care, education, Indigenous shelter, and immigrant and refugee settlement services, sexual violence support, addictions support services, cultural community programs, and LGBQ community programs (CDHPVP, 2017). Partners and

collaborators with the CDHPIVP utilized their email lists, websites, and newsletters, and as such, distributed the online survey through these mediums.

The online survey was distributed through the CDHPIVP website (CDHPIVP, 2017). Individuals who participated in the online survey were also asked to forward the information to their networks as well. The online survey was open from January 4, 2017 to March 17, 2017. The last question of the survey asked each service provider whether or not they would be interested in being contacted for a follow-up telephone interview. If participants were interested in being contacted for a follow-up interview, they were prompted to leave their contact information in a separate link (to separate their contact information from their survey responses to ensure confidentiality).

Phase II involved contacting a sub-sample of the service providers within Saskatchewan who completed the online survey and expressed interest in participating in follow-up semi-structured telephone interviews. Participants for the present study were contacted based on the following inclusion criteria: (1) experience working with survivors of IPV, (2) experience working with rural, remote, and northern populations, and (3) currently living and working in a geographically diverse region. Current geographic location was chosen as an inclusion criterion solely for the present research based on recommendations from Wendt (2009), as living and working in the same community allows individuals to become increasingly familiar with the issues surrounding service provision in these regions. All interviews utilized for the present study were conducted by Ms. Melissa Wuerch, M.A.

2.3.2. Rural and Northern Community Response to Intimate Partner

Violence participant recruitment. The first portion of the five-year project involved

conducting an environmental scan of IPV resources and services across the Prairie Provinces and the Northwest Territories. Personnel from specialized and non-specialized IPV resources, such as police services, legal services, crisis intervention, women's shelters, second-stage housing, counselling services, and culturally-specific programs were contacted and a comprehensive list of existing services in geographically diverse areas was developed, including one focusing specifically on Saskatchewan.

Furthermore, the official police force for rural and northern regions in Western Canada from the Royal Canadian Mounted Police (RCMP), Ottawa division, was contacted by co-director of the project, Dr. Mary Hampton. A request was put forth to obtain the number of reported incidents of IPV from years 1995 to 2012 aggregated by community. The information gathered was used by two geographers involved in the RNCRIPV project, Dr. Paul Hackett of the University of Saskatchewan and Dr. Joe Piwowar of the University of Regina, to create Geographical Information System (GIS) maps for all four jurisdictions. Based on the distributions of IPV events and the availability of resources, certain locations were prioritized and service providers within these communities were contacted to complete semi-structured telephone interviews. All interviews utilized for the present study were conducted by trained researchers, including three faculty members with expertise in IPV and two trained research assistants. Ms. Melissa Wuerch, M.A. was tasked with transcribing all recorded interviews.

Interviews included in the present study were selected based on the following inclusion criteria: (1) identified cultural background, (2) identified gender identity, and (3) geographic location. The three inclusion criteria were utilized to ensure a diverse representation of cultural background, gender, and service provision experience in rural

and northern communities within Saskatchewan, Canada.

2.4. Procedure

2.4.1. Ethical approval. Ethics approval was obtained from Western University (Appendix B) and the University of Regina (Appendix C) for the CDHPIVP project, as well as from the University of Regina for the RNCRIPV project (Appendix D). All three ethical approvals were required to conduct interviews in Saskatchewan.

2.4.2. Consent. Upon being contacted to participate in a semi-structured interview, participants were provided with a consent form through email. The consent forms (Appendix E and F) included information about the purpose of each study, the voluntary nature of each study, anticipated risks and benefits, confidentiality, and permission to be audio recorded during the interview. Individuals who were interested in participating were asked to send their signed consent forms via email or fax prior to the semi-structured interview. Confidentiality of all documents and audio recordings was explained and assured. Any additional questions asked by participants were answered as well. No participants declined to have their interview audio recorded.

2.4.3. Interviews. Each participant took part in a semi-structured telephone interview. Interviews ranged from 13 minutes to 85 minutes in duration. Each study utilized an interview guide that sought to obtain information about the challenges experienced when supporting survivors of IPV in rural and northern communities (Appendix G and H). As the interview guide for the CDHPIVP research project sought to obtain additional information outside the scope of the present study, only the interview questions of interest are included in Appendix G. Probing questions were used to gather additional information from participants if needed and clarification was sought as

required to ensure that information shared was appropriately understood.

Given the semi-structured, qualitative nature of the present study, each interview gathered unique information based on the individual's employment position, culture, gender, personal experiences, and worldview. The strength of conducting semi-structured interviews is that front-line individuals and the communities in which they live and work are given a voice within the context of IPV in rural and northern communities. Of importance to further note is that as qualitative research utilizes an open-ended questioning approach, the information collected through an interview is often the result of a coordinated and interactional discussion between the participant and the interviewer; thus, various details can emerge as a result of both the participant and the interviewer engaging in conversation (Rapley, 2001). Rapley (2001) refers to this collaborative concept as the "interaction-in-interviews" (p. 306). Furthermore, an effort was made to develop and maintain rapport, to create a warm, genuine, and natural conversation, and to use small utterances (e.g., ah, hm hm, yes) and reflective statements to indicate attention and interest during each telephone interview (Holt, 2010; Irvine, Drew, & Sainsbury, 2012; Rapley, 2001). Ms. Melissa Wuerch, three faculty members, and two research assistants were trained to be flexible and mindful of how they may impact participants and the information shared (Creswell & Poth, 2018; Turner, 2010).

Following the interview, participants were asked if they had any additional questions, comments, or concerns about the study or their participation. Time was also taken at the end of each interview to debrief, as some interviews contained difficult information and participants often divulged personal stories from their day-to-day work experiences that may provoke emotional distress. Each participant was offered a

document outlining numbers to contact for support and resources if needed. No participants accepted this document; however, they were provided with the email address of the person conducting the interview if the information was of interest at a later date.

2.4.4. Considerations in qualitative research. The overarching purpose of the present research was to gain an in-depth understanding of IPV within rural and northern communities across Saskatchewan; therefore, one assumption that was maintained throughout the interviews was the notion that the participants are the experts. Josselson (2007) maintains that “all interviews are interventions” and “the research interview is orientated to the researcher learning something” (p. 546). Knapik (2006), eloquently, refers to this as the “learner stance” (p. 88). Curiosity played a role in ensuring that conclusions were not drawn prematurely. Instead, an open-minded and genuinely inquisitive approach to deeply inquire was adopted. As all participants were knowledgeable and had experience working with survivors of IPV living in geographically diverse communities, the information gathered is thought to be an accurate reflection of the individual and multiple realities faced.

3.0. Chapter 3: Qualitative Data Analysis

3.1. Transcription

All interviews were audio-recorded, transcribed, and corrected for errors as necessary. Specific and identifiable information (e.g., names, job titles, locations) were replaced with a general term to describe the removed information (e.g., “rural community” instead of the name of the community). The general aim of transcription is to “convey what was being said, how, with what emphasis and import, and so on” (Hammersley, 2010, p. 558), and to do so, requires decisions to be made regarding what information to include, such as non-word elements (e.g., uh uh, um, ah, laughs, silences, pauses). Collins, Leonard-Clarke, and O’Mahoney (2019) recommend that to make this decision, one must consider the research objectives, who the research will ultimately be shared with, and the method that will reproduce the most meaning. Therefore, in an effort to treat the interview responses as accurate reflections of the real world and to accurately represent the knowledgeable and experienced service providers who participated in the present study, the decision was made to focus solely on content shared during the interview as opposed to non-word elements (Collins et al., 2019; Hammersley, 2010; Oliver, Serovich, & Mason, 2005).

3.2. Theoretical Approach

All transcribed interviews were examined through a phenomenological lens using the method of thematic analysis (Braun & Clarke, 2006). The phenomenological approach encourages researchers to examine how individuals perceive all things around them, such as experiences, situations, objects, and people. For instance, Giorgi (1997) explains that phenomenology “often requires that the ‘phenomenal meaning’ be related

to the ‘objective meaning’ to attain greater clarity, but it is always the meaning of the object precisely as given that is the focus” (p. 236). Therefore, phenomenology can be described as a qualitative research approach that assumes that individuals actively engage in the world around them; and thus, how one perceives their experiences and strives to understand their world makes them unique (Giorgi, 1997; Pietkiewicz & Smith, 2014). As qualitative research is often used to gain a deeper understanding of the experiences of others, the researcher is tasked with making sense of the rich stories of each participant, and through this, creating a coherent description of the phenomenon (Larkin, Watts, & Clifton, 2006; Pietkiewicz & Smith, 2014). The completed examination includes an interpretation of what the participants’ world is like and what their world and their experiences mean (Giorgi, 1997; Larkin, Watts, & Clifton, 2006).

In addition to the phenomenological lens, thematic analysis enables researchers to gain a richer understanding of content within an entire data set and is helpful when examining an area of research that contains limited exploration. Braun and Clarke (2006) assert that thematic analysis “provides a flexible and useful research tool, which can potentially provide a rich and detailed, yet complex, account of data” (p. 78). In short, thematic analysis involves examining gathered information in an organic, deliberate, and rigorous manner, and subsequently, reporting on themes within the data.

3.4. Steps to Analysis

Phenomenology focuses on the experiences of each research participant and on the core commonalities and differences in relation to the experiences across multiple research participants (Pietkiewicz & Smith, 2014). As such, the aim is to achieve, as closely as possible, a genuine and coherent account of participant experiences and

detailed stories through the organization of coherent themes. Guidelines from Braun and Clarke (2006) were followed to organize the gathered information to enhance understanding. The computer software program NVivo 11 was utilized to categorize and analyze the gathered qualitative information (QSR International Ltd., 2016).

Braun and Clarke (2006) indicate that using terms such as “emerging” and “discovering” to describe the process of thematic analysis is not recommended, as this suggests that the analysis is passive, which is not the case. In contrast, the researcher plays an active role in reporting patterns within the data and identifying themes. Therefore, when using this method of analysis, researchers must acknowledge their theoretical backgrounds and potential biases that may impact the themes reported. When considering potential factors that may contribute to the chosen analysis, as I will be following a theoretical thematic approach, there is the potential for my knowledge of past research to impact the themes identified; however, Braun and Clarke (2006) note that being aware of potential impeding values and documenting specifically how the analysis is carried out is imperative, and one method to guard against this. Furthermore, Tuckett (2005) indicates that being familiar with past research can enhance data analysis by allowing the researcher to report on newly emerging features within the data.

Braun and Clarke (2006) outline a six-step process to conduct the method of thematic analysis. The first step involves researchers familiarizing themselves with the collected information. To do this, all audio recordings were transcribed verbatim and re-read to enhance familiarization with the depth and breadth of content. The second step involves generating initial codes. A code is described as a feature of the collected data that is basic but meaningful and related to the topic of interest. Codes were identified

based on the phenomenon being researched. Once the gathered information has been coded, step three involves sorting the codes and determining how the identified codes combine and fit into broader themes or patterns within the data.

Reviewing themes is the main process involved in step four. Step four entails reviewing the data extracts for each theme and ensuring that they fit appropriately, and then going one step further to ensure that the identified themes appropriately reflect the entire data set and tell a story. This step is considered an organic process whereby going back and refining, or re-coding for certain themes that were missed, may be warranted. Step five involves defining and naming each identified theme. Defining each theme involves “identifying the ‘essence’ of what each theme is about (as well as the themes overall) and determining what aspect of the data each theme captures” (p. 92). The final step within thematic analysis is to write a rich account of the overall story the data tells. To provide a compelling story, incorporating quotations into the write-up to illustrate each theme and relating the results to the original research questions is important. Using specific quotations also gives a voice to the research participants and shows respect for their personal experiences and perspectives (Pietkiewicz & Smith, 2014).

3.5. Validation and Reflexivity in Qualitative Research

While there are numerous perspectives on how validation should be obtained through qualitative research, Creswell and Poth (2018) consider validation “to be an attempt to assess the accuracy of the findings, as best described by the researcher, the participants, and the readers” (p. 259). Creswell and Poth (2018) view validation as a process as opposed to verification of the research findings. Nine strategies are discussed that can be engaged in during the process of validation, which fall under the umbrella

terms of researcher's lens, participant's lens, and reader's lens (Creswell & Miller 2000).

First, validation techniques within the researcher's lens include corroborating evidence through the triangulation of multiple data sources to corroborate an identified theme, discovering negative case analysis or disconfirming evidence to further evaluate identified themes or patterns, and clarifying researcher bias or engaging in reflexivity. The latter was employed in the present study (i.e., clarifying researcher bias or engaging in reflexivity). Second, validation techniques within the participant's lens include member checking or seeking participant feedback to solicit critical observations in relation to the identified themes, prolonged engagement and persistent observation in the field, becoming familiar with the participants and their stories, and collaborating with participants to ensure that they are involved throughout the research process. Member checking as a validation strategy was incorporated into the present study to further ensure that the participants' voices and opinions were honored. Third, validation techniques within the reader's lens include enabling external audits or consultation to assess for accuracy of findings, implications, and conclusions, generating a rich and thick description of the research to encourage transferability, and having a peer review or debrief the data and research process, which could be someone who is familiar with the research or topic of interest. Generating rich and thick descriptions was chosen to promote transferability of the research findings in the present study. Overall, Creswell and Poth (2018) suggest that at least two strategies should be employed. Below is a detailed list of three strategies I employed during the process of validation.

3.5.1. Researcher lens: Engaging in reflexivity. To engage in reflexivity, the researcher is tasked with reflecting on their assumptions, biases, personal experiences,

and beliefs from the outset of the research project in an effort to inform the reader about the position of the researcher (Creswell & Poth, 2018). The position from which the researcher conducts research is often omitted; however, disclosing this information is of great importance as how the researcher interprets and approaches the research study is shaped by their experiences (Weiner-Levey & Popper-Giveon, 2013). Weiner-Levey and Popper-Giveon (2013) refer to this missing information as the dark matter, which “biases and distorts the study, affecting the findings and their reading even if the reader is unaware of its existence or influence” (p. 2179).

To engage in reflexivity, I frequently reflected on my assumptions, biases, personal experiences, and beliefs, as well as how these were grounded in my cultural and social position within society (Josselson, 2007). The social constructivist approach proposes that the connection between the researcher and the participant is of great importance, as researchers are tasked with learning about the world through the experiences as well as active participation of and with research participants. As such, social constructivism guided my approach to the present research by encouraging me to understand that research is a creative process and one that requires meaningful and empathetic connections with research participants (Kim, 2014). As Kim (2014) notes, a researcher can accomplish much more when engaging in dialogue on a cognitive and emotional level, which leads to research being a creative learning process. The use of semi-structured interviews encouraged the creative learning process as I was able to engage with participants in a genuine manner while ensuring that information was gathered related to the topic of IPV. Being open and honest about how my experiences shaped my engagement with the research and sharing this information with research

colleagues was important to me throughout the present research as well. Furthermore, a field journal was kept while conducting the qualitative interviews and performing the qualitative analysis. There were times throughout the interview process where emotional reactions were provoked in myself. Having a field journal encouraged me to process these complex emotions and to reflect on their origin, as well as to challenge my preconceived notions in relation to IPV and rural and northern communities (Kim, 2014). Quotations from my field journal are included in the sections below.

3.5.2. Participant lens: Member checking. Lincoln and Guba (1985) assert that member checking is “the most critical technique for establishing credibility” (p. 314). Member checking involves sharing the research findings and conclusions with participants in an effort to ensure accuracy and credibility of the final results (Creswell & Poth, 2018). Member checking is also vital for ensuring that the research is an accurate representation of the participants accounts and that the information gathered is given back to the participants in a transparent manner. This further reinforces the notion of storytelling, not storytaking (C. Walker, personal communication, March 12, 2019).

Birt, Scott, Cavers, Campbell, and Walter (2016) maintain that member checking raises ethical concerns. For instance, depending on when the participants are contacted to participate in member checking and if their personal experiences have become more difficult, the information shared may be distressing and provoke painful emotions; therefore, of importance to acknowledge is that participating in member checking can be distressing or therapeutic (Birt et al., 2016). Given that the present research sought to gather information about IPV service provision in rural and northern communities, which can be a difficult topic to discuss, Synthesized Member Checking (SMC) was employed

(Birt et al., 2016). Birt et al. (2016) recommend that researchers should first check with participants regarding their eligibility and willingness to participate in reviewing research results in order to reduce risk of harm to participants.

Therefore, in line with this recommendation, a select number of participants were first emailed to ask about whether or not they would be interested in reviewing a synthesized version of the results and providing feedback and suggestions for change (Appendix I). A select number of participants were chosen based on the utilization of a nested sampling design, wherein one or more participants are chosen to represent the full sample (Onwuegbuzie & Leech, 2007). Onwuegbuzie and Leech (2007) discuss the use of nested sampling designs and note that this type of design is useful for conducting a validation exercise on a sub-sample of research participants. Based on these recommendations, three participants from rural communities and three participants from northern communities were sent the initial email regarding interest in member checking. All six participants were involved in the CDHPVP project from which the research ethics approval was still active. The northern participants were chosen through convenience sampling as there were three individuals who participated in the CDHPVP project. The rural participants were selected through random sampling as there was a larger number of participants to select from ($n = 10$). Two participants from each sub-sample replied stating their interest in participating. Therefore, of the six participants who were originally contacted, four responded to the initial email.

Next, as guided by Birt et al. (2016), the final results of the study were synthesized and returned to the participants who voiced their interest in participating in the validation process. Explanations of the themes and participant quotations were

included in the documents (Appendix J and K). Text boxes were included throughout the document for participants to add in their comments and feedback about whether or not the results were an accurate reflection of their current experiences.

Of the four participants who responded to the initial email expressing interest in providing feedback, two provided written feedback in the text boxes provided in the member checking document as well as overall feedback written as an email message. One service provider was from a rural community and one service provider was from a northern community. They confirmed the credibility of the present results and provided additional feedback on some of the themes and subthemes identified and discussed. The additional feedback was added to the results section in the appropriate areas. Overall, their responses to the document were positive:

“...from my perspective, all your findings are clearly laid out, detailed and still accurate today. It looks as though you have touched on every issue of importance that I can think of” – Shelter/Victim Advocate (Shelter Worker), Female, Caucasian

3.5.3. Reader lens: Generating a rich, thick description. Ensuring that rich and thick descriptions of information are included within the research is imperative, as including important details helps readers to properly understand the research and make an informed decision about transferability (Creswell & Poth, 2018; Lincoln & Guba, 1985). Moreover, including descriptions of important information allows readers to determine whether the results may be transferred to other settings based on similar characteristics and details (Creswell & Poth, 2018). Tracy (2010) indicates that transferability is achieved “when readers feel as though the story of the research overlaps

with their own situation and they intuitively transfer the research to their own actions” (p. 845). She further maintains that research that encourages a unique understanding of phenomenon and that helps to “explain social life in unique ways” (Tracy, 2010, p. 846) may be increasingly important and transferable to other contexts.

To encourage transferability of the research and research findings, clear definitions of IPV, the province of Saskatchewan, and how rural and northern regions were conceptualized were included within the present research. As mentioned within the literature review, including clear, consistent, and concise definitions improves utility, comparability, and transferability of research findings, which is becoming increasingly important to facilitate social change (Breiding et al., 2015; Tracy, 2010; Zorn et al., 2017). Participant characteristics, quotations, and stories were also included in rich detail, allowing readers to determine whether the gathered information is transferable to other contexts (Creswell & Poth, 2018; Lincoln & Guba, 1985; Tracy, 2010).

4.0. Chapter 4: Results for Rural Communities in Saskatchewan

4.1. Participant Characteristics for Rural Communities

The present research collected information with the help of 16 service providers living and working in rural communities. Participant characteristics for the rural service providers are included in Table 1. All information related to employment position and years in employment position are amalgamated to protect confidentiality.

4.2. Overview of Themes and Subthemes

The following information shared below represents the findings from the interviews conducted with service providers living and working in rural communities. Participants detailed information that was categorized into overarching themes and subthemes. The overarching topic areas included: Root Causes of IPV, Barriers to Leaving IPV Relationships and Accessing Services, Areas in need of Improvement and Change, Working with Indigenous Peoples, Promising Practices in Rural Communities, and Overall Perception of Work as a Service Provider. A summary of the overarching themes and subthemes for services providers in rural regions are described in Table 2.

4.3. Root Causes of Violence

Opinions on the root causes of IPV were mentioned among the participants. Within the overarching theme of Root Causes of IPV, the two subthemes that emerged were perpetration of IPV and experiences of IPV. Substance use, poverty, intergenerational violence, and unemployment were all noted as factors impacting the perpetration and experiences of IPV. The factors discussed as underlying causes of violence and IPV are mentioned throughout the results section; however, the quotations below illustrate the connection made between factors influencing the perpetration

Table 1. Participant characteristics: Rural regions (N = 16)

Characteristic	Category	Number of People
Gender	Female	14
	Male	2
Self-Identified Background	Caucasian	8
	Indigenous	5
	Unidentified	3
Employment Sector	Shelter/Victim Advocate	7
	Police Services	2
	Victim Services	4
	Mental Health Services	1
	Addictions Services	-
	Medical Services	-
	First Nations Government	2
Years in Employment Position	0 to 5	5
	6 to 10	2
	11 to 15	5
	16 to 20	1
	21 to 25	-
	25 +	2
	Unknown	1

and experiences of IPV.

4.3.1. Perpetration of violence – male level. Stories were told about what may factor into the perpetration of violence for men. One participant noted that within her work with male perpetrators of IPV, 80% of her cases involve substance-related concerns. A second participant highlighted the devastating reality many individuals face, such as uncertainty surrounding employment and housing, which can impact their mental health and their ability to cope with challenges:

“The biggest thing I think is addictions. Addictions plays a big role.

Environment itself. Where they’re living, is there work where you’re going? Can

Table 2. Summary of themes for rural communities

Overarching Theme	Higher Order Themes	Subthemes
Root Causes of IPV	-	(1) Perception of violence – male level (2) Experiences of IPV – female level
Barriers to Leaving IPV Relationships and Accessing Services	Physical challenges	(1) Geographic and social isolation (2) Housing (3) Financial stability (4) Limited options for transportation
	Social challenges	(1) Services outside of home community (2) Confidentiality (3) Communication limitations (4) Stigmatization of IPV and seeking support
	Personal challenges	(1) Pressure from family members (2) Fear of uncertainty (3) Concern about children (4) Concern about animals
Areas in need of Improvement and Change	Working with specialized populations	(1) Services and supports for two-spirit, lesbian, gay, bisexual, transgender, queer, intersex, asexual, and pansexual (2SLGBTQIAP+) individuals
	Providing education	(1) Education about IPV (2) Ideas about traditional gender roles (3) Education about healthy relationships and self-worth (4) Improving knowledge of services (5) Specialized and sensitivity training
	Addressing infrastructure and logistical limitations	(1) Mental health services (2) Limited resources and funding (3) Coordinated and collaborative approach (4) IPV outside of business hours (5) Shelter services (6) Police services (7) Court support and the justice system

Working with Indigenous Peoples	-	(1) Normalization of violence and racism (2) Limited services when living on-reserve (3) Violence on-reserves
Promising Practices in Rural Communities	-	(1) Building trusting relationships (2) Collaboration among community agencies (3) Culturally affirming programming (4) Increasing community awareness of IPV
Overall Perception of Work as a Service Provider	-	(1) Frustration (2) Disheartenment (3) Hope

you find work? And if you can't find work and then they fall into addictions, either drugs or alcohol because of the depression. If they're depressed, they can't find a job. And then of course there's all kinds of issues after that" –

Shelter/Victim Advocate (Program Manager), Female, Indigenous

Furthermore, a third participant described that in his opinion, when individuals are faced with oppression and marginalization, feeling as though they are caught in a losing battle, substance use may provide a temporary relief for past, present, and future concerns. A fourth participant detailed the impact of residential schools and intergenerational trauma for Indigenous Peoples, and further highlighted the importance of empowering men to make changes from within. While the participants showcased various factors that may impact IPV, an overarching commonality was described: consideration of external and internal circumstances. External circumstances, such as housing and employment, and internal circumstances, such as mental health and intergenerational trauma were described. Overall, speculation into the root causes of perpetration of IPV was illustrated by eight of the 16 participants.

4.3.2. Experiences of IPV – female level. In addition to participants highlighting factors associated with the perpetration of violence, participants further illustrated common themes noticed when working with female survivors of IPV. Struggling with substance use, poverty, recognizing experiences as abuse, relying on an unhealthy relationship, and feelings of shame when considering whether or not to seek support were all mentioned as experiences that women may go through. Below are two chosen quotes that illustrate the complexities around experiencing IPV:

“Addictions. Addictions. Ah still in denial, they don’t take, don’t take ownership of what’s really going on and they put themselves at risk. They have these addictions and then they lose their children to CFS, that’s another big thing. They lose the kids, their children to CFS and after a while, when they have the addictions, they don’t want to live anymore. That’s where suicides come in and ah, back and forth with the abuser. Ya. It’s so sad to see because I’ve been doing this work for so long already that you can just so see it plain for yourself as a counsellor but the person you’re working with can’t seem to get there” – Shelter/Victim Advocate (Program Manager), Female, Indigenous

“Well, I think that women get into a cycle of, it can be alcohol or substance abuse to minimize what they’re feeling, right? And then in that, their inhibitions are lowered, so they become, they can become targeted more so, right? And not that they’re ever asking for it, that’s not what I’m saying, but it puts them in a higher risk situation with alcohol, because you’re not thinking as clear, right, as you can with a clear mind. So I think that it’s all part of the cycle, and I think then too

typically when the male offender's drinking, they can become more violent, and I think that poverty out here is huge. And so, that's something that they just turn to" – Victim Services (Assistant Coordinator), Female, Unknown Background

4.4. Barriers to Leaving IPV Relationships and Accessing Services

Throughout the interviews, participants identified various barriers to leaving abusive relationships for survivors of IPV. Participants used their knowledge and experience to reflect on their work experiences and their personal experiences, and some women opened up about their personal experiences with IPV and how this impacts their work with survivors of IPV. For instance, one participant noted that prior to obtaining employment with Victim Services, she had preconceived ideas about IPV and leaving situations of violence and abuse; however, this changed after her frontline experience:

"I have to say, before I got into this job, I had a lot of preconceived ideas about domestic violence. 'Why don't they just leave, I mean, my gosh!' But you know, the more you get into it, it's a really delicate subject, and there's so many factors to it that, you know....women that can get out of it, I give great credit to, and the ones that can't I still give credit to because they're living a hell on earth, and they don't know and they don't trust that there's something better out there for them" – Victim Services (Assistant Coordinator), Female, Caucasian

This quote is a true representation of the struggle that survivors of IPV face. This quote further depicts that ultimately, women have the right to make the decision that is best for them, which sometimes, may include staying in an abusive relationship until they are ready for change to occur.

A second participant detailed her journey to leaving IPV and the situation that made her change the course of her life. She noted during her interview that she felt forced to leave with her children, and with this decision, left her relationship, her home, and all their belongings. She described feeling inconvenient during this time, in that she relied heavily on others to help her through this devastating time in her life:

“You leave a lot...but you always go back. But after years and years of it you realize you are not going back because you love that person, or like ‘I love you I can’t live without you, no! It's not!’ Because you are forced to leave the situation, not them, they are not going to leave, so you and your kids are forced to leave your home and all their stuff. You are the one that is inconvenient, living with other people or whatever you have to do. Because that’s their...they have that control and they know eventually you’ll come back because your inconvenienced” – First Nations Government (Governance), Female, Indigenous

This participant went on to describe a situation that was her breaking point and lead to her leaving her abusive relationship:

“It took almost being killed and for my kids to see it for me to say hell with this. ‘My kids aren’t going to feel the way I felt growing up,’ is what I told myself. When your 5-year old saves you, it wakes you up. But it took a long time, it took 13 years” – First Nations Government (Governance), Female, Indigenous

Participants spoke about various barriers to leaving situations of IPV for women survivors. This section highlights the complexity associated with leaving situations of IPV and the devastating reality that many women face. While some may overlap with

urban centres, much of what was discussed among the participants appears unique to women survivors of IPV living in rural communities.

Of the barriers that were mentioned within the overarching context of leaving IPV relationships and accessing services, there appeared to be three higher-order themes that allow for a more in-depth understanding of the pertinent subthemes. The three higher-order themes and the respective subthemes are as follows: (1) Physical challenges, including geographic and social isolation, housing, financial stability, and limited options for transportation, (2) Social challenges, including services outside home community, confidentiality, communication limitations, and stigmatization of IPV and seeking support, and (3) Personal challenges, including pressure from family members, fear of uncertainty, concern about children, and concern about animals. The various challenges mentioned are discussed in further detail below.

4.4.1. Physical challenges. The four subthemes within the higher-order theme of physical challenges represent the true complexity of what women living in rural communities face. The physical challenges that women experience, which represent unique concerns for many women living in geographically diverse communities, can significantly impact the decision making process for survivors of IPV. The higher-order theme of physical challenges attempts to further illustrate the challenges that women IPV survivors face due to geographic location. Below is a further exploration of the four subthemes that impact leaving abusive relationships and accessing services for women living in rural communities in Saskatchewan.

4.4.1.1. Geographic and social isolation. Geographic and social isolation were both discussed as significant barriers to accessing services and leaving situations of IPV.

One participant noted that women who live in rural communities, especially on farms, may not travel to town often, and as a result, are harder to reach in terms of services, resources, and intervention:

“It can be very complicated that people don’t even know that it is going on because people who live on farms might not come to town all of the time, right, they may only come once a week to once a month to get groceries, pick up supplies...but if you are only seeing someone once a month then, you might not be able to intervene because your access to them is so limited” – Shelter/Victim Advocate (Counsellor), Female, Caucasian

The concern regarding geographic and social isolation was further elucidated by other participants when discussing the location of rural areas and being geographically diverse:

“They are isolated and no one knows that it is happening to them” – Shelter/Victim Advocate (Counsellor), Female, Caucasian

“Just how rural people are. The amount of gaps in services and how secluded properties can be” – Victim Services (Coordinator), Female, Caucasian

A third participant spoke about the work culture within her area and there being lots of transiency due to oil. She indicated that with families coming and going, there is not enough time to develop a sense of community and companionship, and therefore, women may feel socially isolated and less likely to know where to go for help and support.

Furthermore, concern regarding living on-reserve was also mentioned as a form of social isolation. A fourth participant indicated that in comparison to non-Indigenous women, who often have support from family and friends in relation to IPV, Indigenous women

experience social isolation due to the stigmatization of IPV. She detailed that support is difficult to obtain on reserves due to the stigma that may be attached to experiencing IPV. She noted that this can become very isolating for Indigenous women:

“There’s a lot of big issues to fight here. I don’t know about non-Aboriginal women, how they cope. Any experience I’ve had with them, like I’ve said, they seem to be able to move on, because, and this is what I think, because they have the support of their family and their friends. If they are being abused...I know one thing, if my best friend, if her family was around here, one of the ladies that I’m working with, if her friends were around here and her mom and dad were still living, she wouldn’t be having the problems that she’s having, because she’d have the support. People are trying to be her support, they’re saying “Yeah, you can do this,” but it’s made me realize how much that support really, really means when you’re caught in domestic violence. And that’s where the problem is, I believe on the reserves, the family doesn’t support because they don’t want the stigma that their daughter is married to someone that they know, because they’re so closely related and close friends with so-and-so, so then they side with the guy, and it becomes the woman’s problem” – Victim Services (Volunteer), Female, Indigenous

4.4.1.2. Housing. Participants spoke about their major concerns in relation to housing limitations. Housing vacancy and rent control were noted as two barriers to accessing housing for survivors of IPV. Participants indicated that many women rely on funding to be able to afford housing; however, if the funding falls through, being able to afford housing becomes further out of reach. Two participants noted concerns about

landlords within rural communities and there being a mentality that providing rental properties to survivors of IPV may lead to negative consequences:

“Housing is an issue. We have a complicated relationship with the housing authority and we are trying to break down that barrier. Women who are coming out of domestic violence, we send them a form identifying that yes they are experiencing domestic violence and that they need safe housing, but we have a really hard time because the low-income housing is almost always occupied. So the vacancy levels are very low, so when we are working with private landlords, lot's of times if they are identified as victims of domestic violence, they don't want to house them because they are afraid of the abuser showing up and ruining the house...they don't want to house people because ‘what if they get murdered in my home and now my income property is ruined’ and that mentality of it” – Shelter/Victim Advocate (Counsellor), Female, Caucasian

Furthermore, three participants detailed that within Indigenous communities and when living on-reserve, there are limited options for housing and many individuals live together with multiple family members and families. One participant mentioned the complexities of this situation. For instance, she indicated that a woman who lives with her partner's family may have a more difficult time seeking refuge:

“On the reserve, they have the added component of there is such a lack of housing. You may be in a domestic violence situation and live in a household where multiple families live or with real extended family, and I think that would be even more of a challenge. If you lived in a house with your husband's family, let's say, and you were being abused, I think you would find it harder to be able

to get out of that situation and the barriers would be greater” – First Nations Government (Governance), Female, Indigenous

4.4.1.3. Financial stability. Financial challenges and poverty were mentioned as major challenges when making the decision to seek refuge from IPV. Participants indicated that finances impacted the ability to meet other basic needs that are vital in rural communities, including housing, communication mediums (e.g., phone), and transportation. There was mention that finances and stressful life circumstances revolving around finances are often the source of argument between couples. Participants further noted that there appears to be a cycle of challenges that occurs. For instance, to be able to support herself and her children, a woman must be able to obtain employment to financially support her family; however, some rural communities struggle with job creation. Furthermore, one participant noted that if the perpetrator was the main income earner and controlled the finances for him and his partner, applying for social services becomes difficult for women fleeing violence:

“I guess the other thing that, almost everyone who leaves, it is very rare that we see someone who is financially stable. They are always struggling for finances to be able to get out and that is a big concern, that they can’t leave because they have no money. Well if they come from a relationship where he is the main income earner, that partner is the one that controls the finances. And if they are filing their taxes together and then we go to social services and they go wait a minute, look at your tax return, you make too much money. She doesn’t have access to that money and then she is being denied because really she doesn’t qualify. We've run into that a few times, it is not very often, but it is a few times.

And then it is like how do we financially help these people because there is no other resource and that often leads them to going back because they have no way to support themselves...and they can only stay [at the shelter] for 6 weeks. For me I see that as a huge risk because they have tried to leave, it didn't work out, they go back and now they are being punished for it all over again" –

Shelter/Victim Advocate (Counsellor), Female, Caucasian

She indicated that when a survivor of IPV has no way of financially supporting herself and her children, the decision that is often made is to return home to the perpetrator, which may put the woman at increased risk. Overall, finances were described as being helpful or harmful, and if harmful, one that fuels a cycle of disadvantage.

4.4.1.4. Limited options for transportation. The subtheme of transportation was discussed as intertwined with other services and resources, creating an additional barrier for seeking refuge and accessing support. Concern about the availability of transportation, travel distance, ownership of a driver's license, and being able to afford a vehicle to use for transportation were mentioned by 12 of the 16 participants.

Participants highlighted that the concern about transportation extended beyond being able to seek refuge and access services and resources, in that transportation limitations also created challenges for travelling for purposes such as employment and education:

"If you don't have a vehicle even, like just a means of getting away. A lot of people that live on the reserves don't have vehicles, they don't even have a driver's license. How I know this is because we have a training facility here for our members and a lot of the barriers they face is...it sounds like for them to leave the reserve, to go pursue any sort of training or get a job because they have no

means of getting there. So if you are in a domestic violence situation on the reserve and you don't have a vehicle, then how do you physically leave" – First Nations Government (Governance), Female, Indigenous

Transportation was discussed as another factor pushing individuals towards oppression and marginalization. A second participant further noted that transportation was a factor in ensuring that the physical and basic needs of women can be met; however, without transportation, the prospect of being independent continues to be a struggle:

"Most times, like some of our women do have their own vehicles that come in, but I would say it's about three quarters of them don't have their own vehicle. That number may be a bit higher too. But you know they're, like we're just talking about their physical needs, some of them probably don't have a license, or can't get licensed, they don't have enough money to get a vehicle, and so they have to wait for workers, they'll ask their workers. Sometimes the bands will assist in transporting people here to our shelter, but anybody else, like in rural, they would have to count on a friend or a relative, you know somebody to help them – Shelter/Victim Advocate (Child Counsellor), Female, Indigenous

4.4.2. Social challenges. The four subthemes within the higher-order theme of social challenges represent the social considerations and concerns that may be considered with deciding to, or when going through the process of, leaving an IPV relationship and accessing services. The subthemes described below, while social in nature, are important to consider within the context of living in rural communities. When considered with the context of rural communities, the notion that geographical diversity often interacts with these considerations suggests that these concerns may

become more challenging and difficult to manage. Social challenges within this context refer to concerns that are not only individually-based, but community-based as well.

4.4.2.1. Services outside home community. Women are often faced with making the decision of whether or not to leave, and with this decision, comes numerous considerations. Not only do women need to consider the safety of themselves and if applicable, their children and animals, but other logistical considerations need to be reflected upon. One such consideration is the necessity to leave their home community in order to seek refuge. One participant noted that women who choose to leave their home community often leave their support system and financial security behind. In addition, participants noted that for women who do not have options outside of their community, or for women who may not want to leave their home community, going back to their abuser may seem like the better option, as illustrated below:

“If they’re at the shelter – and like I say, I’m a huge fan of our shelter out here, I think they do a really great job. I think they address those needs, and talk to those women and offer ways out, but like I say, if these women don’t see a way out and if they don’t have somewhere they can go to outside the community, then they’re stuck. And so then it might be safer in their mind for them to just go back. It’s different for everybody, but that’s kind of a typical, I guess overview of their cycle” – Victim Services (Assistant Coordinator), Female, Unknown Background

On the other hand, for women who choose to leave their abuser and their community, they are faced with having to rebuild their life. Six participants highlighted the reality that many women face when choosing to leave, with one participant highlighting the

importance of offering services and resources within home communities:

“I would say accessibility. We don’t have a shelter close by, so a lot of people don’t want to leave, that is where we use our safety planning. I believe it leaves people stuck because they don’t have that. To pick them up and move them to a place where there is no supports and they don’t have a sense of community, it’s really disturbing for most of them. If we could keep them closer to home and provide services nearby, allowing them access to shelter and then getting them into housing and all those types of things, I think that people would leave these situations at a higher rate than staying in them” – Shelter/Victim Advocate (Executive Director), Female, Caucasian

4.4.2.2. Confidentiality. A unique aspect within rural communities in comparison to urban centres is the theme that everyone knows everyone. Participants detailed the complexities surrounding confidentiality when living and working in a small community. Of the ten participants who spoke about confidentiality concerns, six participants noted that women may be fearful to attend appointments or access services in town due to the continued stigmatization of IPV and the prospect of being seen by friends, family, or community members. For instance, one participant indicated that survivors of IPV may know individuals who work with certain organizations, such as child protection, and may not want some individuals knowing the struggles they are currently experiencing, which limits the likelihood that support will be sought out. A second participant noted that for women who have to attend open court, there is the added fear of not knowing who will be sitting in the courtroom and watching, which may act as a barrier for attending court proceedings. The theme of confidentiality and the

notion that everyone knows everyone in small towns was discussed by more than half of the participants as being a barrier for many survivors of IPV in terms of seeking support. The quotation below illustrates the concerns that women survivors of IPV may consider on their journey to refuge:

“The communities are so close. If you’re living on a First Nations, where do you go? Everyone in the community is going to know where you went. You’re at, you know, Sally’s house – because it’s small. If you’re in a rural situation, where are you going to go? To your nearest neighbour! In a small town, there are only so many places you can go. Some of the smaller towns (like 2000 and under) everybody seems to know everybody. They don’t have the safety of confidentiality. There is also the shame and the embarrassment. You know, in the small communities everybody knows it’s happening to someone. However, nobody’s going to do anything either. Even though everybody knows and they could be talking behind her back, it is still shameful for her to bring it forward” – Victim/Shelter Advocate (Executive Director), Female, Caucasian

4.4.2.3. Communication limitations. Participants identified the complexities associated with accessing services and included in this the notion that cell phone ownership, cell phone service, and internet access is a common concern in rural regions. For instance, within rural communities, some individuals may not own a cell phone, and of the individuals who do, their cell phone may only be used for texting purposes:

“The other one is communication because not everyone has access to a cellphone and lots of the small communities are removing the pay phones and so they don’t have...not all of them have cellphones or they only have texting, they don’t have

calling, so accessing our crisis line or some cellphones even if you just have texting, you can still dial 9-1-1, but we are finding that a lot of the really old cellphones don't and so can they get somewhere to a gas station to...like what is actually open because small towns, lots of things close down and so if it is a small town that has only 50 people, is there somewhere you can get to that has a phone that you can then call for help" – Shelter/Victim Advocate (Counsellor), Female, Caucasian

Furthermore, despite having access to a cell phone or the internet, reception within rural areas can be problematic. Participants also described that the barriers related to cell phone usage and internet access, in addition to the importance of being able to contact organizations to access financial support, can be considered as a method of control exerted by the perpetrator of IPV or a result of poverty:

"Rural people don't necessarily have access to a telephone, and I guess it is part of controlling behaviours, that the only way to apply for social assistance is by calling the 1-800 number. We have had people who have not had access to a phone to be able to call that number and so we have to sit with them so that they can use our phone. And sometimes it can take a half day or longer to get through to the line, so that is definitely a challenge" – Victim Services (Coordinator), Female, Caucasian

4.4.2.4. Stigmatization of IPV and seeking support. The notion that IPV continues to remain silent and stigmatized was discussed by six of the 16 participants. The stigma of IPV was discussed as an impacting factor to whether or not women decide to seek refuge and support from IPV, as well as whether or not positive societal change

would occur. One participant described that the stigma associated with IPV may be perpetuated by the belief that a person in their community, one who appears wonderful on the outside, could in no way be a perpetrator of abuse in their personal life. She indicated that when this scenario is present, community members may be shocked and confused about whether or not to believe the survivor of IPV; thereby reinforcing the stigma associated with IPV. For instance, there was also mention of the idea that individuals from higher social statuses are immune to experiencing IPV:

“The other thing that I really like about this office is it doesn’t matter who you are. In the ten years that I have been here, I have had teachers, RCMP, and I’ve had a physiotherapist...so you know what, it’s a variety of different folks that come to this office. Even for us normal people, at least we think we’re normal and healthy, we run into our own down the road. You know, we’re only human”
– Shelter/Victim Advocate (Program Manager), Female, Indigenous

Furthermore, if a woman comes forward and her story is not believed, this is further reinforcing the belief that survivors of IPV should remain silent:

“And then it’s also getting out of the community, right? Because this person might put on a persona to the community that they’re this wonderful person, but behind closed doors it’s a different environment altogether. People don’t believe. Especially in women that have been in that relationship for an extended amount of time. If all the sudden a woman comes forward, there’s a lot of disbelief, because why would you stay so long?” – Victim Services (Assistant Coordinator), Female, Unknown Background

A second participant described that in her experience, she believes there is a connection

between long-term relationships and domestic homicide. She indicated that women who continue to hide experiences of IPV from their family, friends, and community are likely to be in more danger due to not having support in place. Furthermore, two participants spoke about the culture of silence, which is described in the research literature by Owen and Carrington (2015), who use the term *cloak of silence*:

“It's silenced. They have a huge culture of silence. They are very much targeted if they're trying to speak out or get out of it, so it can be not just their abuser, but their community tends to bully them to keep it quiet and not bring it forward” – Shelter/Victim Advocate (Counsellor), Female, Caucasian

“People would be shocked if they knew how much it actually happens. I think it's something that isn't talked about enough and it seems to kind of just get swept under the rug and a lot of the times – Police Services (Constable), Female, Unknown Background

The quotes shared by each participant reflects the longstanding belief that IPV is a private matter or one that carries a heavy burden of shame, as well as a matter that only occurs to individuals who are abnormal, unhealthy, or did something to deserve the abuse. To increase awareness and create a further understanding of IPV at the community-level, education was discussed as being of vital importance:

“I know in my community there are some people that say 'oh that doesn't happen in our town, it doesn't happen'...well it does happen and the stats prove it does happen. I think public information, knowledge, presentations, just going out there and making it heard, making it a 'it's not okay' kind of thing is what's going

to help. Putting the education out there” – Shelter/Victim Advocate (Shelter Worker), Female, Caucasian

4.4.3. Personal challenges. The four subthemes within the higher-order theme of personal challenges represent the challenges that women survivors of IPV may experience at an individual-level. The personal challenges that women experience may be similar to those experienced by women living in urban centres; however, when thought about in combination with the unique challenges that geographic location includes, there may be a better understanding of how these factors all connect together within the context of barriers to leaving IPV relationships and accessing services.

4.4.3.1. Pressure from family members. The theme of pressure from family members was discussed as an additional layer in making the decision of whether or not to seek services and resources. One participant described that women may feel pressured to stay in a relationship or feel pressured when the loved ones within their life side with the perpetrator. Participants described an underlying misunderstanding of IPV and the concerns regarding IPV among family members, which in some ways, ties into the notion that the stigmatization of IPV and support, as well as education, are areas that need to be addressed. Service providers noted that when there is a misconception about IPV from family members, survivors of IPV may feel great amounts of shame and confusion about what may be the “right” decision to make, which may further put them at risk. A second participant illustrated what women may go through when trying to juggle opinions from family members, community members, and themselves:

“And then by the time it escalates to the point where the police have to be called in...you don’t call the police the first time, the second time, or whatever, you

cope with it for as long as you can, because of the fear, because you know when you phone the police, you're going to be in big, big trouble. Not only with the abuser, but with the family of the abuser, with your own family. Like it's a big thing. Like it's a great, big step, so there has to be a lot of fear involved before someone does call the police. And then once they call the police, and the police come and they separate it, then you've got pressure from the outside, like your own family's saying, 'What, you can't make your marriage work?' His family's saying, 'Oh, he's not such a bad guy, it's you.' And because you've been mentally told that you're no good and you're rotten, and it's all your fault, by the time court comes you've already decided that it's your fault and you'll take him back" – Victim Services (Volunteer), Female, Indigenous

4.4.3.2. Fear of uncertainty. The decision to leave an abusive relationship is filled with many unknowns. Participants indicated that women may be fearful of change and experience concern in relation to how they may go about leaving, which may result in the decision to stay in an abusive relationship or return to an abusive relationship after seeking refuge:

"Some of the time it works, some of the time they want to go back...it just depends on the issues that they have going on and if they are so overwhelmed that they just really need go back because that is the only thing that they know. Sometimes they are afraid of change and things they can't control" –

Shelter/Victim Advocate (Shelter Worker), Female, Caucasian

Participants also described that women may be fearful to approach service providers due

to fear of not knowing whether the support will be helpful or harmful. The fear of the unknown was described as a barrier to whether women would seek out needed support:

“They don’t know who to turn to, and not always do they want to turn to the police. And so because fear of the unknown, I think for a lot of women in domestic violence, you know the devil you know is better than the one you don’t” – Victim Services (Assistant Coordinator), Female, Unknown Background

4.4.3.3. Concern about children. Having children was mentioned as a potential concern when making the decision of whether or not to leave situations of IPV.

Participants noted that additional factors need to be taken into consideration by women who have children in comparison to those who are fleeing on their own. The devastating reality of having to make a decision in the midst of limited safety for herself and her children was highlighted as a decision that is extremely precarious; a decision that not many women would want to be faced with. One participant indicated that women may be forced to leave due to repercussions from child protection agencies. She further noted that women are not just making the decision of whether or not to leave with their children, but whether or not to also forgo their support they have with raising children:

“I think too we don’t want our victims to feel that they’re going to lose their children. And so I think somehow we need to work really well with social services and we need to work well with...and oftentimes I hear some women say that...I guess it’s true, maybe I do have a couple people that have left now that I think about it. But it was their kids, though, because they knew that if they got back into that relationship, they knew that social services was going to pull their kids, because they knew him to be a violent person. Yeah, there was one lady,

she was more in the [rural area], and she had said that she had left the relationship to get her kids back” – Victim Services (Assistant Coordinator), Female, Unknown Background

A second participant described that in addition to choosing whether or not to seek refuge with their children, women are faced with the idea of leaving their support network:

“The majority of our women, it’s not just one mom having to be taking care of 3 or 4 or 5 kids...usually more than one person is helping to take care of those children, whereas even staying here in the shelter, the moms are responsible for their children. So having to do it all by themselves or realizing okay ‘if I go out and find a different house in the community, I am still by myself, I have to do this all by myself’ and they get overwhelmed...sometimes it’s just too much for them so they go back to that situation” – Shelter/Victim Advocate (Shelter Worker), Female, Caucasian

While engaging in the member checking and validation process, the participant who offered feedback in relation to the member checking document for rural regions provided additional information regarding the subtheme concern about children. She noted that survivors of IPV have voiced their concern about being watched by Child and Family Services in relation to being deemed as a fit parent. She described that women are often concerned that if they do seek refuge and access shelter support, their children will be removed from their care; however, if they decide to stay in an abusive relationship, there is also the fear that their children will be taken out of their care. This participant (Shelter/Victim Advocate – Director, Female, Indigenous) identified that women often find themselves in a Catch 22 situation with no clear path to take.

4.4.3.4. Concern about animals. Two participants spoke about the concern for animal care and safekeeping and how this may be a barrier to accessing services and support. This concern was discussed within the context of companion animals and livestock. Companion animals are often a source of emotional support and comfort, whereas livestock are a means of supporting financial means as well as emotional means. One participant spoke about the importance of livestock within the lives of many individuals and how women may choose to stay with their partner due to their animals:

“They are worried about the care of their animals, that if they leave, that their animals are going to be killed. We have a SPCA being built in [rural area] here and they have agreed that once they are actually up and built that they are going to try to work with us. I have had clients refuse to leave because they can’t take their cats or dog with them, but bigger livestock, horses, cows and all that kind of stuff. We are trying to work the barrier and we don’t know what to do. People don’t realize that maybe the cattle are tied to their finances and if they leave and all of their cattle die, that means that they are financially destitute. So it is tied together, but people don’t often consider that” – Shelter/Victim Advocate (Counsellor), Female, Caucasian

4.5. Areas in need of Improvement and Change

The service providers working in rural communities identified various services in need of improvement based on their in-depth knowledge and experience. They spoke about their experiences working with survivors of IPV and the challenges and struggles that may arise in rural communities within Saskatchewan. Of the areas in need of improvement and change that were mentioned, three higher-order themes were

identified, all of which included associated subthemes: (1) Working with specialized populations, including services and supports for 2SLGBTQIAP+ individuals, (2) Providing education, including education about IPV, ideas about traditional gender roles, and education about healthy relationships and self-worth, and (3) Addressing infrastructure and logistical limitations, including mental health services, limited resources and funding, coordinated and collaborative approach, IPV outside of business hours, shelter services, police services, and court support and the justice system. All participants were able to acknowledge that there were indeed areas in need of improvement and change, with the idea that these improvements may lead to improved service provision and access for survivors of IPV living in rural communities.

4.5.1. Working with specialized populations. The first higher-order theme within the context of areas in need of improvement in change included working with specialized populations. The specialized population that was discussed among the rural service providers were 2SLGBTQIAP+ survivors of IPV.

4.5.1.1. Services and supports for 2SLGBTQIAP+ survivors of IPV. Some participants were prompted to discuss their experiences of working with 2SLGBTQIAP+ individuals experiencing IPV. There was a consensus among participants that 2SLGBTQIAP+ individuals were marginalized, as none of the service providers had experience supporting any individuals identifying as 2SLGBTQIAP+. Two participants indicated that 2SLGBTQIAP+ couples were simply not prominent within their area. Although most individuals spoke about the need to create safe spaces for 2SLGBTQIAP+ individuals experiencing IPV, out of the six participants who spoke about their limited experiences with this population, one participant talked about her

organization and their push to treat all people the same, with IPV as the commonality:

“Whether they are lesbian, gay, or transgendered, they’re women. They’re treated the same. We make no difference. When someone wants to access our service, it’s up to them to disclose to us that they are lesbian or gay. We don’t ask those questions because they are just a woman that needs our resources. We’ve been asked by different lesbian and gay groups about what special services do we have for lesbians. We have no special services because they’re women that are in an intimate partner relationship and they’ve been abused. It doesn’t matter if it was a male abusing them, or a female—the abuse doesn’t have a sex or a gender. You know, there may be different things they request in terms of referrals, or different ways that we may get them some resources in place. However, they’re treated the same. They’re a woman that has been put through some violence and abuse” – Shelter/Victim Advocate (Executive Director), Female, Caucasian

4.5.2. Providing education. There was a strong emphasis within most of the interviews about the importance of providing education, not just to survivors of IPV, but also to family members, community members, working professionals, and society at-large. The emphasis placed on education was described by participants as being necessary in order to inform individuals, organizations, and communities about IPV, and to ultimately create an open dialogue for discussing IPV relationships and experiences of abuse at the intimate relationship level. Dispelling the myths about IPV and opening up the discussion of IPV is imperative within the context of ending gender-based violence.

4.5.2.1. Education about IPV. Nine of the 16 participants spent time discussing

the importance of increasing awareness about IPV within their community. Participants mentioned that this is not just important for individuals working with survivors of IPV, survivors of IPV, and individuals working in professions with people, but also for the general public. Furthermore, participants noted that there tends to be the belief that IPV is only related to physical violence; however, as more education is provided about other types of abuse (e.g., emotional, psychological, spiritual, financial), more individuals are informed and are better able to make a decision about whether or not to seek support.

“Sometimes they aren’t able to recognize that they are being emotionally or psychologically abused, and they don’t understand what financial abuse is.

Sometimes they aren’t able to identify that they are being isolated. Almost all of them can recognize and identify physical abuse, but it is the other types of abuse that they don’t know. A big one is spiritual abuse. They don’t understand that that is even happening to them and so, that is a big part of the education piece and ‘you have experienced this, do you understand what this is?’” – Shelter/Victim Advocate (Counsellor), Female, Caucasian

Several participants alluded to the idea that education is a big step in the direction of prevention services, as opposed to focusing solely on reactive services. Adding to this, education was discussed as another method in which to tackle the stigma and taboo nature, as well as the normalization, of IPV.

“I think also just being educated, being aware. Some of these... I mean, I’m going to say women, because that’s primarily my caseload, it’s female. They just... they think that what is happening to them is normal, because there’s that intergenerational trauma, right? I mean, I saw my grandpa do it to my grandma,

so it must be right. And there's just the education and the awareness, the lack of resources, I mean I could go on and on" – Victim Services (Assistant Coordinator), Female, Caucasian

The notion that perpetrators of IPV are in need of education was further discussed. One participant stated that perpetrators of IPV are also in need of support services to address their violent behaviour and underlying struggles; however, at present, they may be unaware of their problematic behaviour due to limited education. She noted that in her line of work, she has witnessed perpetrators of IPV seeking out romantic partners and continuing the abusive cycle. Overall, she strongly suggested that there needs to be discussion about how to provide educational programming to perpetrators of IPV about the cycle of violence in order to facilitate change.

4.5.2.2. Ideas about traditional gender roles. The inequality between men and women was mentioned by four participants as an influencing factor for the continuation of IPV as a gender-based concern. This was discussed in relation to women in general, as well as when discussing the multiple disadvantages and oppression that Indigenous women experience daily (please see section on Working with Indigenous Peoples). The theme of traditional gender roles was discussed as a societal concern in that social change is needed; however, a challenge to advocating for and creating social change was the continued belief that women are inferior to men. There was mention of women being considered as property of men, the belief that women should be seen and not heard, and the notion that women may internalize thoughts of low self-worth and underestimate their abilities to make a difference on an individual or societal level. One participant noted that as more women pursue education and push the notion of traditional gender

roles, a push-and-pull cycle may develop between men and women:

“I guess one of the things, it’s kind of a bad thing to say, but the more educated our women are getting, the more that the men are resisting the independence that they have. The women are all getting educated, lots of them are going for university degrees” – First Nations Government (Justice), Female, Indigenous

A second participant indicated that change in beliefs is needed from people in positions of power, such as government-level representatives:

“At the same time, when there are governments involved and ministries involved...politicians or whoever, it takes a long time. And you're always going to have someone say 'oh, it doesn't matter.' We had one...there's an election going on and one of the people who are running said 'well shelters break-up families, shelters are not needed.' That mindset and that type of mentality has to go. We're in rural Saskatchewan. We have lots of chauvinistic men in here, thinking that women should be seen and not heard. Not all of them, but some of them. It takes a long time to change that” – Shelter/Victim Advocate (Shelter Worker), Female, Caucasian

A third participant described that due to patriarchal values, gender roles continue to be strictly defined and enforced among men, leading to the continuation of IPV:

“Because of the culture, the way it is, like because...when I grew up, I mean, the boys were sort of up on us, like they ate first, we ate second, you grow up in that type of environment, like I think it comes from ancient times where the women looked after the men. So I think after a while it becomes normal for the women to be like that and the guys, they don’t, like I really, really believe that the men

need education. The men need to know the value of women” – Victim Services (Volunteer), Female, Indigenous

The importance of education about IPV and traditional gender roles cannot be understated. The influences of patriarchal values and beliefs around traditional gender roles was noted as reinforcing the cycle of IPV, indicating that in order for societal change to occur, working together to change the trajectory of IPV is strongly warranted.

4.5.2.3. Education about healthy relationships and self-worth. Participants discussed the importance of providing education to children, adolescents, and adults about healthy relationships and self-worth. Coping with relationship struggles, learning to identify emotional triggers, and practicing how to manage emotions and thoughts were discussed as important preventative strategies. One participant noted that in her experience, romances among adolescents in Grades 9 to 12 were trending towards becoming more violent and abusive. A second participant noted that education is a step towards ending the normalization of violence in that children start to learn about healthy relationships and IPV:

“I think that is where it needs to start, [with our children]. If they see mom and dad living in an unhealthy situation, they think that is normal, so being able to educate them at a younger age” – Shelter/Victim Services (Executive Director), Female, Caucasian

Furthermore, a third participant reflected on her personal experiences with IPV as well as her work with Indigenous Peoples on reserves. She described the positive impact of empowering young women to learn their worth, and in that, creating social change where women believe, as the cliché goes, that the sky is the limit:

“I really believe that if there were programs in schools for young girls who, like I know they have the different violence programs, but put in a positive way about teaching them self-esteem, teaching them you can be educated, you can be something. That’s also another thing that Indigenous people, like that’s why I think the self-worth part is so important. And the young girls, I mean we have programs with Victim Services, we’ve had some programs on the reserve, like right on the reserve teaching them about dating, self-esteem and stuff. We don’t have enough of them; we’ve had one or two. As more and more Indigenous people become educated and become doctors, lawyers, and so on, you know that part of it is getting better – Victim Services (Volunteer), Female, Indigenous Providing mentorship opportunities, helping children and adolescents learn the signs of IPV, and providing information about healthy relationships and self-worth in an empowering way, as well as the importance of integrating this information into school curriculums were mentioned as areas for improvement.

4.5.2.4. Improving knowledge of services. The theme of improving knowledge of services tied into the overarching notion about more resources and funding being needed, as participants noted that increasing awareness of what organizations are available within the community and what services they offer is imperative for prevention efforts. Two participants described that upon talking to members in their community, they learned that people are not familiar with what services are offered at their agency:

“I know that a lot of people don’t know where the shelter is in [rural area]. I work with both First Nations and non-First Nations, and when we get donations, ‘Oh, you really have....,’ like their response is, like they’re surprised that there’s

actually a shelter in [rural area]” – Shelter/Victim Advocate (Child Counsellor),
Female, Indigenous

In addition to there being limited knowledge of services and resources available, one participant noted that because she is employed with Victim Services and is based in a police station, survivors of IPV may assume that she is required to make a police report. However, as this is not the case, educating women on what the role of Victim Services is and what services they provide is a necessity. Helping survivors of IPV become aware of what services are available to them is another step in the objective of giving women the power to make an informed decision when deciding whether or not to seek refuge:

“I would say more education would be a good place to start. Just to get the information out there as to what their options are and the different organizations and agencies that are available to help, that would be a big one as well” – Police Services (Constable), Female, Unknown Background

4.5.2.5. Specialized and sensitivity training. Providing education to professionals working directly or indirectly with survivors of IPV was discussed as of vital importance by five participants from different employment backgrounds. The suggested education included information regarding IPV and how to appropriately work with survivors of IPV in a sensitive manner. They discussed the importance of building rapport with survivors and providing specialized and sensitivity training to professionals working with survivors of IPV. One participant offered her experiences in this regard:

“I work with 4...5...6 other volunteers, and I find that in domestic violence, the Indigenous women tend to come closer to me. I’ve had this said by other workers, ‘You have rapport with them.’ Well, no, I don’t. It’s just I understand

what they are going through, so I know not to ask them the question, ‘Why do you put up with this?’ I know why. Been there, done that. But other people who have never been abused, they can’t understand, and then another thing is the sense of ‘Well, what’s the point in helping you? You’re only going to go back to him’” – Victim Services (Volunteer), Female, Indigenous

Other participants noted that sensitivity training is also needed for professionals working on the frontline or in some capacity with survivors of IPV. Furthermore, a second participant discussed that he had received appropriate training on how to intervene when called to IPV situations; however, he expressed concern that education is needed on the steps that should be taken after the initial intervention occurred:

“Deal with the problem, deal with the problem, deal with the problem, all right...but the police aren’t educated on how to deal with the victim. Our role is to go in there, make sure that victim is safe, and continues to be safe from the perpetrator. Arrest the perpetrator if we have to, or remove that perpetrator out of the situation, or remove her, and get her to a safe place. But her safety is paramount. And we all know that. Police forces across Canada got the message, we know that. But, what do we do with the victim once we have her?” – Staff Sergeant (Police Services), Male, Caucasian

Specialized and sensitivity training, as well as being appropriately educated, was ultimately discussed as imperative to increasing the safety of survivors of IPV:

“We had a gal ask for [an Emergency Intervention Order; EIO] and she was minimized, and the officers said that they didn’t have time for one and he broke into her place and he severely assaulted her within a couple of days. He told her

to just change the locks” – Shelter/Victim Advocate, Female, Caucasian

4.5.3. Addressing infrastructure and logistical limitations. Participants described various areas that unfortunately were considered to be in need of improvement and change due to their current systemic and logistical concerns. Concern was raised about the ability of organizations and communities at-large to offer effective support and services when working with survivors of IPV due to limitations in what could be offered when faced with challenges on a daily basis. Various areas, not limited to one area of service, were mentioned as in need of improvement, with further details provided below.

4.5.3.1. Mental health services. Seven participants spoke about concerns related to mental health support and the long waitlists that tend to accumulate in their rural communities due to limited counselling services being available. Funding was discussed as an impacting factor in relation to limited counselling supports available.

“There’s many, many challenges. But I would probably say the biggest is that there’s just not enough resources. There’s such a wait time for my clients to get into counselling. To even get their counselling approved. Well usually, the approval process all goes somewhat fast, but counselling can take forever. We’re not that small of a community, but we hardly have any counsellors” – Victim Services (Assistant Coordinator), Female, Caucasian

In addition to mental health service limitations, transportation was mentioned as an overlapping concern. Participants highlighted that when a woman advances on the waitlist and is finally eligible for mental health support, transportation may be a barrier to being able to access and receive this support. For instance, one participant detailed that for women to travel to her office, they may need to bring their children or take off a

full day of work. She noted that this is unrealistic for women who are struggling in other areas of their life. A second participant described that for women who need more specialized mental health care, they may be forced to travel to an urban centre. He indicated that rural mental health professionals must often operate under a generalist approach in order to meet the demand of services needed; however, this may be limiting for women who need specialized support, such as psychological support for trauma. The story of transportation and limited mental health services was echoed by others.

4.5.3.2. Limited resources and funding. The overarching notion that more services are needed in rural areas was discussed at length by several participants. When thinking more broadly, the subtheme of limited resources and funding refers to a larger concern within society, one that involves systemic challenges; however, participants noted that the systemic challenges strongly impact their ability to function at the organizational level. One participant alluded to this concern and highlighted the connection between the individual, organizational, and societal levels:

“I think systemic change needs to really be looked at by our provincial government and I don’t mean that as a kick in the butt to them whatsoever but the reactionary dollars that get put into so many things. If we started at the beginning and looked at systemic change, down the road, generationally, it would pay off” – Shelter/Victim Advocate (Executive Director), Female, Caucasian”

The theme of funding was discussed as a challenge in terms of being able to offer appropriate and effective services and resources for survivors of IPV seeking refuge. Participants noted that in rural communities, organizations often service a large geographical area with limited amounts of funding. One participant indicated that in

comparison to her other employment experiences, although her present job offers intrinsic rewards, the program is severely underfunded. She described being asked to travel to nearby rural areas and reserves to offer programming; however, without additional funding and employment positions, the likelihood of being able to extend her programming was limited:

“I have to be totally honest. In the ten years that I have been in Saskatchewan, this program is so underfunded. This is the worst paying job I’ve ever had in all the jobs that I’ve had. I have asked the department of justice many many times if they could give me just someone part-time. There is such a need for the education piece...to go into the Native communities still. They ask me many many times to go deliver programming and I always say I’m so sorry, I can’t” – Shelter/Victim Services (Program Manager), Female, Indigenous

A second participant noted that as operation fees increase, her organization is faced with the hard task of re-budgeting; however, re-budgeting may result in the loss of vital programs. She indicated that although grant funding is of great importance, having individuals to write those grants is needed. Overall, funding was discussed as a necessity in the step towards creating systemic change through prevention:

“Whether we’re talking a First Nations, a farm, or a small town, they don’t have the resources in those areas that they could get in an urban area. The lack of resources, fiscally or financially, it’s impossible to have all the resources in every community” – Shelter/Victim Advocate (Executive Director), Female, Caucasian

A third participant described that although there is positive feedback regarding the services and resources provided from her agency, they are unable to meet the demands of

their programming due to limited funding:

“...we don’t have enough time to be able to get to everyone when it comes to Outreach. With 1.5 positions, used as 2 full time, it’s about being over worked and busy 5 days a week. Our participants learn and enjoy spending time with us when we teach [educational program]. We have had many, many positive comments and feedback, but not enough time to get everywhere and to everyone”
– Shelter/Victim Advocate (Director), Female, Indigenous

4.5.3.3. Coordinated and collaborative approach. Participants spoke about the need to develop and implement a coordinated and collaborative approach to providing services and resources to survivors of IPV. Some participants expressed concern and frustration when discussing the lack of collaboration within their communities, as well as collaborative efforts that were frustrating due to changes being needed. One participant noted her concerns while discussing the service structure in her rural community:

“I find that really frustrating too because other communities will say ‘oh, we have victim’s services,’ and I think our victim’s services coordinator is based out of I think [two hours away]? So we never see them. They’re not here...it’s just us, there’s nobody else. There’s a phone number you can give [survivors of IPV] to call victim’s services, but what does that do? There are other communities where they actually have trained people in victim services that, I’m sure, are a huge help. But we don’t have that here. So if they’re only big centres, I don’t know –
Police Services (Constable), Female, Unknown Background

There was further mention of the need to support survivors of IPV using a team approach, which ideally would be targeting more than one concern that may be presented

(e.g., mental health support, court support, police support). One participant noted that geographical limitations in combination with confidentiality concerns impacted the ability to work in collaboration with other agencies:

“...and then the mental health, people working in isolation. We tried to get a program going here with our mental health, who are the ones that work off of the reserve, and they were not willing at all to work together, so there is that confidentiality that sometimes breaks up from program to program. So social services, if they find out that there is domestic violence in their homes, but they are not sending them to the programs...just because we are in justice and we work with courts that’s the only reason we still have the program. If we could get more of the social services, the mental health, and all these other areas that see it...why don’t they refer their clients to us” – First Nations Government (Justice), Female, Indigenous

While participants discussed the importance of establishing a coordinated and collaborative approach in order to provide much needed services and resources to survivors of IPV, there was concern about the infrastructure and logistical challenges of engaging as a team within geographically diverse communities. For instance, some participants noted that in order to work together as a team, service providers from various communities would need to communicate and support one another in their efforts, which creates an additional layer of challenges. Overall, there appeared to be a consensus about the strong need to no longer work in silos; however, engaging one another through a team approach would require concrete solutions.

4.5.3.4. IPV outside of business hours. In addition to limited funding and

resources during business hours, service providers indicated that there is even less available after hours, which tends to be when incidents of IPV are most prevalent. They spoke about the need to have services in place at times when survivors of IPV are most vulnerable. One participant expressed frustration at the limited services and resources available after hours. She described that because the nearest shelter is at least two hours away, trying to appropriately intervene when there are limited options is difficult:

“You’re still looking at a couple of hours [to the nearest shelter] and so it’s the same thing – you’re scrounging to find someone who would be able to take them. And it could be in the middle of the night, most times it’s going to be at an inconvenient time when it’s not business hours. So you’re dealing with, I mean, they come out of [rural town] but now there’s no one you can get a hold of after business hours, so now you have to call [urban centre] after hour’s number. That’s a frustrating system in and of itself, because you’re giving somebody information over the phone and they’ll get in touch with somebody, a social worker, and then you’re repeating everything back to that next person whenever you do talk to them so that’s a frustrating system too, but it seems to be what we deal with” – Police Services (Constable), Female, Unknown Background

4.5.3.5. Shelter services. The importance of shelter services was mentioned by nine of the 16 participants. Having access to a shelter and shelter services was discussed as imperative to help women in times of stress, violence, and limited safety. Shelters often serve as a place of refuge where women can flee to in times of danger. Participants discussed the realities of shelters being “few and far between” and operating at capacity or overcapacity in rural areas. One participant noted that women often have to leave

their home community in order to seek shelter support, which is a difficult decision to make. In some cases, women may choose to stay in an abusive relationship due to not knowing where to turn. A second participant detailed that she and her co-workers, on two separate occasions, had to turn two women away due to their shelter being full, and in both cases, a devastating reality set in following their attempts to seek support:

“We’ve had some critical incidents in terms of not being able to provide space for people. We do have a wait list, and we do put people on. It’s always shocking when someone has been in your shelter and within 24-hours they are dead...it’s happened twice to us...once several years ago and once about a year ago. The woman a year ago was in our shelter that afternoon and we were overflowing. We did refer her to other resources. She was found the next morning thrown off the bridge” – Shelter/Victim Advocate (Executive Director), Female, Caucasian

Participants further noted that shelters are often times some distance away, which can create additional challenges when factoring in transportation and women having to leave their home community. A third participant questioned why the woman is typically forced to leave the home with their children, while the man continues to reside in the home. Shelters provide safety and resources to support empowerment and autonomy that many women need. However, with limited funding and capacity available, improvements are needed in order for shelter resources to be available.

In addition, two participants spoke about shelter services and the idea of offering immediate support for women in violent situations that may escalate quickly. Both participants spoke about the idea of having a type of safe home network or first-stage shelter where women could go for a short period of time. These two participants offered

creative solutions, especially within rural communities where funding allocation, shelters, and resources are limited; however, of importance to note is that these options continue to include the idea that the women and her children must leave the home, not the abusive partner. For instance, one participant mentioned the idea of offering a type of respite care, where women and their children could go in times of escalation. A second participant spoke about a woman in her community who had hopes of providing overnight support for women needing a place to stay with their children:

“Shelter services would be good in [rural area], very good in [rural area]. It would be nice, like I said...I think the most important part is to reach it before it escalates to the point where they need a shelter. But after that to have a shelter, because I know that there’s a few people who have inquired and they’d like to turn a home into an overnight shelter for women. And there’s been no government okay on it, but it would be nice to have. You know, the one girl, we picked up 2 little kids. We winded up taking her to her friend’s overnight because she didn’t want to go to the women’s shelter. But these little kids are groggy, and...like it’s just so sad. You know, so she goes to her friend’s house, and then when it comes time to contact her again, she’s back with him and then they can’t talk. So that’s the...once they reach a safe house at least there’s you know, 24 hours, or 12 hours where you can say, ‘Here’s what’s available for you.’ You can sort of help them, give them some tools” – Victim Services (Volunteer), Female, Indigenous

In relation to shelter services, one participant noted concern that in rural communities, where everyone tends to know everyone, keeping the location of the

shelter confidential may be difficult. Having first stage and second-stage shelter services that are confidential is important to maintain the safety of all the women and staff there; however, this is more difficult to do in rural areas in comparison to urban areas:

“At the time of the crisis, so if he’s not being taken into custody, then he can get back into the house, so then where do they go? The shelter is great here, it’s an awesome shelter but in the community, people know where the shelter is too” – Victim Services (Assistant Coordinator), Female, Unknown Background

4.5.3.6. Police services. Having access to police services is of great importance for survivors of IPV. Members of the local police and RCMP are often the first service providers called when there is an escalation of IPV between two intimate partners. Participants noted concern with the lack of timely response by police services to IPV incidents and that the “timeliness of response” needs to be addressed. Some participants expressed confusion about why there may be an additional lag in response time; however, there was mention that geographic location is one barrier in this regard:

“There is no quick access to help. So even people who live on farms in the middle of nowhere, sometimes police response can be hours, not minutes! Even if they call 9-1-1, the police services are so limited in these areas and it takes so long to get to them. Most of the police are really good out here with navigating grid roads, but sometimes literally you just can’t find where they are and that takes time. So, instead of like in the city where you might have a response time of 3 or 4 minutes or less, these farms are sometimes an hour and half from the closest RCMP station. The same with some of the reserves. They are 2 hours or more, and so how do you access that, never mind you know, with the changing

weather and the road conditions and what if you are driving a small car versus a truck” – Shelter/Victim Advocate (Counsellor), Female, Caucasian

Members of police are often tasked with providing multiple services, as one participant noted, unfortunately, the “police can’t be everywhere.” One participant further noted that the municipal police and RCMP within her area, although they work well with her agency, are significantly understaffed. Furthermore, participants described that when there is a lack of timely response, as well as insensitive responses from police members, women may no longer trust members of the police and therefore be hesitant to contact them in the future when in a time of need:

“I’ve even heard that...a woman a few days ago, she said when she used to phone on her husband, they would come hours and hours later or the next day even and they would say let’s see where do you have any marks and if there was no marks, well we can’t prove anything. So then how do they trust the RCMP” –

Shelter/Victim Advocate (Director), Female, Indigenous

In addition to concern about timely response, participants also mentioned that in their experiences, survivors of IPV are hesitant to provide a statement to the police.

There was speculation that this could be due to fear, shame, continuation of the cycle of IPV, as well as reliance on their partner for basic needs, such as financial stability:

“The victim, after the fact, doesn’t want charges, doesn’t want to pursue that avenue and they want the offender back so they’re either recanting their statement or they’re lying completely just to make things go away and then she just doesn’t get out. I would say that the victims don’t cooperate because they’re afraid would be the biggest thing, I would think. I know one couple we’ve dealt

with repeatedly...she relies on him, financially so she's, you know, she says, 'how can I testify against him, I need him, he provides for me and my family,' so they're stuck in this situation, or they feel they are. So they just keep living with it" – Police Services (Constable), Female, Unknown Background

Repairing the relationship between survivors of IPV, especially among Indigenous Peoples, and police members was discussed as an area for continued improvement:

"I want to add that sometimes and also part of the risk factors or the challenges. A lot of people don't trust the RCMP, especially First Nations, our Indigenous People. Especially when you are not treated good or you have examples of people not being treated good, so that's another reason why they won't report anything" – Shelter/Victim Advocate (Director), Female, Indigenous

Furthermore, one participant detailed the use of KGB statements, which involves the person swearing under oath and being videotaped while submitting their statement. She indicated that this can be problematic for individuals who may be put in a vulnerable situation and asked to testify against their parents or their intimate partner. While KGB statements were discussed as helpful in order to have accurate information to submit in court, the creation of KGB statements appeared to be a fearful experience, one that could also be revictimizing and may deter individuals from contacting police services.

4.5.3.7. Court support and the justice system. Three participants spoke about their concerns in relation to the current justice system and the limitation of the criminal code in relation to IPV. Two participants described that because there is nothing criminal to charge perpetrators of IPV with, police may not intervene due to their only being a civil order. One participant detailed her frustration with this limitation and

highlighted the limited safety that survivors of IPV may experience as a result:

“I am thinking about one specific case and this was about 5 years ago when I was still counselling, he was, there was all kinds of red flags and the police never took it seriously because there was only a civil order in place, nothing criminal that they could get him on. That is one of the gaps for sure, that the civil orders aren’t followed by police services. That I think would be, now that it comes into my head, one of the biggest challenges within the interpersonal violence and abuse program and people leaving abusive partners, because there is nothing criminal to charge them with, they get a civil order and the police don’t intervene at all because it’s a civil order. So in this case, that is exactly what happened and then it came to Valentine’s Day and he left cards in her mailbox and they weren’t together and then all of a sudden he was missing. He’d been caught stalking her and everything, and we had tried time and time again to get police involvement...and stalking is hard to charge, and then all of a sudden he went missing. So the school that the kids were in was on lock down, the school that she taught in was on lock down, everybody was on high alert, we were on high alert as well because he was very unpredictable and he had assaulted her mother at the hockey rink and like all kinds of stuff. I had done a safety plan with this family and the police involved, but then he was found suicided three months later. Like just, nobody knows where he was at. He went and hung himself in the shed – Shelter/Victim Advocate (Executive Director), Female, Caucasian

In the midst of frustration with the justice system, one participant noted the positive impact that the justice system can have when the system is in working order. A second

participant noted that she witnessed a positive change since her agency has started supporting survivors of IPV through the court process and providing information to inform them of the process:

“I guess court updates, court prep is one of the big things that we do and so a lot of victim’s won’t come forward and make statements to police or won’t follow through with court because they have not had a support there for them or with them, and now that we are here, supporting them, being there for them, letting them know more information about the justice system and how it works, being there for them when they have to testify, that really has helped a lot of people” – Victim Services (Coordinator), Female, Caucasian

4.6. Working with Indigenous Peoples

A common story was told by service providers; one that highlighted the devastating effects of colonization and marginalization among Indigenous Peoples. As discussed within the literature review, Indigenous Peoples have been subjected to numerous injustices, some documented and some that remain silent. Experiences of trauma, grief, and loss all connect to create feelings of despair, which contribute to the current realities of substance abuse and IPV:

“I guess that within the reserve, it’s a different story...they do come to see somebody like me to deal with the situation and I provide whatever opportunity I can with them, and then...try and see what kinds of supports can be available. And you know, depending on the age, some may have gone through residential schools, and so we’ve talked about that. You know, different addiction issues that have occurred, the struggle with employment/unemployment, education... all

those tragic concerns which are just very difficult” – Mental Health Services
(Social Worker), Male, Caucasian

A second participant, an Indigenous woman, also described the complexities that Indigenous Peoples may experience:

“I think the main challenge is identity. They don’t know the reasons why they are the way they are. Like lots of the trauma, PTSD...they operate and they live and they maintain but they don’t know what that is, so there is a lot of mental health issues, lots of trauma, the complex grief would be a main one. I guess financial, lots of their stress and the barriers for them, lots of the fights are about finances. Then alcohol...that’s trying to cover up all those different issues and things going on for them” – First Nations Government (Justice), Female, Indigenous

Participants discussed racism among Indigenous women, oppression faced when choosing to live on-reserve, violence occurring on reserves, as well as the normalization and apparent “acceptance” of violence and how this contributes to experiences of IPV for Indigenous women. The overarching theme and subsequent subthemes demonstrate a strong intersection between location, ethnicity, and gender, suggesting that for Indigenous women living in rural areas, further disadvantages may be experienced. A third participant spoke about her experiences of working with Indigenous woman and her approach to educating and empowering Indigenous survivors of IPV:

“The majority of it is making them aware of what is actually a domestic violence situation, that they are stronger than what they think they are. A lot of these ladies come and they are so broken and they have so many issues that need to be helped with. That they just feel like giving up, so making them realize that

they are stronger than what they think they are and that they are worthy of it. And for their children, like they deserve a better life because they are so broken when they come. They have been through so much that they just don't know anything different and they're made to feel like this is all they deserve. So that is the hardest thing I think, is to make them realize that they deserve better and they are worth it...like they count, they matter, they have a voice and they need to be heard – Shelter/Victim Advocate (Shelter Worker), Female, Caucasian

4.6.1. Normalization of violence and racism. The normalization of violence and the inherent racism witnessed when working with Indigenous women was discussed among the participants. Ten of the 16 participants discussed the normalization of violence experienced within Indigenous communities, and in some capacity or another, referred to colonialization, experiences within residential schools, and intergenerational violence, abuse, and trauma. For instance, one participant highlighted that:

“One of the biggest challenges is people don't take [IPV] seriously. People say 'oh this is just a regular fight'...you know, that's kind of how it is with First Nations. I am a First Nations women and I'm not...it was normal. You just don't tell anybody but it was normal, it just happens. If you get hit, you get hit, and sometimes if you get hit, you hit back. Especially if you are young, like teenager, and if you grew up with family violence...well then you think its normal right. If you saw your mom and dad fighting, if you saw your aunty and uncle fighting. That's the biggest concern and that's the biggest problem, that hitting is still okay but it's not okay” – Shelter/Victim Advocate (Director), Female, Indigenous

A second participant spoke about her past experiences of IPV and acknowledged

that although the violence from an intimate partner does not feel good, from her experience, women may start to believe that these experiences are a part of life, especially if they have grown up witnessing violence among family members and loved ones. She noted that although she was subjected to IPV, her partner was non-Indigenous, which challenged her beliefs about IPV and made her question his abusive behaviour and motives. With that being said, it is important to note that not all Indigenous Peoples are abusive and there are many non-Indigenous Peoples who are perpetrators of IPV; however, within the present research, the normalization of violence and racism was discussed mainly in relation to Indigenous Peoples:

“When you are young and if it’s something that you’ve seen your whole life, you don’t think its abnormal, as demented as that kind of sounds. You might think, ‘well most of my friends that have a boyfriend go through that, my parents were like that,’ you know? So it’s kind of normal, even though it doesn’t feel good, it’s almost like it’s a normal thing. Now I am in my forties and I am married again to a normal person and it’s still like ‘wow you know that was so not normal.’ And by normal it doesn’t mean, I don’t know, even though it didn’t feel right, and you don’t feel good inside, you almost think like that is just a part of life. So that could be why people don’t really know the difference or I don’t have anything to compare to as a non-First Nations person, although my first husband was not First Nations. I know it’s not only First Nations people that can be abusive or suffer from abuse, but at the same time I think it still kind of categories me as being a First Nation women and being victimized like that by a non-First Nations, even though it’s your husband. There seems to be a real...you

don't hear about it, no awareness, and I think that just normalizes it" – First Nations Government (Governance), Female, Indigenous

Participants described that because women are often seen as inferior to men, this leads to Indigenous women being subjected to disproportionate levels of racism, discrimination, and sexism in comparison to non-Indigenous women. A third participant provided a personal example to highlight the racism she faced as an Indigenous woman:

"Yeah, and you know what? Like we live in a country where freedom, we have the freedom for everything, but to just address and recognise Indigenous women are not as free as anyone else. Because they're not free in the sense that they live with this stigmatism. And that's wrong, to me it's wrong. Like I laugh when, inwardly smile, when guys put me down. Like, just in my workplace. Some people are so racist; they won't even touch my pen" – Victim Services

(Volunteer), Female, Indigenous

Bourassa, McKay-McNabb, and Hampton (2004) explain that "racism and sexism have this in common; they operate via external power structures to contribute to poor health in certain disadvantaged groups (p. 23)," noting that cultural groups that have faced colonization face several disadvantages.

While the subtheme of the normalization of violence and racism was almost exclusively discussed in relation to Indigenous Peoples, one participant noted that intergenerational violence is prevalent within her rural community. She spoke more broadly about her concerns, which were not tied to racial groupings:

"I'd say that one of the biggest things is it's their normal and they don't realize the risk that they are in. Another component is fear. It's generational often

times, and that's what we really see within our rural population is one generation after the other, it just carries on and our clients are intertwined and we see that on our caseloads" – Shelter/Victim Services (Executive Director), Female, Caucasian

Overall, the silencing of experiences of IPV was further discussed, which contributes to further oppression and discrimination among Indigenous women and illustrates the need to break the intergenerational cycle of violence and IPV through healing.

4.6.2. Limited services when living on reserves. The difference between living on-reserve and off-reserve was discussed in relation to the challenge's women might encounter when attempting to access needed services. Participants discussed the limited resources available on reserves, the inability to provide education programming on-reserve due to limited provincial funding, the lack of timely response from police services, and concerns regarding social assistance. One participant described the difficult decision-making process for women, in that they would need to choose to leave their home community in order to access services and safety. She noted that there are limited shelters available on-reserve, and to her knowledge, local resources are scarce:

"I think maybe the biggest, maybe the biggest difference or biggest challenge might be a lack of support right within the community, whereas if you live in a bigger center, like in town at least, you would have access to like victim services or...well of course the cops are right there. Especially maybe you might be from another reserve than the one that you're cohabitating and if you have children. There is no real local resource at our band that I am aware of, like an interval house type thing, where you would have that in town at least where you could go

and you know you'd be safe for the evening or the week or whatever. You would have to make your way into town somehow" – First Nations Government

(Governance), Female, Indigenous

Offering confidential programs for women survivors of IPV on-reserve was mentioned as one suggestion for improvement and a way to reach more women needing support.

A second participant described her experience with having to call police services for support with a woman who was intoxicated. She noted that even though her place of work, a domestic violence shelter, is geographically close to the police station, police members did not arrive until two hours after the call was made. The participant questioned whether there would be a timely response to households that may have called the police on several occasions, giving the perception that the call may not be urgent. A third participant described the complexities with applying for social assistance and being required to speak to band members:

"Especially if they're leaving their reserve, like we are considered, like our shelter isn't on reserve land, so these ladies have to go back to their home reserves if they are on social assistance and ask for social assistance. Oftentimes the men are, like they live on their husband's reserve, on their husband's First Nation. Just recently we had a few ladies who were living on their husband's First Nation, and they're told by provincial social assistance that they're not eligible for assistance, that they have to go back to their band for any kind of financial help. Their band social assistance worker was a relative of the husband's, and so they're scared of asking. So then they only have, maybe, the child tax benefit" – Shelter/Victim Advocate (Child Counsellor), Female,

Indigenous

Overall, participants described that the disadvantages experienced when living on-reserve cumulate in multiple oppressions faced by Indigenous Peoples, and in particular, Indigenous women experiencing IPV.

4.6.3. Violence on reserves. Three participants spoke about the difference between violence on-reserve and off-reserve. They expanded upon the discussion of IPV to include other forms of violence as well (e.g., assault, homicide). The notion that court orders are enforceable off-reserve land, but not on-reserve land, was mentioned as a potential barrier for police services to effectively intervene in IPV situations:

“I mean if he has to go into custody, and so the women are really left without a lot of options. They do have what they call the Emergency Intervention Order, 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. So the women often have nowhere to go other than a shelter and if they don’t want to go to the shelter, then that’s...their choices are very limited” – Victim Services (Assistant Coordinator), Female, Unknown Background

The lack of resources available, as well as the culture of violence, was further mentioned. Two participants indicated that while violence on-reserve may be similar to off-reserve, violence on-reserve is often spoken about more and tends to be more violent:

“So, here? Do we have any Billy Stafford situations? No. My members are so

attuned to dealing with any...there's so much hard violence here in [rural area and on-reserve]. You know we just finished a double homicide last fall, I mean, horrific double homicide. We continually go to domestic violence situations at least once or twice on the weekends. So, it's not just one...one situation, there's many" – Police Services (Staff Sergeant), Male, Caucasian

4.7. Promising Practices in Rural Communities

In the midst of discussing challenges to the provision of services and resources in rural communities and barriers to accessing support for survivors of IPV, participants added some positive discussions into their interviews and highlighted certain successes that were occurring within their communities. This section highlights the important steps some organizations and their communities are taking to facilitate social change towards gender-based violence, and may be used as a motivation for some organizations and communities who are wanting to create change. The information mentioned is in no way exhaustive and is not currently being implemented within all communities; however, the ideas mentioned below may serve as guiding steps for organizations and communities looking to make a positive change.

4.7.1. Building trusting relationships. Building rapport and establishing connections with survivors of IPV was mentioned as an important step in helping women feel safe and comfortable. This was discussed as important in terms of women feeling comfortable seeking out services and resources, as well as in terms of empowering women to make a decision that is right for them:

“Just building that rapport, building that trusting relationship, and then you know, like I said, maybe they don't want our services right away, but at least kind of

letting them know who we are, what we do, and that there is another way. There are people that we can put them in touch with. That kind of opens the door for you know, ‘well if I do want to leave, this woman said she’d help me out,’ that kind of thing. And it’s even crazy, I often go over to the shelter and visit with the ladies, and just little things, like telling a woman she’s beautiful, she can be whatever she wants to be, all of those things. It’s so crazy just seeing a woman light up because they’ve just been beat down and thinks they’re worthless and they’re garbage” – Victim Services (Assistant Coordinator), Female, Caucasian

Fostering a sense of hope, giving women the space to feel empowered, and providing women with the information they need were all mentioned as little things that make big differences in the long-term. One participant noted that despite the decision that women make, as in whether or not to access shelter services, the notion that women know what services are available and that there is support available is of the utmost importance:

“Probably one of the biggest things is letting them know that no matter what, we are here. That we are always a safe place and that we have the 24-hour crisis line no matter what. That really seems to give them a sense of hope and it allows them...so even if they decide...they come to the shelter once and they get out of that relationship, or they leave that reserve or they are being targeted by other people or whatever it is, they can come here and it is safe and then we can help transition them into a new life. Even if they decide to go back, we are still here when they decide to come back and we are seeing lots of that. Lots of repeats where they decide to go back, but then they phone and say wait a minute this was a mistake. And so word has spread through those communities and it is starting

to spread through those women's groups and through those connections that no matter what, you can come talk to us, you can come see us, you can come be here and it's safe, we will do the best we can" – Shelter/Victim Advocate (Counsellor), Female, Caucasian

Furthermore, in relation to perpetrators of IPV, a participant detailed his work with men working in the oil industry and the difficulties surrounding their work schedule. He described his approach to working with men and connecting with their lifestyle, which further illustrates the importance of building rapport with survivors and perpetrators:

"I deal with a lot of people from the oil patch. You know, if they don't go to work because they're attending an appointment, their team doesn't go to work...it can be problematic. So looking at what industry, the context of the industry, and how do you respond to the industry? In this more promising area...working with guys, bigger safety meetings all the time, in regard to you know, an incident can happen, how can you prevent it...what can we do right, how can we do better? I use the same idea. This is just another safety thing when you're meeting with me. I'm just looking at okay, how safe is your home? And they can connect with that" – Mental Health Services (Social Worker), Male, Caucasian

4.7.2. Collaboration among community agencies. Collaboration with other agencies within the community was explained as an important step towards ensuring that everyone is collectively working together to support survivors and perpetrators of IPV. Collaboration with IPV specific organizations (e.g., shelter services, victim services, police services) was noted, as well as non-specific IPV organizations (e.g., schools,

cultural programs, dietary services, veterinarians, transportation companies, phone companies, churches). Participants described collaboration as an important step towards education and awareness, in that organizations may share what services are available with their clients and make referrals. One participant described her agency's collaboration with a local nutritionist, church, transportation companies, and Sasktel (i.e., Phones for a Fresh Start), and also explained that they will try to advocate for what services are needed for each individual woman:

“Sometimes the women don't know how to go grocery shopping or they don't know how to pay bills, so we advocate for everything. We have, she works in the hospital, a nutritionist...she has taken them in the past, the ladies, we meet her at one of the grocery stores and she will take them through the grocery store and do a tour of how to budget their money and do effective grocery shopping and not just buying the instant, crappy stuff. So there are different things like that. It just depends on whoever is in the house and what we feel they need or what they say they need help with...we are lucky though in this little community like the town has been helping us quite bit. They are quite willing to help our ladies like even the school will take the kids because they can only be here for 6 weeks, so the school will help and take the kids and do whatever they can. We're good that way. There's also a Christian church here on the corner and they welcome all of our ladies to go there, treat them amazing. They involve their kids in their programs too, like their youth programs. They've taken some of our clients to some of the lakes swimming in the summer. The community of [rural town] has really supported this facility, so we are really very lucky. Very grateful” –

Shelter/Victim Advocate (Shelter Worker), Female, Caucasian

A second participant noted that she and her co-workers try to support women and their children holistically, which may include working together with other organizations, such as wellness centres and healing centres. A third participant, who detailed his work with men working in the oil industry and the success of his approach when working to build rapport, pondered upon the idea of collaborating creatively with oil companies and the potential positive impact this might have when working with perpetrators of IPV:

“But its what industries do you have in your area, how can you respond with them, or ideally, it would sure be nice if the oil industry would say ‘well geez, we have to give all kinds of training on things, how about in regards to healthy family life? So how do you maintain your family life if you're on the oil patch?’”

– Mental Health Services (Social Worker), Male, Caucasian

4.7.3. Culturally affirming programming. One of the successes mentioned among participants was culturally affirming programming being offered within their communities. Four participants noted a push towards offering programming that meets the needs of Indigenous Peoples. Participants spoke about the importance of spirituality, particularly among Indigenous Peoples, and the importance of having diverse resources in place that connect individuals with their traditional teachings and healing practices. Two participants spoke about the positive influence that Elders have within Indigenous communities and the respect that is often given to them and the wisdom they share:

“Here in [rural town] we have an agency, a native run organization. They have Elders and everything in there. They have programming almost every day, different kinds of things. They have tipi training, which gets back to the

Indigenous roots, given by one of the Elders, so ladies can go there and access that. They have cooking classes and anger management classes, different types of things. It's another amazing agency to have here in our area. For women it's such an amazing thing. So change is coming" – Shelter/Victim Advocate (Shelter Worker), Female, Caucasian

"Positive things are going on there, too. I really encourage the folks with regard to discovering, whether it's their language, or their spirituality, and they go to ceremonies, see Elders, go to sundances. It's very uplifting I find with folks. And to really believe that you can do it, it's really positive. And the thing is, there is a number of people, like some of the grandmothers, they just really keep the place together. You know, manning the families. And I don't know how they do it. They just really make a difference. Some of the Elders, the same thing, with a very calming influence. And I must say, with some of the Indigenous communities, their reverence for an Elder is phenomenal, compared to the white community" – Mental Health Services (Social Worker), Male, Caucasian

4.7.4. Increasing community awareness of IPV. The importance of awareness was discussed by nine of the 16 participants. Awareness was associated with ensuring that community members were informed about what services and resources were offered and available within their community, providing information and education to women about IPV, and empowering men and women to make their own decisions towards changing their life. Participants spoke about ensuring that education programs and resources were accessible to the general public and that individuals of all ages are being

provided with the information. One participant detailed the efforts that her organization makes to spread their message:

“We try to reach out to all of the organizations in our area so that if people come there, they know that they can call us, lots of places display our information, with posters and our crisis line number displayed in every co-op, credit union, community bulletin board, doctor’s offices, like all of that kind of stuff, so that it is out there” – Shelter/Victim Advocate (Counsellor), Female, Caucasian

A second participant told a story about a time when she presented on the topic of IPV within a school setting. She highlighted the importance of early education and prevention to create long-term change, as well as to inform reactive change:

“A lot of awareness! We do a lot of presentations. We talk to people. We go to students, to colleges, to church groups, or service groups and we talk about abuse. You know, you don’t have to live that way. We also, always, do an explanation of “what is abuse” because a lot of people think it is a hit with a fist... I remember going out to some schools and doing some public awareness as part of my counselling position and I had one of the mums of one of my boys come in and said 'my son handed me this card after your presentation'. Even those little things, those little seeds that you can plant” – Shelter/Victim Advocate (Executive Director), Female, Caucasian

Education and awareness were described as vital for breaking the stigma associated with IPV and helping individuals learn that they have a choice:

“For the adults, I think that there has to be programs in place and it could be even 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 abused brings abuse, so they've learned that this is their survival, and they don't have to fight anymore...making men and women realize 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 there are not issues" – Victim Services (Volunteer), Female, Indigenous

4.8. Overall Perception of Work as a Service Provider

While answering the interview questions and discussing their work as service providers, participants expressed various emotions and thoughts in relation to working with survivors of IPV within a service provider capacity in rural communities. There were various times throughout the interviews when participants documented feelings of frustration, disheartenment, and hope. Feelings of frustration, disheartenment, and hope were relayed through their statements as well as their tone of voice. These feelings were often described in connection to the result of daily challenges and larger social concerns, which are illustrated through the chosen quotations below.

4.8.1. Frustration. Feelings of frustration, such as being upset or annoyed, often manifest due to the inability to achieve a goal. Participants reported feelings of frustration when discussing the current social climate of their work as well as the limited amount of changes made in recent years. They indicated that working in rural areas requires different methods than urban areas:

“If it's [urban centre] based, they have no idea how rural, remote, or northern works, and basing their protocols on, oh, we can do this in an urban area, well, how would somebody get there, to your site? How do you see them, how often

do you want to be seen, things like that. And you know, what can be done. It's not easy" – Mental Health (Social Worker), Male, Caucasian

One participant likened survivors of IPV as being subjected to the "hot potato syndrome," in that within rural areas, women are often passed on to other services in the hope that positive change will occur; however, he further indicated that the current approach to services, in his opinion, resembled a band-aid effect. A commonality among participants who reported frustration is that change is warranted. Furthermore, when discussing collaboration with organizations, one participant noted frustration with the limited usage of Emergency Intervention Orders (EIO). She indicated that while EIOs are vital to increase the safety of survivors of IPV, appropriately responding to reports of IPV in a sensitive manner is imperative:

"I think something rurally that we have seen more than once and I am going to say within the last year is our rural RCMP detachments are not using emergency intervention orders. We've heard every excuse from we are not trained in them...and I have talked to the ministry of justice about this" – Shelter/Victim Advocate (Executive Director), Female, Caucasian

4.8.2. Disheartenment. Participants differed in their feelings of disheartenment as opposed to frustration. Disheartenment relates to feelings of despair when faced with challenges. Although there are some commonalities between frustration and disheartenment, what differed for these participants was evident in their tone of voice:

"98% of violence occurs once the husband, or sometimes, in some cases the wife, have been drinking or are high on drugs. I believe strongly in my heart, after 36 years, that we're never going to be able to control that. I think we've lost that

war” – Police Services (Staff Sergeant), Male, Caucasian

Their voices were quieter and sounded as though there was a sense of defeat, a sense of feeling burnt out due to the constant struggles of working in rural areas. Funding, resources, low wages, and alcohol and drug control were all noted as sources of disheartenment. One participant spoke about the importance of being resilient in the face of challenges and being creative in order to come up with innovative solutions:

“We face a lot of challenges and we just don’t have enough resources all together in Saskatchewan. We are always very limited financially in what we can do and what we can provide, so that causes a big restraint because a lot of people rely on us and sometimes we just can't physically go get them or whatever because we don’t get enough funding and our outreach department struggles for funding and that is a big concern. Even if the resources like Salvation Army and all those places that try to provide resources for them, and that there is no actual funding so that we can help them. We are such a small department and for me my new service area is going to be at least 350km and I am one person to service all of that, so it is one person for each of those small towns and communities” –

Shelter/Victim Services (Counsellor), Female, Caucasian

4.8.3. Hope. Participants spoke about feelings of hope that overshadowed their feelings of frustration and disheartenment, as well as gave them the motivation needed to continue along their journey of supporting survivors of IPV. Participants mentioned promising areas in the step towards social change and service provision, as well as feeling as though small changes can make big differences. There was truly a sense of empowerment, strength, and resilience that emerged through the quotations of each

participant, in that they believed their work was vital to supporting survivors of IPV.

One woman spoke about her experiences with IPV and how she continues to share her story in the hopes of impacting the lives of others:

“I have to look at that whole experience as you know what, if what I went through helps one person, then it wasn't all in vain or whatever. So I don't mind sharing my story because I used to wallow in self-pity about it for a long time. But then to try and heal, while its still negative, it's a silver lining of if my story can help anybody, then I'm glad” – First Nations Government (Governance), Female, Indigenous

A second woman spoke about her experiences of growing up in a household with IPV, and in comparison, feeling a sense of hope as she continues to see positive changes since that time:

“Things are getting better. When I grew up, I grew up in a very violent home. My stepdad was very abusive to everyone in my whole family. My mom didn't know any better. She did the best she could. There were no resources back in that time. We are moving forward. Change does take time and it doesn't happen overnight. I do think it is happening. I wish it could happen a lot sooner so more women can realize that they don't have to put up with their abusive partners, but it is a positive step forward. Change has happened since I was a kid and going through it, and that's a good thing” – Shelter/Victim Advocate (Shelter Worker), Female, Caucasian

Overall, seven participants spoke in some capacity about feelings of hope in relation to their work. One participant illustrated the idea that service providers are passionate

about their work and about making a difference, which may push them forward:

“And it is very low paying, so a lot of them are working from their hearts, they are not working for their pocketbooks” – First Nations Government (Justice), Female, Indigenous

4.9. Reflections from the Researcher

The feelings of frustration, disheartenment, and hope discussed by each participant in some capacity or another made me reflect on the present research and the difficult tasks many service providers engage in daily. I also reflected on the experiences of survivors of IPV, and the devastating reality that many women endure, especially when faced with many barriers to safety. To provide insight into my reflective thoughts, I offer an excerpt from my field journal. These words were written after I had listened to the stories told by the service providers in rural communities:

“As I sit and listen to the stories shared by service providers, I wonder about their resilient nature. How do they continue their work? Why do they continue their work? What makes them motivated to continue when they are faced with numerous challenges, difficulties, and limitations? I often wonder about the vicarious trauma that these individuals may have experienced while on the job. Research tends to focus on the negatives and the limitations, in that we need more of this and more of that, which is important, because we truly do. However, the work that these individuals do is so, so important, that they need to be celebrated for their efforts” – Field Journal

4.10. Discussion

The information gathered from service providers living and working in rural

communities expands our understanding of the challenges they face when supporting survivors of IPV in geographically diverse communities. The information shared and the results illustrated above allows for the opportunity to learn from individuals who have worked on the front-line with survivors of IPV and to impact our support efforts moving forward. The knowledge and experience shared by service providers in relation to their work with survivors of IPV in rural communities contributes greatly to the existing literature by giving individuals a voice to share their perspectives and personal accounts of service provision within a Canadian context. Utilizing qualitative, semi-structured interviews, the information gathered through this data collection medium was examined through a phenomenological lens to further understand the needs of individuals living in rural communities within the context of IPV. In the following section, I will: situate the results in the current literature, demonstrate how the present results contribute to this literature, and provide implications regarding supporting survivors of IPV in geographically diverse communities within a Canadian context.

The current research builds upon past research by gathering knowledge from service providers working with survivors of IPV within rural communities in Saskatchewan. To date, a large proportion of research focuses on IPV within urban centres, which cannot be transferred or generalized to non-urban areas, as the experiences of living in rural and northern communities are qualitatively different (Burke et al., 2006; Logan et al., 2003). Furthermore, although research is beginning to focus on challenges to accessing and providing support in rural areas within international and domestic contexts (e.g., Dawson et al., 2018; Wendt, 2017; Yun, Swindell, & Kercher, 2009), research is strongly needed within a Canadian context (Zorn et al., 2017).

By gathering information from service providers living and working in rural communities, the present study contributes to the paucity of literature in several unique ways. Firstly, the current participants shared their knowledge and experience of being front-line service providers within the context of IPV. This allows for a unique perspective of the challenges faced within a service provision context. Secondly, importance was placed on clearly defining a rural area at the outset of the research to improve the methodological rigour of research related to IPV. Very few research studies to date include clear definitions when discussing research within rural communities, which limits the utility, comparability, and transferability of research findings (Breiding et al., 2015; Zorn et al., 2017). Thirdly, with current research suggesting that rates of IPV and domestic homicide in Saskatchewan are among the highest across the Canadian provinces (Dawson et al., 2018; Statistics Canada, 2016a) and that individuals living in non-urban areas and Indigenous Peoples are at increased risk for violence and death (Statistics Canada, 2016a), the present research offers a unique perspective of looking at both vulnerable populations. Therefore, the information gathered is timely and of vital importance to combat the issue of IPV within Canada.

4.10.1. Implications for barriers to leaving IPV relationships and accessing services. Service providers living and working in rural communities within Saskatchewan detailed the current barriers that women survivors of IPV may face when attempting to seek refuge and safety. They identified four physical challenges (i.e., geographic and social isolation, housing, financial stability, and limited options for transportation), four social challenges (i.e., services outside home community, confidentiality, communication limitations, and stigmatization of IPV and seeking

support), as well as four personal challenges (i.e., pressure from family members, fear of uncertainty, concern about children, and concern about animals). As the current themes are presented, there may be the perception that these themes are separate entities and experiences, which is not necessarily the case within real life experiences. The physical, social, and personal challenges that women experience often intersect with each other to create additional barriers and challenges. Therefore, when interpreting the present results, we must strive to acknowledge and integrate into our understanding the impact of societal factors and how these concerns may impact the experiences of women survivors of IPV (Faller et al., 2018; Tutty et al., 2014).

The present findings support and further illuminate the scarcity of research examining the challenges to providing support in rural communities within a Canadian context. Geographic and social isolation, the availability and affordability of alternative housing options, financial security and stability, and options for transportation all influence whether or not women survivors of IPV chose to seek refuge. Geographic and social isolation greatly impacts the lives of survivors of IPV and can often lead to alienation and feelings of hopelessness when unsure of what path to take in terms of support. Past research purports that physical isolation includes not having access to timely resources and services (e.g., Carrington et al., 2013; Hornosty & Doherty, 2002), which is often exacerbated by limited options for transportation. This finding is consistent with the present research, as participants maintained that due to geographic isolation some women may be harder to reach and may experience further social isolation due to limited social interaction and support. Furthermore, this finding is important to note as past research suggests that geographic and social isolation greatly

impacts the ability of women survivors of IPV to seek refuge (e.g., Carrington et al., 2013; Hornosty & Doherty, 2002; Logan, Shannon, & Walker, 2005; Owen, 2012).

Unfortunately, geographic and social isolation not only impact survivors of IPV directly, but further complicate the ability of service providers to effectively intervene when needed as contact can be scarce; therefore, addressing the isolation that survivors of IPV experience is critical. As geographical diversity is difficult to change and there are often advantages to living in rural communities, social isolation may be an area that requires further attention. Ensuring that women feel comfortable reaching out to support services and are knowledgeable regarding the services available is vital. For instance, a viable option may be to promote conversations about IPV within the community, either outwardly or through creative and discreet methods (e.g., hosting an arts group), to help ensure that women are staying connected to informal as well as formal supports. This may help women develop a further sense of community and companionship, which may lead to more social connectedness and empowerment when making decisions about IPV.

The availability and affordability of housing along with financial security and stability were additional factors mentioned by participants that may create barriers to women living in rural communities. These concerns contribute to further vulnerability and disempowerment experienced by women seeking refuge. For instance, as noted by Tutty et al. (2014), leaving an abusive relationship may become a path for relative or absolute homelessness due to limited housing options. Although Tutty et al. (2014) research was conducted within urban centres across Canada, the results provide further information in relation to the complexity and intersectional nature of IPV. Research by Burnett et al. (2016) corroborated this information by noting that women survivors of

IPV are often experiencing a complexity of needs, one being the accessibility and affordability of housing. Findings from this study revealed that when income supports or subsidized housing applications are delayed or denied, or women are asked to provide documentation of abuse, this provides further obstacles and may lead to women feeling disempowered. Burnett et al. (2016) referred to this as structural oppression and another system that women are asked to hurdle over. Despite this, women often desire to obtain affordable and stable housing, which is a source of empowerment and helps women rebuild their lives (Fisher & Stylianou, 2019).

For instance, service providers from the present research indicated that many women rely on funding to be able to afford housing; however, if the funding falls through, being able to afford housing becomes further out of reach. Women are then left in a situation of being unsure of the next steps to take in order to seek refuge and may return to an unsafe environment. Taking into consideration the varying levels of oppression, including geographic and social isolation, financial insecurity, and accessibility of resources, these deficits may result in women being placed in dangerous situations due to not knowing where to turn. This is consistent with past research suggesting that women who are more reliant on their partners for tangible resources, such as money, transportation, and housing, may be more likely to stay in an abusive relationship as opposed to completely separating from their partner (Bell et al., 2009). Moreover, for women who reside with multiple family members or families, this further complicates the decision and may lead to an overwhelming sense of disempowerment.

Within rural communities in Saskatchewan, housing vacancy and rent control were noted as two identifiable barriers to accessing housing for women survivors of IPV.

Based on the information gathered, collaborating with housing agencies and landlords will be of importance moving forward. For instance, as two participants noted that there appears to be a mentality among landlords that providing rental properties to survivors of IPV may lead to negative consequences, providing education regarding these thoughts and working towards a better understanding of IPV within the community is imperative. Furthermore, as research suggests that stable and consistent housing is a source of empowerment for women, engaging in advocacy around this issue is vital.

Based on the current results, there are further implications for the social challenges identified for women living in rural communities. Service providers reported that women are often faced with the decision of whether or not to leave their home community behind in order to access services and resources that may be unavailable or perhaps at capacity. Leaving their home community was described as an overwhelming decision to make in that this may include leaving their support network and facing financial uncertainty, which is consistent with previous research (Logan, Shannon, & Walker, 2005; Ragusa, 2012). Furthermore, recent research conducted by Fisher and Stylianou (2019) revealed that 67% of women who left their home and home communities in seek of refuge reported struggling with being away. Reasons for this included being displaced from their home, being in an unfamiliar geographic location, and being placed in a new environment quickly due to safety concerns. As such, the decision to seek safety for themselves and their children may seem so overwhelming that women may chose to return to or stay with their abuser (Fisher & Stylianou, 2019).

The importance of maintaining safety of survivors with the provision of services cannot be understated; therefore, ensuring that stable and adequate funding is available

for services and resources within rural communities may enable women to stay within their home community, if safe to do so, and allow them to continue to stay connected to their informal support network as well (Carrington et al., 2013; DeKeseredy & Schwartz, 2009; Wuerch et al., 2019). As one participant noted, due to shelter services been scarce within rural communities, survivors of IPV often feel stuck about what to do. The option of leaving their home community could also lead to further struggles, such as losing their sense of community and feeling alone. If stable and adequate funding were provided to support programming (e.g., shelters) within rural regions, there may be a shift in the number of women choosing to seek refuge within their home community.

The present results further elucidate past research suggesting that confidentiality and anonymity is a significant concern for survivors of IPV (e.g., Forsdick-Martz & Sarauer, 2000; Websdale, 1995). Participants described that women may be fearful to attend appointments or access services due to the prospect of being seen by friends, family, or community members. Concern was also expressed in relation to women not accessing services and resources offered from certain organizations due to knowing individuals who work there. This finding suggests that offering services, while ensuring confidentiality is imperative, particularly when taking into consideration that women may prefer to stay in their home community (Fisher & Stylianou, 2019). This may involve using creative strategies to ensure that services and resources are being accessed in a confidential manner and that women feel comfortable seeking support.

Fisher and Stylianou (2019) suggest that sudden changes in living situation and geographic location combined with being isolated from social support and experiencing the trauma of IPV can negatively influence the adjustment period for women survivors

of IPV. The overwhelming decision of whether or not to leave an abusive relationship and the various unknowns of the decision were consistent with results from the present research. Service providers revealed that women may struggle with a fear of uncertainty and change, which may result in the decision to stay in an abusive relationship or return to an abusive relationship after seeking refuge. The continued struggle of not knowing about whether or not support services will be helpful or harmful was also described.

Additional fears that women experience were highlighted, including being concerned about supporting and raising their children and how to ensure that their beloved animals are safe and secure. For instance, one service provider indicated that women may be forced to leave due to repercussions from child protection agencies (e.g., children removed from home if woman returns home to the abusive partner), which may be disempowering and overwhelming for many women. To best serve the needs of women survivors of IPV, as well as their children and their animals, providing transparent information and education about what services are available and what shelter support and policies entail may be important and enable women to make an informed decision. Furthermore, providing information about alternative options if available (e.g., care options for companion animals and livestock) can help to ensure that women are making the best decisions for themselves, their children, and their animals.

4.10.2. Implications for areas in need of improvement and change. Service providers shared their knowledge within the present study and detailed the current areas in need of improvement and change within rural communities in Saskatchewan. Three higher order themes were identified, including working with specialized populations, providing education, and addressing inadequate infrastructure and logistical limitations.

Each higher order theme also contained subthemes, some of which will be discussed further within the integrated discussion in Chapter 6.

The first higher order theme, working with specialized populations, included the subtheme of providing support services for 2SLGBTQIAP+ individuals. Participants described that 2SLGBTQIAP+ individuals were currently marginalized within their own rural communities. One participant described a push within her organization to create safe spaces for 2SLGBTQIAP+ individuals experiencing IPV, with the idea of treating all individuals the same within the overarching umbrella of IPV; however, at present, no programming was described as currently being in place to address the sociocultural and structural differences of identifying with the 2SLGBTQIAP+ population (Turell, Herrmann, Hollander, & Galletly, 2012), such as fear of stigmatization that may prevent same-sex couples from seeking support and/or not recognizing their experiences as IPV (Kulkin, Williams, Borne, de la Bretonne, & Laurendine, 2007). Further, ensuring that 2SLGBTQIAP+ communities are being addressed and supported separately to account for differences between each community, such as identity group membership is viewed as vital in past research (Greenwood et al., 2002; Ristock, 2003; Turell et al., 2012).

While the present study focused on male-to-female IPV, of importance to acknowledge is that IPV is not limited to heterosexual relationships (Black et al., 2011; Canadian Centre for Justice Statistics, 2018). Turell et al. (2012) maintain that when taking into consideration the limited resources and services in rural communities for women survivors of male perpetrated IPV, there is cause for concern in relation to the lack of resources for 2SLGBTQIAP+ individuals living in geographically diverse communities. Consistent with other research, the present research further revealed that

there is the belief that 2SLGBTQIAP+ couples are not prominent within rural communities (Turell et al., 2012). Turell et al. (2012) found that, for example, a gay male victim would not seek support from formal services due to stigma, and that IPV within lesbian couples is thought to not occur. One participant within their study mentioned that women-to-women IPV is “not tolerated and not discussed” (p. 299). The present research combined with past research demonstrates the significant need to address IPV among 2SLGBTQIAP+ couples and to ensure that services and resources are inclusive of this population. For instance, raising awareness within rural communities about first, 2SLGBTQIAP+ communities, and second, about IPV among 2SLGBTQIAP+ communities, would be a significant and vital shift within rural communities in Saskatchewan and may lead to effective intervention strategies. Of further importance is for service providers to recognize that 2SLGBTQIAP+ individuals are marginalized and may face several stressors that other individuals may not (e.g., societal discrimination, conflict with families of origin, and stressors from families of choice; Kulkin et al., 2007), which highlights the necessity of a client-centered approach.

In terms of infrastructure and logistical limitations, participants voiced their perspectives in relation to mental health services, resources and funding, services for IPV that are in place outside of business hours, shelter services, police services, and support within the court and justice system. Participants described that functioning with limited resources and funding at the organizational level impacted their ability as service providers to provide appropriate, adequate, and effective support to women survivors of IPV in rural areas at the individual and community level. Furthermore, participants identified that IPV incidents are more likely to occur outside of business hours. With

IPV incidents occurring outside of business hours, this suggests that there may be limited resources and services available when women need them most.

For instance, with shelter services sometimes being a long distance away, options for support outside of the typical 9:00 am to 5:00 pm workday are scarce. This finding is consistent with research conducted by Forsdick-Martz and Sarauer (2000), who found that the nearest shelter for women living in rural communities who were seeking refuge was often 100 kilometers away, which created additional barriers in terms of procuring transportation to a shelter. As rural shelters face unique challenges due to geographic location, of great importance is that distance to the nearest shelter, availability of shelter support, and transportation options be taken into consideration when comparing the provision of shelter services within rural areas to urban centres. Adding to this, Burnett et al. (2016) suggest that because rural shelter services are providing support within a unique context, one that is fraught with many challenges, there is a significant need for these services to be funded accordingly and differently than urban shelter services. This will be vital to take into consideration moving forward.

There was an overarching concern voiced within the present research that service providers were limited in the capacity of what they could offer survivors of IPV. For instance, limited research to date has focused on the mental health needs of rural women in relation to IPV. Of the studies to date, there appears to be the understanding that resources and services are limited, which creates further barriers to accessing much need services (Merchant & Whiting, 2015; Faller et al., 2018). As women survivors of IPV are more likely to report mental health symptoms for various diagnoses, such as depression, anxiety, and PTSD, as well as difficulty with daily life functioning (e.g.,

Black, 2011; Bonomi et al., 2006; Ludermir et al., 2008), when considering the additional experiences that women may face in relation to living in rural communities, mental health support is imperative. In general, the CMHA (2009) indicates that the absence of employment, affordable housing, and middle or high socioeconomic status all contribute to the reduced accessibility of mental health services in rural communities, which are all factors that were reported to be in line with the experiences of women IPV survivors. Friesen (2019), therefore, indicates that mental health services within rural communities must take into consideration the “social, economic, and cultural landscape” (p. 49) and the inequalities that rural areas experience.

For instance, Friesen (2019) details the emerging use of technology-based strategies to provide mental health support to individuals living in rural communities. This can include consultations with professionals working in rural communities as well as providing support through technological mediums, such as online interventions. As service providers working in rural communities are often tasked with providing services for various concerns (e.g., mental health, physical health, substance-use; Yun, Swindell, & Kercher, 2009), having access to consultation may improve the availability of services by ensuring that service providers are receiving support themselves. This is in line with results within the present study, as service providers voiced that women are often required to travel to urban centers to access specialized mental health support. Therefore, implementing a collaborative partnership between mental health clinicians where education and knowledge in relation to IPV is exchanged may enable service providers to more effectively support survivors of IPV in their home communities.

The idea of providing different services and playing multiple roles was also

expressed by service providers in relation to the police. Service providers voiced that police officers are often understaffed within rural areas, which creates further concern when considering the unique needs of serving individuals within rural communities. There was mention that the timeliness of response is an issue in need of improvement, which is related to understaffing as well as the unique geographical context of rural areas. The UNODC (2018) concluded within their most recent report that home is the most dangerous place for women due to the finding that the majority of women who were deemed to be homicide victims were killed by intimate partners or family members.

The present findings in combination with the finding from the UNODC (2018) are a significant cause for concern. Previous research suggests that due to the challenges women face, such as access to timely resources and services, limited transportation, and having to travel long distances to access support (e.g., Hornosty & Doherty, 2002; Krishman, Hilbert, & VanLeeuwen, 2001; Ulbrich & Stockdale, 2002; Yun, Swindell, & Kercher, 2009), an IPV incident may escalate before there is even a moment for women to access support and safety (Carrington et al., 2013). As police are often the first point of contact (Lambert et al., 2007), allotting enough resources to ensure that response from police is timely and support is received when needed is most imperative.

Further, the timing in which survivors of IPV contact police is often impacted by their perception of police services and their past experiences. Service providers noted that women may be distrustful of the police or express hesitation at contacting the police due to insensitive responses or fear of next steps, which parallels findings from previous research on this topic within rural communities (Benson, 2009). In line with this, focusing on mending the relationship between survivors of IPV and members of the

police will be an important step moving forward, as this relationship has been suggested to be strained for quite some time (Benson, 2009; Ragusa, 2012). Mending this relationship will allow women to experience a sense of empowerment and freedom when first contacting the police, instead of feeling disempowered due to the power-differential often experienced between police and women survivors of IPV (Ragusa, 2012).

The current results further suggest that the court and justice system within Canada is in need of improvement and change. Frustration was expressed about civil orders and the limited safety that they offer women as police may not intervene when this order is in place. This may further deter women from contacting police due to feeling as though nothing will change. This adds to our understanding of the frustration and disappointment that women may experience when there may be belief that the legal options to ensure safety and the consequences for abuse are not enough to facilitate change. Focusing on making the court and justice system more effective may involve working together with law enforcement, justice, government officials, and community service providers in order to better understand the holistic experiences of women IPV survivors and where change is needed. The UNODC (2018) voices that women are in need of a comprehensive and integrated range of supports, such as those provided by the police and justice system, which is in line with the current results as well. Furthermore, as one participant noted, continuing to focus on supporting survivors through the justice system and court process, providing information on every step within the process, and being there throughout the court proceeding are all strategies to help support women.

4.10.3. Implications for working with Indigenous Peoples. Service providers detailed their experiences working with Indigenous Peoples within rural communities in

Saskatchewan. They highlighted and confirmed the devastating effects of colonization and marginalization among Indigenous Peoples. There was the acknowledgement that Indigenous women are often trying to cope with various complex struggles, such as trauma from their past and present. Racism was discussed as a further oppressing force for Indigenous Peoples, as well as the marginalization faced when choosing to live on-reserve, which has its own unique rewards as well as challenges. The overarching theme of Working with Indigenous Peoples was detailed with three subthemes, including normalization of violence and racism, limited services when living on reserve, and violence on-reserves. As noted within the results section, the overarching theme and subsequent subthemes demonstrate a strong intersection between location, ethnicity, and gender, suggesting that for Indigenous women living in rural areas, further disadvantages may be experienced when considering these unique considerations. In relation to IPV, one participant spoke about the importance of educating and empowering Indigenous survivors of IPV and providing them with information regarding experiences of abuse. This was discussed as an important support to be in place, as this could help women to make an informed decision about seeking support based on their experiences.

Participants identified that the normalization of violence can result in IPV not being taken seriously. This is consistent with past research suggesting that women who are more accepting of violence or who are encouraged due to societal norms to view IPV as normal may minimize their experiences (Dunham & Senn, 2000; Wood, 2001). For instance, findings from a qualitative study conducted by Hoffart (2016) revealed that participants who had connections on a personal or familial level to the residential school system within Canada were subjected to experiences of childhood abuse and subsequent

experiences of IPV. This speaks volumes to the devastating effects of colonization and the impact these experiences have had on intergenerational trauma, violence, and the normalization of IPV. As noted with the literature review, it has been proclaimed that there is not one Indigenous person within Canada who has not been impacted by the residential school experience (Truth and Reconciliation Commission of Canada, 2015a).

Hoffart (2016) notes that among the five Indigenous women interviewed as part of her research, all believed as though experiencing violence at the hands of their intimate partner was acceptable and common, which is consistent with the present research as well. For instance, one participant disclosed that she herself experienced IPV within a past relationship. She identified that although experiencing violence from an intimate partner does not feel good, there may be the belief that this is acceptable or “a part of life” due to witnessing violence among family members and loved ones, which ties into past research (Bandura, 1973; Brownridge et al., 2017; Kalmuss, 1996).

Additionally, Bourassa, McKay-McNabb, and Hampton (2004) explain that external power structures are significant forces that contribute to experiences of racism and sexism among disadvantaged groups. These authors note that cultural groups that have personal connections to colonization face several disadvantages, one being health, which is associated with the experiences of Indigenous Peoples. Ultimately, there are societal structures that unconsciously connect with and perpetuate structural violence.

Weaver (2009) further maintains that where women exist within their social environment, within our societal structure, continues to promote, accept, and tolerate violence. When considering the important work that service providers engage in when working with Indigenous Peoples within rural areas, having an understanding of the

normalization of violence as well as the effects of colonization cannot be understated. This may include conceptualizing and understanding violence holistically as opposed to cause and effect, which was a recommendation proposed by Cheers et al. (2006). These authors further note that the intergenerational nature of IPV, loss of inner strength, culture, respect for others, and sense of community are all experiences that impact individuals, families, and communities as a whole (Cheers et al., 2006).

Placing an emphasis on connecting with women survivors of IPV and working in collaboration with them to work towards their healing journey will provide a sense of empowerment and validation of their complex experiences, as these extend beyond experiences of IPV. Furthermore, placing an increased emphasis on the inherent effects of racism and how this can impact work with Indigenous Peoples within a service provision context is imperative. This may involve connecting with service providers within rural communities to discuss, in a safe environment, ways in which unconscious personal beliefs regarding racism and sexism may impact work with survivors of IPV.

As Connie Walker, a Cree journalist, proclaimed, individuals as a whole need to be mindful of the sensitivities Indigenous Peoples have experienced and create space for empathy and support (C. Walker, personal communication, March 12, 2019). As such, this can only occur when we have a true willingness to cultivate change and to stand alongside one another, which is strongly needed within a service provision context to combat the normalization of violence and violence occurring within Indigenous communities. Encouraging individuals to build healthy relationships and reconnect with their traditional healing practices are all noted as ways in which to promote resilience and positive coping (Burnette, 2018), which can be applied within a Canadian context.

5.0. Chapter 5: Results for Northern Communities in Saskatchewan

5.1. Participant Characteristics for Northern Communities

The present research collected information with the help of 16 service providers living and working in northern communities. Participant characteristics for the northern service providers is included in Table 3. Years in employment position ranged from five months to more than 25 years.

5.2. Overview of Themes and Subthemes

The information shared below represents the findings from the interviews conducted with service providers living and working in northern communities. Participants detailed information that was categorized into overarching themes and subthemes. The overarching themes included: The Cycle of Disadvantage, Barriers to Leaving IPV Relationships and Accessing Services, Concern about Court Structure and Police Services, Areas in need of Improvement and Change, Promising Practices in Northern Communities, and Overall Perception of Work as a Service Provider. A summary of the overarching themes and subthemes are described in Table 4.

5.3. A Cycle of Disadvantage

The service providers living and working in northern communities discussed their overarching concerns regarding disadvantages faced when living in geographically isolated communities. The disadvantages were discussed in terms of a cycle; one that continues to be present when challenging circumstances are experienced at the individual, family, community, and societal level. Participants noted that individuals living in northern communities are often faced with various circumstances that are difficult to manage, thus, reinforcing the cycle of disadvantage, which ultimately,

Table 3. Participant characteristics: Northern regions (N = 16)

Characteristic	Category	Number of People
Gender	Female	10
	Male	6
Self-Identified Background	Caucasian	5
	Indigenous	7
	Cree (<i>n</i> = 1)	
	Métis (<i>n</i> = 1)	
	African Descent	1
	Unidentified	3
Employment Sector	Shelter/Victim Advocate	3
	Police Services	7
	Victim Services	3
	Mental Health Services	-
	Addictions Services	1
	Medical Services	2
	First Nations Government	-
Years in Employment Position	0 to 5	4
	6 to 10	2
	11 to 15	4
	16 to 20	-
	21 to 25	-
	25 +	5
	Unknown	1

presents an additional challenge of coping with experiences of IPV:

“These are social issues. We’re here with the band-aids and the fire extinguishers to put the fires out, but truly, these issues are -- and I’m preaching to the choir, I’m sure – but they begin way, way, way back. I mean it’s a cyclical thing, and it’s very sad. There’s just...there’s really very little infrastructure in place. I know they have people, there’s certain services that are available, but it’s not what these people need” – Police Services (Staff Sargent), Male, Caucasian

Table 4. Summary of themes for northern communities

Overarching Theme	Higher Order Themes	Subthemes
A Cycle of Disadvantage	-	(1) Housing (2) Poverty and unemployment (3) High rates of violence (4) The normalization and intergenerational nature of IPV (5) Substance use and the suppression of emotions (6) Limited services and resources
Barriers to Leaving IPV Relationships and Accessing Services	Physical challenges	(1) Geographic isolation (2) Limited options for transportation (3) Timely response from police services (4) Shelter services
	Social challenges	(1) Services outside home community (2) Confidentiality (3) The stigmatization and silencing of IPV (4) Language and cultural barriers
	Personal challenges	(1) Concern about children (2) Limited support from family members
Concern about Court Structure and Police Services	-	(1) Hesitant to provide evidence to police (2) Fear of retaliation and revictimization (3) Legal aid (4) New approach to supporting perpetrators and survivors
Areas in need of Improvement and Change	Working with specialized populations	(1) Services and supports for two-spirit, lesbian, gay, bisexual, transgender, queer, intersex, asexual, and pansexual (2SLGBTQIAP+) individuals (2) Services for men survivors of IPV
	Providing education	(1) Education about IPV (2) Awareness of services available (3) Specialized and sensitivity training

	Addressing infrastructure and logistical limitations	(1) Mental health services (2) Empowering individuals to make their own decisions (3) Culturally affirming programming (4) Reactive instead of proactive services (5) Limited resources and funding (6) Coordinated and collaborative approach (7) Attracting and retaining service providers
Promising Practices in Northern Communities	-	(1) Culturally affirming programming (2) People motivated to make a difference
Overall Perception of Work as a Service Provider	-	(1) Disheartenment

5.3.1. Housing. The issue of housing was mentioned by six participants.

Concerns were raised regarding the affordability of housing, options available for housing, overcrowding within one home, and infrastructure to build new homes. For instance, one participant noted that there are often families living together in one home within her northern community. With housing being a main concern, women seeking refuge from IPV have limited options in terms of securing a place to live:

“Housing is a big issue. Sometimes the ladies have no choice but to go back to their community and go back into the relationship because the housing is the main issue. Like, even if they want to relocate to [northern community], [northern community] has a housing issue on its own, because we are expanding so much in population that the housing is not meeting those needs as well as it should. And same with the smaller communities, there’s only so much they have

in budgets to do with housing, so it's kind of a no-win situation. Even if they do want to leave somewhere else, finding housing and appropriate budget-wise housing is very hard, sometimes very difficult. And sometimes it's easier to move to somewhere rural like [rural town], or outside of [rural town] than it is to be in the North" – Shelter/Victim Advocate (Executive Director), Female, Unknown Background

Furthermore, one participant described the difficulty of finding housing when financial means are limited and the stress experienced due to policies in place with social assistance; therefore, leaving women in a difficult and disheartening situation:

"A lot of people, especially if they were dependent on their partner for income...social services doesn't pay very much and then there is no way to get on social assistance...like if you are not already on social assistance and you are staying in the shelter, they will not look at you until you found a place to stay. And then the apartment in [northern area]. They are more familiar now because it's been happening for a while but some apartments are just not interested in guaranteeing that an apartment will be available for somebody who can't apply for assistance, but then until they have an apartment, if you know what I mean, they aren't able to...they won't look at their application until they have place that they can stay" – Shelter/Victim Advocate (Shelter Worker), Female, Indigenous

5.3.2. Poverty and unemployment. Eleven of the 16 participants spoke about their concerns regarding poverty and unemployment, and how this contributes to the cycle of disadvantage. Due to being geographically diverse, employment opportunities in northern communities were noted as being more limited in comparison to rural or

urban areas. Participants spoke about how being employed provides individuals with not only financial security, but also a sense of positive well-being and self-worth; however, when local employment positions are hard to come by, other hardships may also ensue:

“Domestic violence stems from many things. It can stem from unemployment, lack of self-worth...right now what is happening in the North is we have workers who are being laid off from their job, which is really devastating, and nobody is addressing that. So domestic violence stems from many things...and I go back to employment, I go to self-worth because you as an individual can choose to make a change, you can choose to be more loving to your family, you can choose to be more understanding. But also sometimes...things spiral out of control. People are losing their jobs and people are being laid off. We are wondering what is happening that we don't know about” – Addiction Services (Detox Attendant), Female, Indigenous

A second participant spoke about the struggles that many women survivors of IPV face living in northern communities. She spoke about the struggles with meeting their basic needs due to limited finances, which may act as a barrier to leaving an abusive situation:

“We have a high poverty rate in the North here, in my area. It's not unusual to hear the moms say, ‘You know, I don't have any food; I'm running out of Pampers. I don't have any money, and I have no place to go.’ If the women's shelter doesn't take them in, that's one of the main reasons why they go back to their situation...women don't have any money to move or get out of the home. If you are a woman that wants to get out of the house, she has to have a good-paying job, you know be able to pay like 1200 dollars a month for rent” – Victim

Services (Resource Officer), Female, Indigenous

Participants further mentioned that economic development, creation of employment opportunities, and specialized job training are strongly needed in northern communities. There was mention of having job training available right in northern regions, which would improve access to these opportunities. One participant noted that:

“I think a healthy community is a more productive community, it’s a safer community. Lower unemployment and economic development would be a huge factor in any community” – Police Services (Staff Sargent), Male, Caucasian

Placing a greater emphasis on tackling poverty and employment concerns was overall discussed as one way to encourage societal change, and with that, create more positive and non-violent communities in northern Saskatchewan.

5.3.3. High rates of violence. Details about high rates of violence, including homicides, suicides, domestic violence, and assaults, were detailed by six of the 16 participants. Participants detailed the vicarious trauma that many service providers may experience, as well as the trauma that community members experience when violence takes place within their home community. A story emerged about the severity of violence that occurs, with one participant noting that:

“If some of the assaults and some of the types of assaults we have here on a regular basis happened in a similar sized community in the South, people would be shocked. They would be absolutely appalled and shocked if ONE of those happened in a year, and we’ll get four or five hundred of those here” – Police Services (Staff Sargent), Male, Caucasian

One participant detailed the significant problems her community faces in relation

to violence. She spoke about domestic violence as well as other violence. The tone of her voice illustrated a significant level of disheartenment when discussing what her community experiences on a day-to-day basis in combination with limited supports and services in place to support the devastating incidents that occur:

“I deal with it everyday, constantly looking for a solution for what to provide, right now there is so many suicides, death, murders, drownings. So we constantly try to deal, diffuse, and give them debriefing and support. It is hard to explain because we just had on the 10th suicide again because nobody wanted to listen to this boy. He tried to speak up, no body listened and then the same day we had a murder and just before that we had a suicide not too far from here, a couple of days before that” – Victim Services (Supervisor), Female, Unknown Background

The quotation above illustrates the devastating reality that some northern communities may experience, with the acknowledgement that IPV is unfortunately only one piece of the story. The level of concern noted by this service provider suggests a bigger societal concern, one that impacts well-being, quality of life, and the ability to cope.

5.3.4. The normalization and intergenerational nature of IPV. Fifteen of the 16 participants spoke about the normalization and intergenerational nature of violence within northern communities, and with this, commented on the apparent acceptance of IPV. Participants described experiences of colonization, oppression, marginalization, intergenerational violence, abuse, and trauma, and the cycle of disadvantage as impacting the normalization of violence. One participant spoke about the severity of IPV within northern communities and the revolving nature of violence among partners:

“Violence in relationships, it’s almost, it’s acceptable. Here we get a spousal assault complaint, in some communities, it’s serious, it’s a high-risk call. It could be firearms involved; emotions are different here. In the northern communities I’ve been in, it’s normal, it’s just like going to a broken window, because we’ve probably been at that house 8 or 9 times, it seems” – Police Services (Staff Sargent), Male, Caucasian

A second participant indicated that for women who have endured violence, either in their childhood or consistently in their relationship, identifying what they are experiencing may take some time:

“I think it is still; nothing has changed. I think it becomes normal for the women if they go through it too long...it takes a while for them to understand what’s happening to them. I guess when it becomes normal, like, if they’re going through abuse, it finally becomes normal” – Shelter/Victim Advocate (Executive Director), Female, Indigenous

Furthermore, the service providers corroborated how the intergenerational nature of violence may impact the normalization of violence and IPV. One participant described that when thinking about the continuum of abuse, if one individual experienced abuse as a child, the actions of violence may be brought with them into adulthood and seep into their parenting and relationship. She illustrated how residential school experiences may have impacted the current trajectory of violence and IPV:

“We have to better learn to indicate it and we have to also learn to be non-judgmental about it. Because if a child is kicked around and beaten, it might not be because they are bad boy or a bad girl, it might be they're victims of abuse.

And the thing is, if a mother or parent have been raised with abuse, and they are abusive, it usually goes onto the family...they don't think twice about slapping your kid. I don't like having to go back to the residential schools, but it is true. Because from there stemmed abuse, some of them became abusers, some of them learned that with care and attention, you could be abused, so they learned a way of showing care and attention is being abused...or being controlled, being mentally abused" – Addiction Services (Detox Attendant), Female, Indigenous

"I feel that growing up most of these women witnessed their parents or their moms being abused, right? So witnessing that, it almost becomes a part of you. So once they're around that age, being abused it's like, it's okay. Maybe that's also a factor, because of the community that you live. Maybe it plays a role, but it's not a bigger role" – Medical Services (Registered Nurse), Female, African Descent

One participant described her experiences of growing up and having domestic violence within her household. She spoke about the difficulty coping with her mother being abused by her father, while acknowledging that as a child, she did not know what to do. She also noted that her siblings had great feelings of anger towards their father:

"You know, ever since when I was small, I saw abuse happening. Ever since I can remember, I've seen people, women getting beaten, and there was no place for them to go. I think that, just what happened in my experience, when I was growing up, I saw my dad beating my mom. I didn't want it to happen, but...you know when I used to hear my brother saying, like, 'When I grow up, I'm going to

beat up on dad for doing that.’ But they didn’t do that, they didn’t beat him up when they grew up. Some of them [became like him], yeah. But when I was 19, my dad was still doing that. And then one day he was going to try and beat up my mom, and I stepped between them. So he backed down, and he never tried it again” – Shelter/Victim Advocate (Executive Director), Female, Indigenous

The above quotation illustrates a powerful story told by a service provider. She acknowledged that stepping in was what she needed to do to take matters into her own hands. Her story shows great strength and courage; however, of importance to acknowledge is children are considered very vulnerable in households where IPV is occurring. For instance, research conducted by Edleson et al. (2003) found that of 110 children in the United States, 25% become physically involved in ongoing violence transpiring between two parents.

The notion that violence and IPV is normalized and attributed to intergenerational violence further underscores the significant need for resources and services in place to break the intergenerational cycle of violence and IPV. While speaking about the normalization and intergenerational nature of IPV, participants noted that supporting Indigenous communities to learn more about their traditional and cultural roots was important to promote strength and resilience. The subtheme of culturally affirming programming is discussed below as a strongly warranted practice, and in addition, the importance of supporting parents and the community to promote change:

“It’s a tough one, and our last, you know, dealing with our community safety meetings, and kind of the conclusion we came to as a committee was that it has to

start in the homes, it comes down to almost parenting. You know, it comes down to, like we can only do so much as policing, so it's almost like starting young, when the kids are young to break that generational gap, to break that learned behaviour. And when it came down to it, it came down to parenting skills, it has to start in the home" – Police Services (Staff Sargent), Male, Caucasian

"But then we want to get into educating our people on parenting, on the violence and everything. But in the meantime, we want to bring them together. It's just like the old ways where everything was done together, with the whole community" – Victim Services (Coordinator), Female, Indigenous

5.3.5. Substance use and the suppression of emotions. Substance use was described as a contributing factor in the occurrence of IPV by 13 of the 16 participants. Substance use was also discussed as contributing to high rates of crime and violence, which further connects to the cycle of disadvantage and concerning circumstances that individuals living in northern communities may endure. Moreover, participants described that substance use may be related to poor quality of life and well-being, as well as fuel the normalization of IPV:

"Challenges are pretty much the drugs, the alcohol...there is no uniqueness to it, it is just a matter of where they are at now for themselves mentally and emotionally and the domestic will come out because...how can I put it, it's almost like it's taught and learned behaviour from their past. It was okay when my parents spanked me or did this and that, and then it becomes more intense by the alcohol and drugs, so it is okay to go and beat around on your woman" – Victim

Services (Supervisor), Female, Unknown Background

One participant described the cycle of disadvantage and also highlighted how various factors are interconnected, including substance use:

“They’re so hopelessly addicted to, particularly here, alcohol. But in [other northern areas] where I was before, there’s a lot of crack cocaine, there’s a lot of drugs there, a high addiction rate. Really, all that’s here – the employment rate is very low, so they rely on the various forms of government cheques that come in. And when those come in...it’s cycled right back into the liquor stores and that’s the sad reality of it. And I again, just jotting some thoughts down, said that these are the social issues, that really need to be addressed. As long as the majority of the residents live in poverty and are alcohol and drug dependent, they’ll not be able to break the cycle of abuse and violence. Both as the victim and the offender. The offenders, again that’s behaviour they’ve known their entire lives, they were victims of it, and...I mean, I’ve been a policeman for [25+] years, but I’m not a psychologist or a counselor...we tend to wear those different hats at different times, with no training in it. But the issues that we deal with when it comes to violence, the highest majority that I can think of are directly related to drugs and alcohol abuse and dependency, I would say” – Police Services (Staff Sargent), Male, Caucasian

Furthermore, three participants acknowledged that perpetrators of IPV may be engaging in substance use as a way to cope with and suppress their emotions. The notion that perpetrators of IPV living in northern communities may have been subjected to various injustices, violence, and abuse within their childhood and into their adulthood

was an emerging concern expressed:

“A lot of times, our clients tend to choose [mental health as well as addiction services] because a lot of them realize that the reason why they have an addiction is because they are self-medicating due to mental health issues. And some of that is domestic violence...that their anger has spiraled out of control. Some people have been very, very, very hurt but they do not show it in any way” – Addiction Services (Detox Attendant), Female, Indigenous

The quotations above illustrate the notion that substance use could be considered as a chronic condition in need of support. While substance use may be a surface level concern, and one that holds significant consequences, there are deep rooted concerns and causes that contribute to the use of substances. The latter further highlights the need for resources and services to support individuals through their personal healing journey.

“In my community, when there’s issues happening within the community, like within their family, and some of our men are quiet, they’re very quiet. They bottle everything up, they don’t bring it out until they’re drinking. That’s when the violence comes out, their anger comes out, and that’s when they’ll attack their partners” – Victim Services (Coordinator), Female, Indigenous

5.3.6. Limited services and resources. The notion of limited services and resources being available in northern communities was described as an additional challenge; one that fuels the cycle of disadvantage for many individuals living in northern communities. One participant noted that while awareness of IPV is slowly growing, there are unfortunately not enough supports in place to help individuals in need. A second participant, who currently worked within a rural community but had

experience working in northern communities, provided a reflective statement in relation to the limited services and resources available for survivors and perpetrators of IPV:

“Just a general lack of resources in the entire north. They are so strapped for everything, like there is almost no programming in the whole northeast for any of the abusers who want to change their life. So that is really hard. For people in those northern communities that are struggling with more mental health issues than we can deal with. There is no psychologist here. They have to travel an hour and half to three hours at least to be able to access a psychologist. I think that those are the big ones” – Shelter/Victim Advocate (Counsellor), Female, Caucasian (quotation provided by a participant working in a rural community)

While this participant touches on numerous concerns outlined in other portions of the results section, her quotation highlights the reality that many individuals living in northern communities experience on a daily basis. Participants overall indicated that services and resources are needed to promote positive change within their home community and to ensure that the basic needs of individuals are being met, such as homeless shelters to ensure that individuals are provided with a safe place to stay.

5.4. Barriers to Leaving IPV Relationships and Accessing Services

Throughout the interviews, participants identified various barriers to leaving abusive relationships for survivors of IPV. Participants opened up about their experiences and provided further insight into their work with women survivors of IPV. The challenges described further illustrate the complexity of experiencing IPV and the barriers to accessing support for many women living in northern communities. Of the barriers that were mentioned within the overarching context of leaving IPV relationships

and accessing services, there appeared to be three higher-order themes that allow for a more in-depth understanding of the pertinent subthemes. The three higher-order themes and the respective subthemes are as follows: (1) Physical challenges, including geographic isolation, limited options for transportation, timely response from police services, and shelter services, (2) Social challenges, including services outside home community, confidentiality, the stigmatization and silencing of IPV, and language and cultural barriers, and (3) Personal challenges, including concern about children and limited support from family members. The various challenges mentioned are discussed in further detail below.

5.4.1. Physical challenges. The four subthemes within the higher-order theme of physical challenges represent the true complexity of what women living in northern communities face. The physical challenges experienced when living in northern communities and seeking refuge from IPV represent unique concerns that women survivors of IPV experience, and due to this, further struggles may occur when going through the decision making process. Below is a further exploration of the four subthemes that impact leaving abusive relationships and accessing services for women living in northern communities in Saskatchewan.

5.4.1.1. Geographic isolation. Geographic isolation was described as a significant barrier for women survivors of IPV in terms of accessing resources and services, as well as seeking refuge. Seven participants described that women may feel hopeless in the sense that the options available to them are scarce due to living in a northern community:

“I think one of the biggest challenges in northern Saskatchewan is lack of

resources because of the isolation and the distance” – Addiction Services (Detox Attendant), Female, Indigenous

“Well, I’ve mentioned [two northern communities] just because they are so isolated. I feel for them because those women, I’m sure that that’s a lot of times why things go unreported because really where would they go and what would they do? You know, so the guy gets picked up and then he comes to [northern community] for court, and then he’s back up a block away. What good did that do? You know she can’t pick up her kids and come to the women’s shelter in [northern community]. Can’t take kids out of school...it’s just such a...you know, what would they do? I just think...I feel really bad” – Police Services (Constable), Female, Unknown Background

An acknowledgement was further made about the difficulties that women living in fly-in northern communities may face, especially when they must fly to another northern community to access support, which adds another layer of complexity:

“We’re unique here. Everything we have to do would have to be flown out of here, so if you did have a place say, in [another northern community], you’d have to fly them out” – Police Services (Sargent), Male, Caucasian

Overall, participants described that when making the decision of whether or not to seek refuge, geographic isolation may be a significant barrier. Geographic isolation was associated with other barriers, as an addition to the cumulation of concerns that may prevent women survivors of IPV from seeking a safer location and environment.

5.4.1.2. Limited options for transportation. One barrier to leaving abusive

relationships within northern communities is the challenges encountered with transportation. Participants spoke about the increasing difficulty of transporting women to other communities now that the Saskatchewan Transportation Company is no longer operating due to permanent closure:

“We’ve had ladies that have wanted to transfer to shelters down south but they haven’t been able to...even though there was a spot for them at the shelter, but because they don’t have money to pay somebody to give them a ride there. The only people [the cancellation of bus services] doesn’t affect are people who have their own vehicles...there is a lot of people posting things on Facebook saying ‘is anybody going? I don’t have any money. I’m sorry but I really need a ride.’ Ya, that’s a big barrier. I just want to stress lack of transportation out of here, so isolated” – Shelter/Victim Advocate (Shelter Worker), Female, Indigenous

Participants spoke about the difficulty attending appointments, accessing much needed services, seeking refuge, and maintaining safety as challenging to accomplish when considering the transportation barriers in northern communities. For instance, one participant noted that travelling from one community to another can be very time-consuming for some individuals depending on their home community, which impacts the likelihood that services will be accessed. She further noted that there are travel funds available for certain programming; however, due to transportation costs being high, the method of transportation as well as the cost create additional challenges:

“It’s just the constant barrier is the travel from you know, with small communities and with small bands, and with small health budgets, the travelling to somewhere like [northern community], with a plane ticket over \$200 just one

way with a woman and her kids, that's kind of a big expense. And then setting that up and trying to get them out of the community because they're in danger, the barrier is the travel" – Shelter/Victim Advocate (Executive Director), Female, Unknown Background

Two participants noted that for women who are forced to travel via airplane, a large amount of planning is required in a short amount of time, which can quickly become overwhelming and stressful for survivors of IPV in the midst of other concerns.

5.4.1.3. Timely response from police services. Two participants noted that a significant barrier to meeting the needs of survivors of IPV is the lack of timely response from police services. These participants attributed the lag in response time to geographic location, in that for some communities, members of the police are tasked with travelling several hours to respond to a call. The lack of timely response was described as a challenge and one that could impact community members trust in police services and likelihood of contacting the police, thereby creating an additional layer of concern if individuals decide not to contact the police in times of heightened violence and danger:

"Like I think of places like [northern area]. It's not a fly-in community but it's about an hour from [northern community]. There is no police service there and [northern area] as well, which is about half an hour out of here, but its maned by [another northern community's] RCMP, but those two communities, they say that they don't even bother phoning the police because usually by the time they get a call back, the RCMP...they don't come there because it's such a long way. They'll call back to find out what's going on and by then it's either over or sometimes they won't hear anything till the next day. But yes, there is a real

issue there and we've brought up talked about it quite a few times" –

Shelter/Victim Advocate (Shelter Worker), Female, Indigenous

5.4.1.4. Shelter services. One service that was discussed as being in need of improvement was shelter services. The notion that shelter services in northern communities are few and far between was noted by 11 of the 16 participants. Participants highlighted the importance of shelters for various reasons, such as to provide safety, support, programming, and shelter for women and their children. Concern was expressed that because shelters are few and far between and are only operating in certain areas, there are barriers to accessing these much needed shelters and supports:

"Well a lot of times, you know, because I've been with human services for so long working with the clients, I guess I would say having a safe home nearby in some of the communities. Like we have, I don't know, we have like say about eight communities that are kind of joined together, but in order to take a woman out and their children out, you have to phone [nearby northern and rural areas], and they're overbooked. So I guess I would say, somewhere in Saskatchewan, like within the northern communities, Indigenous communities, we need one of those shelters" – Victim Services (Coordinator), Female, Indigenous

One participant spoke about her work within a hospital setting. She noted that because the nearest shelters are between 10 and 15 hours away, women may feel as though their options for safety are minimal to none. She described seeing one woman who had been badly injured and had a large laceration on her forehead:

"She was sent to the hospital and after she was discharged she was back home.

Because I feel like it's seen as the norm, there's no talk of sending that patient or

the woman to a shelter [10 to 15 hours away], so I'm not quite sure who they work with from this end in terms of moving them and placing them in a safe environment" – Medical Services (Registered Nurse), Female, African American

A second participant spoke about the limited options for shelter services and safe places to seek refuge within certain northern communities. He noted that because there are limited options for immediate supports to improve safety, women may be put in situations where they can come in easy contact with the perpetrator of IPV. A third participant corroborated this thought when discussing her work with survivors of IPV:

"I would definitely suggest some sort of a safe house or a safe place for them to go to because, especially in rural or northern places, you don't have the facilities that are close at hand so, I mean, you could be hours and hours away and, you know, they just feel, they feel trapped so either they're staying in the house and you're removing the offender, but then the offender can come back at any time, so then the victim's scared, or you remove the victim but, then again, she or he can be re-victimized by them having to leave their own house" – Police Services (Constable), Female, Unknown Background

Furthermore, participants also mentioned that women may be hesitant to access shelter services for certain reasons. When a woman is forced to leave her home and access shelter services, there are various changes that can occur. Two participants described situations where women have been hesitant to leave their home and access shelter services due to not wanting to leave their home or abide by certain shelter rules. The idea that their independence may be jeopardized was mentioned:

"I find that it can be difficult to get women into the shelter that we do have in

[northern community]. I find that they have too many, they have a lot of rules, yeah. I was just told today, or was it yesterday, I can't remember, it was this past week anyway, they said they didn't want to go there...probably the rules, all of the rules. You know, you can't leave at certain times, you have to tell people where you're going, and you need a pass to leave kind of thing. The doors are locked 24/7, which I can understand that" – Victim Services (Resource Officer), Female, Indigenous

The words of the participant above illustrates the necessary precautions and guidelines that may be put in place to protect women survivors of IPV, their children, and staff members; however, when women are forced to leave their homes to seek safer conditions, the cumulation of changes that take place in a short period of time may be difficult to process. One participant described that because northern communities are small and confidentiality is a concern, safety precautions are of the utmost importance as it is likely that individuals within the community know the location of the shelter.

Participants further noted that women may be hesitant to access shelter services due to the prospect of being separated from their family and their current living circumstances:

"If they do wish to go to a shelter of some sort, they have to come down to [northern community], and I mean, then they're displaced from their extended family. They have to pick up the children and basically live out of their suitcase while the offender gets to stay in that community" – Police Services (Constable), Female, Unknown Background

Overall, six participants described their experience working with survivors of IPV who

demonstrated hesitation to access shelter services. Leaving their home, enduring significant changes, being concerned about confidentiality, and being separated from their family were described as four major reasons as to why women may be hesitant, further illustrating the complexity of the decision-making process and additional barriers to seeking refuge from experiences of IPV.

5.4.2. Social challenges. The four subthemes within the higher-order theme of social challenges represent the social considerations and concerns that may be considered with deciding to, or when going through the process of, leaving an IPV relationship and accessing services. The subthemes represent the social considerations that may impact the decision to leaving an IPV relationship in order to seek further safety. Social challenges within this context refer to concerns that are not only individually based, but community based as well.

5.4.2.1. Services outside home community. Seven participants described that a significant barrier for women survivors of IPV is the limited services available within their home community. The notion that women would need to leave their home community to seek safety and refuge was highlighted as a factor that may impact the decision-making process for many survivors of IPV. While the location of shelter services were noted as a key reason as to why women survivors of IPV may need to leave their home community, accessing services in general and promoting safety for themselves and their children was ultimately discussed as a main reason to leave their home community. The devastation of leaving their home community, life, and family was highlighted:

“It’s hard because this is where they’re from and they’ve spent their entire life

living here. This is what they know, so to remove them and place them somewhere, they're leaving their families and that's hard for them" – Medical Services (Registered Nurse), Female, African American

Participants described that women often report feelings of loneliness after being moved to another community; loneliness for their family, friends, community, and the North. One participant alluded to the idea that women may experience culture shock after moving to another community. Having limited options within their home communities and being forced to move in order to access services and resources was ultimately described as a significant barrier for women, and one that may facilitate the continuation of the cycle of IPV.

5.4.2.2. Confidentiality. Confidentiality was described as a unique concern within geographically diverse communities. Participants spoke about the concern of confidentiality in varying contexts, illustrating the complexities associated with living and working in a northern community. Of the six participants who spoke about confidentiality concerns, there was mention of everyone knowing everyone, which complicates the issue of privacy, seeking refuge to become safer, which is difficult in small towns, and being hesitant to access services due to limited trust in the service provider or being related to the individual providing services. For instance, one participant described the limited confidentiality and privacy in northern areas and how this may impact the safety of survivors seeking refuge from IPV:

“Everybody knows where you are when you leave. So, they don't keep things to themselves. If somebody leaves, especially an outsider, if they go to somebody's house and stay there to get away from abuse, everybody's going to know where

she's at" – Shelter/Victim Services (Executive Director), Female, Indigenous

A second participant also noted that for women who are travelling by plane, individuals within the community are often knowledgeable about who leaves on the plane and who comes back on the plane, which again, raises concerns about confidentiality for survivors of IPV. Furthermore, participants noted the complexities surrounding seeking support for survivors of IPV and how this may discourage women from accessing services:

"Oftentimes they're related to some of the people, or their partner might be related to some of the people who might be able to help. I think that it might intimidate some of the women" – Medical Services (Health Nurse), Female, Indigenous

5.4.2.3. The stigmatization and silencing of IPV. The notion that IPV is often hidden in northern communities was highlighted by seven of the 16 participants. A story emerged about IPV being taboo to talk about and an experience that is often hidden behind closed doors. One participant acknowledged that women may experience shame, embarrassment, or self-blame, which fuels the cycle of stigmatization and silencing:

"A call comes in of domestic abuse. The lady has to, for her safety reasons, leave her residence if the male isn't arrested at the time – usually they are – let's see [northern community] is an hour away from here, they usually want to get out of the community because their partner's family also is blaming them for what happened. So there's others that blame them for the male having to go to jail and appear in court and all those things. There's a lot of that I've noticed. So you know, there's probably some self-blame there, saying to themselves, 'It wasn't that bad, I shouldn't have called the cops. This wouldn't have happened if I

didn't call the cops.' You know, the basic, the usual. Because people just don't like to talk about it, right? It's one of those things that people hide. Looks good on the outside, but on the inside it's horrible. It's what they grew up with. It's what they've seen often with friends, with family. I think there's still kind of a taboo thing to talk about it. People will stick up for a female if there is somebody else around, but it usually happens behind closed doors" – Victim Services (Resource Officer), Female, Indigenous

A second participant described the internal turmoil that survivors of IPV may experience when trying to decide what their next course of action will be:

"They won't talk about it. They just won't because there's shame, you know? Fear. And I know, like everybody knows there's a lot of violence within the family unit, intimate, part of that. Violence is a big part in our communities, not only in my community, it's all over. People will not address the violence because like I had said, there's shame, there's guilt, there's fear, and there's not enough confidence. There's no self-esteem, so there's a lot of things" – Victim Services (Coordinator), Female, Indigenous

The feelings of shame, guilt, and fear create an additional barrier for women survivors of IPV; one that acts as a silencing mechanism for many women in northern communities.

A third participant acknowledged that women may fear being criticized by members of their family, their community, or service providers. She further illustrated that for some women, leaving their partner may go against their religious or spiritual beliefs, which may further impact their ability to express their feelings and discuss their experiences. Participants described various factors that may contribute to the

stigmatization and silencing of IPV, noting that these significant concerns and challenges may impact whether or not women come forward with their experiences of IPV.

5.4.2.4. Language and cultural barriers. Language diversity, particularly using Indigenous languages such as Cree and Dene, is thought to be more common in northern communities due to the large Indigenous population within Saskatchewan. There was mention that for individuals wanting to reconnect with their culture, or for those who learned their native language early on, there may be communication barriers due to Cree and Dene not being widely spoken among individuals offering services. One participant mentioned that in addition to language barriers, there are cultural differences within different northern communities based on their Indigenous ancestry. She described that when a woman from one northern community is forced to travel to another northern community to feel safer, language and cultural barriers may be experienced:

“We get people from all over the North in our shelter because we are the closest shelter. So when we get some of the people from the fly-in communities up north, it’s a whole different culture for them. A lot of times the food is different, there is language barriers...so yes language, culture, and then I guess because it’s like taking someone who’s lived in [northern community] to the city...like when we were evacuated, for them, because it’s so much smaller, there is probably maybe a few hundred people, where here there is several thousand, so it’s not as bad as having to go to the city but it is still different for them” –

Shelter/Victim Advocate (Shelter Worker), Female, Indigenous

5.4.3. Personal challenges. The two subthemes within the higher-order theme of personal challenges represent the challenges that women survivors of IPV may

experience at an individual-level. The two subthemes included below illustrate the connection between individual and family, and how familial-level concerns and considerations can impact the decision-making process for survivors of IPV.

5.4.3.1. Concern about children. Having children was mentioned as a potential concern when making the decision of whether or not to leave situations of IPV.

Participants described the difficult decision that women may have to make, as well as the additional factors that need to be taken into consideration when thinking about the welfare of herself and her children. One participant provided a realistic scenario for women and their children:

“There are less barriers for women who don’t have children to relocate and even leave the community. Relocating within the community is difficult but relocating outside of the community is almost near impossible for people with children” – Shelter/Victim Advocate (Shelter Services), Female, Indigenous

Moreover, the service provider provided additional information about a transportation initiative available in northern Saskatchewan. She described a benefit of this program for women who are forced to travel outside of their home community to access support, which may come at the expense of leaving their children behind:

“Sometimes the shelter structure or living is not good for [women seeking refuge]...like they really want to be home with their family or they were missing their children, because they can’t always take all their kids either depending on our space or their ages. We only take boys up to 15, so if they had a 16-year-old son, he wouldn’t be able to come” – Shelter/Victim Advocate (Shelter Services), Female, Indigenous

Furthermore, a second participant noted that in her experience of working with women fleeing domestic violence, the perpetrator of violence is often the main support for the survivor; one who provides financial support and support raising their children. She noted that this combination becomes difficult in relation to court proceedings:

“If it’s a serious domestic offence, the offender will be held for court, appear in court and usually, most of the time, be released in an undertaking with a no-contact clause. Now this also causes a problem because the woman, most of the time, has young children and their main supporter is their spouse. So I’ve seen a lot of these files go to court, no contact, a week later the ladies want the no-contact removed, to have their spouses be able to come home and help them with the kids. It’s too hard on them” – Victim Services (Resource Officer), Female, Indigenous

5.4.3.2. Limited support from family members. Six participants described the challenges that women survivors of IPV may face in relation to limited support from family members. The service providers noted that when women are faced with limited services and resources in addition to limited support from family members, they are faced with a difficult decision to make; one that may seem like a losing battle:

“They can go to their parents, the family. And it really breaks my heart when sometimes the families, like the young mothers, especially the young mothers with 2 children, they have to go to their families, immediate family, and sometimes the immediate family tells them, ‘Well, go back home.’ Well, it’s not safe to go back home. If they just report it, then the RCMP will escort the male person out” – Victim Services (Coordinator), Female, Indigenous

A second participant illustrated that due to the limited resources and services available, women survivors of IPV may be pressured from their family members to return home for obligational reasons. He noted that in his experience as a Staff Sergeant (Police Services, Male, Caucasian), the lack of safe shelters in northern communities may intensify the challenges women face when deciding whether or not to leave abusive relationships. Having limited options in combination with limited support from family members may lead women to believe that their options for safety are also very limited.

A third participant described that due to northern communities being small, confidentiality and privacy are significant concerns; therefore, women may be worried about the potential consequences of seeking refuge and reactions from family members:

“Plus being in small communities everybody is related and then you’re the one that is going to be black mailed all of the time, so they feel that they have to go through it” – Victim Services (Supervisor), Female, Unknown Background

5.5. Concern about Court Structure and Police Services

Service providers representing police services and victim services were vocal about their concerns with the current practices taking place in regard to police intervention and court proceedings. Participants noted that while policies may appear effective on paper, often times, translation to a real-world setting may be lacking:

“Aside from addressing the social issues, which are truly the core of the problem, offenders must get a clear message that abusive behaviour will not be tolerated; sentences mandatory, programs must reflect the seriousness of the offence. What we’re seeing in the courts sometimes is really not much going on as far as if it’s a penalty, or rehabilitative sentence, or whatever. They’re fairly ineffective, I

think” – Police Services (Staff Sergeant), Male, Caucasian

The quote above illustrates an important notion to consider; one that goes below the surface to consider the foundational causes of violence and abuse. The concern regarding social issues is one that is extremely relevant to the present research. Three participants described that when a survivor of IPV does not show up for court to provide a statement, or if the perpetrator ends up not being charged, important programming for both the perpetrator and survivor is less likely to be offered or discussed:

“So what we find is everything’s getting missed, right [when a perpetrator is not charged]? Like, if we had that offender admitting to the facts and getting him some treatment, because we see these people over and over again...that would help the cycle, right? And just everyone taking a different look at it. And providing the safety to those victims, because like I said, when they go to court the very first time, we know what has happened, and they’re going to court saying, ‘Well, I want contact with them’...well, we know that by the time the trial comes three months later, they’re not going to show up, or they’re going to recant. You know, so, what have we done to make sure that victim’s safe?

Nothing” – Police Services (Constable), Female, Unknown Background

Participants further explained that while community sentence orders are considered to be an effective strategy, there are times when geographical location can complicate the effectiveness. For instance, one participant described that in small towns, perpetrators of violence are often released in close proximity to survivors of IPV, which may put their safety in jeopardy. In addition, a second participant described that community sentence orders may place survivors of IPV, families, and the overall

community at risk. While there was the acknowledgement that community sentence orders may be effective, there was concern expressed about the safety of the community and how the translation of these orders may differ in northern communities as opposed to urban centres. Furthermore, a second participant also noted her concern:

“And it’s usually the male that gets the house, that ends up staying at home, which I don’t agree with. But, yeah. When they’re in that domestic situation, she needs to get out of the house with the kids – why can’t the male get out of the house?” – Victim Services (Resource Officer), Female, Indigenous

5.5.1. Hesitant to provide evidence to police. Nine of the 16 participants living and working in northern communities noted that there is a significant gap in meeting the needs of survivors of IPV when the time comes to provide evidence to police and court services. The service providers noted that once a call is made to police services, survivors of IPV are often hesitant to provide a statement to the police or to testify in court. Participants noted that having minimal evidence from survivors of IPV complicates the intervention process and proceeding with court, as a charge is tough to lay with minimal to no evidence. There was mention of possible reasons as to why survivors of IPV may be hesitant to provide information to the police, such as distrust of the system, fearing others within the community will find out, sorting out their concerns privately with their partner and family members, relying on their partner for financial security, losing interest or patience with the court system, and deciding to not move forward with providing evidence after the initial heightened incident is defused:

“I think they are just stuck in the cycle and they depend upon their spouse, or their loved one. So, I think its a lot of that. Cause, you know, the examples that I

have off hand, a lot of the spouses that are victims...at the time, at the heat of the moment, they want to report them to the police. They will give us a statement...ah, and alcohol is usually involved. Then, afterwards, we have a lot of files where the women, or the victims, whether it is the men or women, but mostly women, they change their mind in the morning. Even in court, the crown prosecutor is getting phone calls saying, 'I don't want this to go ahead anymore.' They have their good times and then it comes around again to the violent times. They don't see the cycle" – Police Services (Corporal), Male, Indigenous

A second participant acknowledged that women survivors of IPV need to feel ready prior to making the decision to report to the police and provide evidence to pursue court proceedings, which is often complicated by individual and situational factors:

"Finally we had caught him, right? I mean he's finally in custody, but she gets...and you know, there's a lot of guys here...you know we have one victim who will never admit that she's been assaulted even though three witnesses saw him choking her out. We have that trial going ahead on Thursday, and will she ever testify? Not likely, because she's scared, he's part of a gang. So she fears for her life. But yet, when he's in custody, she's still contacting him. And we have nothing to...how do you break that cycle? Her family members are crying out for her, but she's not there yet. When you're not willing to admit that there's...you can't see there's a problem. And he'll probably get out, and we'll never...you know you can see the physical injuries on her, but she's just so caught up" – Police Services (Constable), Female, Unknown Background

Overall, participants noted various challenges and circumstances that may impact

women survivors of IPV and their decision to provide evidence to police. Interestingly, one participant described that within her northern community, in her opinion, there are often unspoken rules or norms regarding phoning the police. She described that individuals may learn to not “say certain things or you’re judged or viewed” a certain way. This participant (Shelter/Victim Advocate, Shelter Worker, Female, Indigenous) noted that until she moved to another community, she learned from a young age that phoning the police is not acceptable. Furthermore, a second participant mentioned an interesting narrative that may be experienced, one that touches upon difficult circumstances and feelings of hopelessness for survivors of IPV:

“I think maybe that if they do find out that we have shelters that they can go to that is close by, maybe that might change some things around a little bit. But the fact that they know that there’s not much that they can do, it almost doesn’t help or change anything if they report it if they know that at the end of the day, the husband or the spouse will just spend a couple of weeks or a couple of days in cells and he’ll return back home. So, I don’t know, maybe that could help in the future” – Medical Services (Registered Nurse), Female, African American

5.5.2. Fear of retaliation and revictimization. When discussing reasons why survivors of IPV may be hesitant to provide evidence to police services and to proceed with court, participants noted that fears of retaliation and revictimization are considered to be significant concerns. Fears of retaliation and revictimization were also discussed as main reasons women survivors’ of IPV request to have their no-contact conditions removed. The service providers described that women are often placed in a difficult decision when providing evidence to the police; a decision that can ultimately impact

their safety and security within their home community, as there is the possibility that the perpetrator will hear what evidence was submitted:

“A lot of times – I don’t know if you want examples – but a surprising case was this offender was up for bail hearings, so what did legal aid do during an adjournment? They contacted the victim. And I think that that’s so surprising for me because when a bail hearing is proceeded with, usually probation is an independent, unbiased resource...the courts are supposed to set up the bail report. They’re the ones that are supposed to call the victim and provide that bail report. But at this time, their probation wasn’t doing that, so legal aid actually called the victim, and what was she to say? If she says, ‘yes, I’m not scared of him,’ or ‘yes, I’m scared of him,’ can you imagine if he gets out that same day anyway? So she really had a no-win situation. So then, legal aid comes back to court, and says, ‘Oh, yes, she didn’t have any problem with him living down the street.’ And, well, what was she supposed to say? Ask the victim how she felt about the offender, and he’s going to hear about it, so don’t you think the abuse is going to get worse?” – Police Services (Constable), Female, Unknown Background

Fear of retaliation was further described when discussing safety of the community at-large. One participant noted that for survivors of IPV, as well as family members of the perpetrator who may be asked to testify, they may be placed in a difficult situation when asked to make a statement about whether or not the person is a danger to others:

“Victims of abuse are often afraid to provide a statement to police or testify in court, they fear retaliation. There’s been such a focus on the community sentence orders, the CSO’s, over the last 5 to 10 years, and I think in a lot of cases, that’s

almost the worst thing that they can do, because I think the thought is, ‘Well, put them back in the community, and heal, and get well there.’ The philosophy’s great, but the community, in most cases, would sooner have them not here, if you ask them, because they terrorize the community when they’re here, and sadly when the probation officers are doing up their reports for the courts to consider, a lot of the victims and their families are afraid to say, ‘We don’t want that person here.’ They’re afraid of that retaliation, so they say, ‘Oh, that’s fine, they can stay with me,’ but they really don’t want them staying with them. I’ve seen it, I’ve seen it happen. I mean, how do you...exactly, how do you address that? We know in our gut that’s happening, because we tend to get the calls afterwards when the person is in the home causing havoc. It’s not an easy solution, there’s no question, it’s difficult” – Police Services (Staff Sargent), Male, Caucasian

The participant above illustrates the notion that policies and practices may seem well thought out on paper; however, there are gaps in meeting the needs of all involved when translated into real world practice. They note that addressing the fear of retaliation within northern communities may be a difficult task, and although difficult, may be one of utmost importance to improve evidence being provided to police. A police service representative further acknowledged the likelihood of revictimization:

“Now, what usually happens is the victim will go back to the accused, thereby causing a breach, and then we can deal with it that way. Then the court process is usually a month down the road, and if they plead not guilty, could go anywhere from two to six months after that. [If the evidence is not provided by the victim], and we have had that. That’s a bad situation too because she recants or says that

she gave a false statement, then you're victimizing the victim because in most cases, you would put charges against them for public mischief, which I don't agree with, but that's not always my call" – Police Services (Sargent), Male, Caucasian

5.5.3. Legal aid. Concern about the structure of court proceedings was mentioned as a challenge when considering the current functionality of legal aid services. Two participants described that having legal representation that can appropriately represent individuals during court proceedings becomes difficult to secure due to geographic location and services being stretched very thin:

"And as far as programming, man, we struggle. We struggle. We struggle with legal aid coming up here. They come up here the day before, so they don't...we struggle with the court services" – Police Services (Staff Sargent), Male, Caucasian

5.5.4. New approach to supporting perpetrators and survivors. Participants described new approaches that should be considered in order to support perpetrators and survivors of IPV. One participant noted that there is limited support for survivors of IPV after their partner is put on a condition to attend programming, which suggests that women may fall through the cracks in terms of having knowledge of available services:

"I've seen posters, workshops, but I believe there's not enough. And I also think that these offenders that do abuse their wives or vice versa, I think that...I'm pretty sure that they do get, in court they get a condition to attend domestic violence with their probation officer. A workshop. But there's nothing for the women. You know to teach them that cycle of abuse that they're living and you

know, the honeymoon phase...they're kind of stuck in that circle" – Victim Services (Resource Officer), Female, Indigenous

A second participant described that when survivors of IPV request to have a no contact condition removed, there are minimal questions asked as to why the request is being made or whether or not the abuse within their relationship has changed. She described this as "mind-boggling," due to the idea that both individuals may need support; however, that support may not be being accessed or provided, or even offered. She further indicated that continuing to be in a relationship after experiencing IPV is the choice of the survivor, but for changes to take place, there should be further inquiry into changes that have been made, as well as supports being accessed and a demonstration of the changes being made prior to the approval of a no contact condition being lifted. This would also help to determine whether or not survivors of IPV are still deemed at risk.

A third participant indicated that due to court proceedings being open in the North, individuals from the community can sit in on the proceedings. He noted that there often appears to be a difference in terms of support for the perpetrator and survivor:

"...but when it comes to, like we really lack in the Victim Services, we really lack in the support of the victim. And often when you go to a trial, the offender will have 15 people supporting him, and the victim is by themselves. And that's been brought up in [northern community by a Judge]. And that's where we really have a shortfall" – Police Services (Staff Sargent), Male, Caucasian

Overall, participants noted that there are current procedures in place that would be beneficial to evaluate to improve effectiveness. The idea of streamlining court and police services in the North was illustrated as being an avenue to consider to ensure that

individuals are provided with necessary information to avoid falling through the cracks and feeling overwhelmed during the entire process:

“And then a lot of times custody [of children] is arranged through third party access, but who’s going to arrange that for them? And they don’t really understand that the man can’t just call them, but there’s not the consistency of contact, that sometimes is missed. And a lot of times, they just...I guess I find it surprising because a lot of these victims, they’ll get calls from Victim’s Services, they’re getting calls from the RCMP, they’re getting called by the Crown prosecutor, Crown prosecutor’s victim service workers for court prep and stuff, and then they get called by legal aid, the offender’s lawyer. And that’s just so many people...there almost has to be a team that just approaches them on the onset and offers services and talks to them. I’m sure by the time legal aid calls, they must be so confused as to who’s actually helping them” – Police Services (Constable), Female, Unknown Background

To add to the idea of streamlining services, one new approach that was described was offering domestic violence court within northern communities. Domestic Violence Court is a “therapeutic court that addresses domestic violence and offers the Domestic Violence Court Treatment Option” (Saskatchewan Law Courts, 2012) and there are currently three locations within Saskatchewan (i.e., Regina, Saskatoon, and North Battleford). Participants described that at present, all assaults are lumped together and do not take into consideration individual, cultural, and situational needs:

“The assaults just get lumped into other violent offences, and I find that the judges and the crown, and legal aid don’t take into consideration the victim’s

needs, and think it's just a simple assault. And it's not, there's so many dynamics...I definitely think a domestic violence court would be very beneficial in this area, and then the offenders from the North could come here and get some rehab and some support for them as well" – Police Services (Constable), Female, Unknown Background

As illustrated above, this service provider further noted that Domestic Violence Court and the support that is offered through this initiative would be incredibly beneficial for individuals in the North who may be in a continuous cycle of abuse:

"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? Like, let's get everybody hooked up. Why can't we do anything for children? Like, let's not think of the adults here. And so, the cycle will never be broken, if we're not preventing anything, if it's just a game of seeing if the victim will show up to court. You know if we can get them to admit facts and get them into some kind of treatment for everyone, we're way better off. I'm not saying these guys have to go to jail, these guys need help because they've just probably witnessed this the same all their life" – Police Services (Constable), Female, Unknown Background

5.6. Areas in need of Improvement and Change

Throughout their interviews, the service providers identified various services that in their opinion, should be considered as in need of improvement. Participants provided

rich information about their experiences supporting survivors of IPV and the areas in which there were challenges and struggles. The overarching theme of Areas in Need of Improvement and Change included three higher-order themes, each with a respective number of subthemes: (1) Working with specialized populations, including services and supports for 2SLGBTQIAP+ individuals and services for men survivors of IPV, (2) Providing education, including education about IPV, awareness of services available, and specialized and sensitivity training, and (3) Addressing infrastructure and logistical challenges, including mental health services, empowering individuals to make their own decisions, culturally affirming programming, reactive instead of proactive services, funding, coordinated and collaborative approach, and attracting and retaining service providers. All participants acknowledged that there were indeed areas in need of improvement and change, which the idea that these improvements may lead to improved service provision and access for survivors of IPV living in northern communities.

5.6.1. Working with specialized populations. The first higher-order theme within the context of areas in need of improvement in change included working with specialized populations. The specialized populations that were discussed among the northern service providers included 2SLGBTQIAP+ survivors of IPV as well as men survivors of IPV.

5.6.1.1. Services and supports for 2SLGBTQIAP+ survivors of IPV.

Participants spoke about their current work with members of the 2SLGBTQIAP+ community. Some participants mentioned that the representative of 2SLGBTQIAP+ was limited, while other participants acknowledged that there were members of their northern community who identified in some capacity with the 2SLGBTQIAP+ population. Of the

nine participants who spoke about 2SLGBTQIAP+ individuals, six mentioned knowledge of these individuals within their communities. One participant noted that 2SLGBTQIAP+ survivors of IPV were still underrepresented and vulnerable:

“Well, the slightest thing goes around the community, like people hear it, and in a minute, go...like they're isolated, people do point fingers and they do make fun of those individuals, so...they just isolation alone, it's huge” – Medical Services (Health Nurse), Female, African American

A second participant noted that in her work at a women's shelter, they serve all women and children who are experiencing IPV, regardless of sexual orientation:

“The ones we serve are females and children. That's what we're mandated to serve, so transgender, we really don't have very much experience with that. Lesbian, I'm not sure, we don't really ask orientation, so it's kind of, partner abuse is partner abuse, so we try to accommodate the victim as much as we can. Yeah, so it's not really a difference on what their orientation is. A victim of violence is a victim of violence” – Shelter/Victim Advocate (Executive Director), Female, Unknown Background

5.6.1.2. Services for men survivors of IPV. There is an increasing understanding that men survivors of IPV are a silent population. Research in Canada suggests that in comparison to the national average for women (483 per 100,000), men experience violence at a rate of 133 per 100,000 population (Statistics Canada, 2018). While women continue to experience IPV at higher rates, participants noted that men survivors are often overlooked in terms of what services and resources are available:

“You don't even know how many men get it on the other foot, that is never seen

eh? You don't know. I see that lots where the men fear the woman for the domestic" – Victim Services (Coordinator), Female, Unknown Background

"I think there is a need for support for men who are victims of violence, because that's not as recognized as it should be, that they're victims of violence. Even in a heterosexual relationship some of them can be victims of violence" –

Shelter/Victim Advocate (Executive Director), Female, Unknown Background

The quotations above illustrate that there is an acknowledgement about the gaps and limitations in terms of services and supports available for men survivors of IPV within northern communities in Saskatchewan.

5.6.2. Providing education. Participants discussed the importance of providing education to individuals directly or indirectly impacted by IPV, as well as working professionals directly or indirectly working with survivors of IPV. Education was discussed as the cornerstone for creating systemic change. Creating an open dialogue when discussing IPV is one avenue in which gender-based violence can be challenged. Providing education about IPV as well as about what services and resources are available within northern communities was noted as being vitally important, as discussed below.

5.6.2.1. Education about IPV. Participants described the importance of providing education about IPV to survivors of IPV, perpetrators of IPV, and community members. Education was described as beneficial for the whole family unit, as individuals may learn more about how domestic violence may not only impact themselves, but their children as well. One participant noted that for women survivors of IPV, they may struggle to know what they are experiencing due to limited awareness

about relationship violence:

“Some people don’t understand the full definition of domestic violence still.

They’ll say no there was no domestic violence, all he did was pushed me against the wall and throw something at me...but not knowing that is domestic violence or part of domestic violence” – Shelter/Victim Advocate (Shelter Worker),

Female, Indigenous

Participants further suggested that education may be a way to start conversations and discussions about IPV, while encouraging individuals to seek support if decided. The idea that individuals may be less likely to seek support when there is limited awareness of issues that are occurring within their relationship was noted:

“Um, I think education is definitely the way to go. I think with some of these people, it comes to around to that you can’t lead a horse to water. I think they have to want to change. It would be nice if maybe it was easier to have easier access to education” – Police Services (Corporal), Male, Indigenous

Furthermore, the notion that service providers may also benefit from additional training about IPV was mentioned. As there are often primary and secondary services that provide support to survivors of IPV, there are service providers who may encounter concerns about IPV less often in their place of employment. One participant spoke about a new approach to working within the field of domestic violence and also focusing on letting individuals know that IPV is a global concern – not one limited to northern areas:

“I was thinking too that it would be awesome up here, because in the South they have the domestic violence workers, right? We don’t have that up here. I cover everything from murder to domestic violence. I think that if there was a team

that just dealt with domestic violence up here and were able to go out and educate and make people aware of this problem that everybody has all over, not only the North. Because people just don't like to talk about it, right? It's one of those things that people hide. Looks good on the outside, but on the inside it's horrible" – Victim Services (Resource Officer), Female, Indigenous

When discussing the importance of providing education about IPV, five participants spoke about the importance of providing education about IPV to children and youth. Providing education to younger individuals, through community events and school programming, was discussed as being a key strategy in breaking the cycle and normalization of IPV within northern communities. One participant spoke about a creative way to engage children and youth; one that she thought would be helpful based on her experiences of working with children and families in northern communities:

"...doing a community justice forum like they do, take matters into your own hands and deal with it in a way that you know that these families will benefit, someone else wouldn't know. So, if you could have maybe the school start implementing in a drama class and talking about the wrong things about domestic violence, what it leads to, what affects it has, you know, doing skits on that, I think people would be more in tune to want to sit down and watch a play, than watch a PowerPoint. In my opinion, that would work. Get more interactive, get music that kids like, put it into a story that is going to hit more than just words when they see it re-enacted, it probably would really make them realize things more. Getting the discussion going in a different way" – Victim Services (Supervisor), Female, Unknown Background

5.6.2.2. Awareness of services available. Seven of the 16 participants mentioned the need to improve awareness of services available within northern communities in Saskatchewan. Participants mentioned that steps were being taken to offer more services to individuals in need; however, more focus was needed to inform members in the community of what is available. In addition to limited awareness about available programming within their community, one participant noted that while supports and resources are available, women seeking refuge may struggle with deciding who to call due to changes made at the organizational level:

“Oftentimes, these women don’t know who to contact or who a safe person is to get help with. That’s the problem – they don’t know who to call. It’d be nice if [programming was available] and was there all the time instead of changing or contact people changing, numbers changing. I think that it makes it difficult for these women and men” – Medical Services (Health Nurse), Female, Indigenous

5.6.2.3. Specialized and sensitivity training. Providing specialized training about IPV as well as sensitivity training was discussed by seven of the 16 participants. In terms of specialized training, participants spoke about the strong need to train individuals working with survivors of IPV. As service providers may provide support through a primary or secondary employment position, there are individuals who may not be readily trained to work with survivors of IPV, but through their employment position, they may come in contact with survivors of IPV. For instance, a registered nurse may not be readily trained to work with survivors of IPV; however, while working in a hospital setting, they may find themselves working with survivors of IPV, either with the consequences of IPV being their primary concern, secondary concern, or an underlying

concern. The importance of providing education and training to service providers to improve their work with survivors of IPV was discussed as essential within northern communities:

“I guess what needs to happen now, like the supporting agencies that we have now, they need to focus more on training the staff to be more educated, like I know I have a [bachelor’s degree], but there’s also...there’s so many things that we come across and we do the best that we can” – Victim Services (Coordinator), Female, Indigenous

In terms of sensitivity training, concern was expressed by several participants about the lack of sensitivity survivors of IPV may encounter when working with police services or medical services. One participant spoke about her own experiences and how stereotypes about IPV were incorporated into the care she received:

“I would like the police and also the doctors to develop more of an understanding. That is what I would wish. And it still really hurts me when they said ‘you should have known better’ when I was 50 years old. It really hurts me. No matter what age you are you don’t ask to be assaulted and I didn’t do anything because I am covered from my neck and to the tip of my toe. The only skin I expose is my hands, my neck, and my face. And I didn’t do anything to ask because I was also asked how I was dressed. And you know what the policeman said, ‘oh you woman you always go back to your abusers so why should we even do anything.’ So that was it” – Addiction Services (Detox Attendant), Female, Indigenous

This participant spoke about the re-victimization she experienced while attempting to

access police services and medical services. She concluded that in her opinion, a better understanding of IPV was very much needed among trained professionals who are working in some capacity with survivors of IPV.

Furthermore, additional participants spoke about their concerns regarding sensitivity training, stereotypes, and racism. One participant indicated that racism becomes a concern for Indigenous Peoples working with police services. A second participant highlighted her concern with the issue of sensitivity and service providers being asked to respond to the same couple on various occasions:

“I think for officers it’s kind of frustrating because a lot of times we’re dealing with the same person, or the same couples, right? And the sensitivity that should be there isn’t there after the third call, and that’s why I think it’s so important that it needs to be a team approach, or there needs to be a team designated for specific cases like that, where you can take the time with the victim. Actually, I’m lucky, I have kind of a position where I’m trying to focus more on domestic violence, and I would love to take every case because I think there’s so many things that are missed and the sensitivity isn’t there” – Police Services (Constable), Female, Unknown Background

A third participant provided similar insight into his concern with sensitivity training and the importance of providing service providers with the appropriate education:

“We are having a younger and younger generation of police officers on the street, and a lot of them have never dealt with hard-core spousal abuse, nor do they have the training. And so they just don’t put the effort in, and they don’t put the seriousness in, and nor do they show the compassion and professionalism that’s

required. It's like, 'OK, oh, my God, I've got to go down to that house *again*'... and again, it's the insensitivity, the lack of training when they get there it's like, 'OK, come on, give me a statement.' I've seen statements taken that are just brutal, like, no compassion whatsoever for what's going on, not thinking bigger picture. And then eventually, no follow-up. No 'so, hey, Mary, this is where we are in the investigation and I've sent it forward to the Crown, and then three weeks later Crown's gotten back,' none of that. So the woman doesn't know where she's at and she feels that she's been abandoned...that is a chronic, chronic issue with law enforcement, it's not only for RCMP, it's other municipal forces – no follow-up” – Police Services (Sargent), Male, Caucasian

As illustrated above, service providers stressed the importance of providing sensitivity training to individuals working in northern communities. Having the opportunity to work with survivors of IPV through a compassionate and, professional, and sensitive lens would help ensure that re-victimization is not occurring and that women are feeling supported through the process of seeking safety. Moreover, providing education and training to front-line professionals working with survivors of IPV in some capacity may strengthen the relationship between professionals and women seeking refuge, as well as the likelihood that support would be sought when needed.

5.6.3. Addressing infrastructure and logistical limitations. Concern about the current systemic and logical challenges faced by organizations in northern communities was noted by various participants. Participants indicated that when organizations are faced with challenges at the infrastructural and logistical level, individuals and community members are the mostly likely to be negatively impacted. The importance of

providing effective support and services when working with survivors of IPV cannot be understated; however, participants noted that with various areas in need of improvement and change, providing adequate support continues to be a challenge. Furthermore, a unique subtheme that emerged within northern communities is the difficulty attracting and retaining service providers, which creates an additional layer of challenges when attempting to provide effective services and resources for survivors of IPV.

5.6.3.1. Mental health services. Mental health services within northern communities was described as a limited resource and one that was filled with gaps in meeting the needs of individuals wanting and needing support. Participants mentioned that within some communities, a mental health professional was unavailable, and in others, mental health professionals would travel from other communities to offer services on an as needed basis. These professionals were noted as travelling from nearby northern communities, as well as rural and urban areas. One participant described her concern regarding the service being offered in terms of the consistency of availability:

“First, no counselling. I just want to say something about in our community – we don’t have a mental health worker in our community. That is lacking. We have one that’ll come in you know from [community three hours away], but you have three steps to having to actually meet with her or do the phone interview. She’ll do one intake and then the next step is making an appointment, so it takes about a month to see the mental health worker. She is good; I can’t say that she’s not. I guess her concern was she’s been making appointments and nobody showing up. But you know, it’s after the trauma or the event of violence...but we need one ASAP, like right there and then when the incident is happening. So this person is

from [community three hours away]. In the meantime, we don't have a mental health worker" – Victim Services (Coordinator), Female, Indigenous

A second concern mentioned was due to the limited counselling services available and when services are available, there may be one or two people employed as a mental health professional. One participant noted that a difficult situation may arise when the service provider and the client do not mesh or establish a positive therapeutic relationship:

"The other issue is just simply counselling services...where the service provider is perceived as being trustworthy. A lot of these women will not seek out treatment or counselling because they don't trust the facilitator" – Police Services (Sergeant), Male, Caucasian

The issue of having trustworthy mental health professionals in northern communities is one of utmost importance, especially when confidentiality is taken into consideration. Furthermore, stigma surrounding mental health and accessing services was mentioned as an additional concern, which may impact the likelihood of women accessing support.

In addition to the limited availability of mental health services, participants noted that complex mental health presentations are often observed within northern communities, further illustrating the strong need for appropriate service availability. Participants spoke about the lack of infrastructure available to support individuals with complex mental health needs:

"Mental health that often stems from the relationship violence...we've had 2 people commit suicide this last year, not necessarily over relationships, but it has happened in the past. So when we have a person in mental distress, often we're used to house the person, and no this person is not a criminal, he or she is in

mental distress... ‘we need you as a medical facility to care for this person’, but put that person in jail isn’t a treatment plan. So that’s where we struggle and that’s throughout the North. We’re used to people talking about committing suicide. Again, they’re actually in mental distress, not criminal distress” – Police Services (Staff Sergeant), Male, Caucasian

A second participant noted that in comparison to urban areas, the development of special units and facilities to house individuals struggling with complex mental health concerns was significantly warranted. There was also mention that while some communities may have a treatment centre for individuals struggling with substance abuse, these facilities are often operating at full capacity. The connection between substance abuse, IPV, and mental health struggles was further noted as circumstances that cumulated together and impacted the ability to cope for individuals living in northern communities.

“Because we don’t have those centres and we don’t have the resources like in the urban centres. So we need to take the time to follow those things through. But as far as I’m concerned, it’s really going to be hard to create an environment for...people are getting over the abuse if we don’t offer it to them. And we know it exists” – Police Services (Constable), Female, Unknown Background

5.6.3.2. Empowering individuals to make their own decisions. Survivors of IPV are often tasked with making complex and difficult decisions. In times of distress or heightened emotions, survivors of IPV may have decisions made for them from other individuals, particularly service providers. Three participants described the importance of letting survivors of IPV make their own decisions, which functions as a way to empower women and promote independence and autonomy. Decisions being made may

be related to accessing certain services or educational programs. One participant spoke about when women first enter a shelter and their approach to working with women:

“It all depends on what they feel comfortable with. We don’t want them to come into a new area, and already feeling so vulnerable, that we don’t want them to feel that they have to do something else. Because we do offer programming daily here already, so if they feel that that’s good enough for them at this time, then we’ll leave it at that” – Shelter/Victim Advocate (Executive Director), Female, Unknown Background

A second participant described that in her work with survivors of IPV, she does not advise them to stay in or seek refuge from an abusive relationship:

“I tell them that, like, do whatever they choose, I support them. They should try and get their partner into counselling, for both of them...because you can only...you can’t convince the woman to leave if it’s really bad. It’s up to them to, to try and make the change” – Shelter/Victim Advocate (Executive Director), Female, Indigenous

Furthermore, participants described that when the decision-making process is taken from survivors or perpetrators of IPV, learning opportunities are often missed. For instance, one participant described that in his experience of working with police services, when a call is received to remove the perpetrator of violence from the home, the first course of action is to remove the person from the home in order to prevent an offence from taking place. However, when numerous calls are placed over a short-time span, with the result being that the perpetrator is consistently removed overnight and then released the following day, this reinforces the likelihood that no intervention or coping

strategies will develop, thereby resulting in limited long-term solutions:

“Where I think we really have to instil that it’s back on them that they have to make decisions, they have to make the call, they have to call the police...if they feel that they’re going to be potentially involved in domestic violence with their partner because he’s been out drinking, then they need to make the conscious decision that, ‘hey, what am I going to do about it? Am I going to leave and remove myself from the home? Because I just can’t call the police every time this is going to happen.’ They have to start making decisions, and I think that’s a big part of why a lot of their issues aren’t being dealt with. It’s become a belief or a common practice of ‘let’s just let the police deal with our problems.’

Because at the end of the day, us picking him up, and him being drunk or her being drunk at home is not the problem – the problem is you don’t want to deal with it. You don’t want to make a decision as far as alcohol treatment, domestic violence, counselling, whatever the case may be. You don’t want to make those decisions and you’re expecting us to make them for you. And I think we’re going down the wrong road there” – Police Services (Staff Sargent), Male, Caucasian

5.6.3.3. Culturally affirming programming. Developing and implementing culturally affirming programming was discussed as one way to connect Indigenous Peoples back with their culture and traditional healing practices. Loss of culture and identity was noted as a struggle for many Indigenous Peoples, which was noted as a contributing factor to current struggles, namely struggles related to family violence and IPV. One participant noted that “their culture is pretty much gone a lot” (Victim

Services [Supervisor], Female, Unknown Background), suggesting a strong need for culturally affirming programming to encourage Indigenous Peoples to reconnect with their traditions and rediscover their identity. One participant described her approach to working with Indigenous Peoples and the importance she places on personal healing:

“I’d say more education within the community. I know in Indigenous communities, our history’s coming back, the culture is coming back and everything, and I think that’s the biggest help is knowing who you are as a First Nation’s person...the majority of the time, what I usually do is I ask the Elders to be involved. If I’m doing a family circle, I’m doing a...just any kind of programming, the Elders are always involved. So I usually get about two or three involved in whatever I do. And family circles need to take place, because we do carry a lot of grief within our community, which are not openly talked about. Like any little thing, and I think the grieving part needs to come out, so we need more of those. More education on the grieving, personal development, like personal healing. Those need to come out” – Victim Services (Coordinator), Female, Indigenous

Incorporating traditional healing practices in northern communities was overall described as a positive step forward and one of utmost importance to encourage personal healing and growth among Indigenous Peoples, their families, and their communities:

“Their culture is so gone. To try and I guess prove themselves in the white man’s world, which makes them more angry because none of them are being taught to speak their languages again. We want to try and bring it all back and then hopefully we encourage...like we do and I know that I do no matter what. If they

want programming in their language, you go for it. It doesn't bother me if you are doing your visit in Dene, you go for it. There is a lot of that" – Victim Services (Supervisor), Female, Unknown Background

5.6.3.4. Reactive instead of proactive services. The need for proactive services in addition to reactive services was mentioned by five participants. The service providers noted that there is currently a large focus on reactive services, which indicates that there are resources and services in place to intervene after incidents of IPV have occurred; however, to create and facilitate long-term and societal change, proactive services are in dire need of being implemented in northern communities:

"Another thing that's normalized too is that we're 100% reactive here, because we're just so busy...so I mean these kids – I feel sorry for these kids – they see, they only know 1 thing: Cops come to the door, somebody's going to jail. They don't know anything else" – Police Services (Sargent), Male, Caucasian

A second participant described that service providers working in northern communities are often operating through "survival mode" and "working with what is available," suggesting that they are often trying to do their best in the face of limited resources, services, and funding.

A third participant described the current battle within her northern community with the concern regarding attempted and committed suicides. She noted that individuals from other provinces will travel and spend three or four days in northern communities to provide support; however, as this support is reactive and short-term, she expressed concern about the longevity of change:

"Oh, I think it is a waste of time. You come up and hug people for three days,

what good is that. Or you leave a few puzzles or adult colouring, that is not going to help them when they go home and their parents are fighting and there is no food. It has to stop being just reactive, it has to somehow...we need to become proactive. And right now, the issues are just reactive” – Addiction Services (Detox Attendant), Female, Indigenous

The quotation included above illustrates the significant concern regarding reactive services as opposed to proactive services. While reactive services are imperative to facilitate change as well, to prevent significant problems and struggles from occurring, such as IPV and mental health concerns, proactive services can help at the front-end to provide much needed support and create long-term change.

5.6.3.5. Limited resources and funding. The issue of funding was a revolving discussion among service providers in northern communities. Funding was alluded to in various discussions centering on limited services and resources and financial support to hire employees. The overarching concern in relation to funding was the idea that there are programs and services that would be beneficial to have in northern communities; however, without the financial support to run these programs and services, there will continue to be a cycle of disadvantage. Participants noted that for change to happen at the individual, organizational, and societal level, changes are needed in terms of financial means at the organizational level. Funding was related to being able to transport women to safe shelters, to develop and implement programming, to provide education, to implement proactive services instead of focusing on reactive only, and to continue services that service providers have spent time trying to implement:

“[They] wanted to put together a community, kind of, connections plan with

[funding provided]...I think the program is done now and I think that's part of the problem too. We have these programs that come out, they get a limited amount of funding, they do what they can and then the program's over and then it's just kind of nothing happens so it just sits there" – Medical Services (Health Nurse), Female, Indigenous

Interestingly, one participant described that there is often talk about projects and programming being put into action; however, without the appropriate financial backing to support these programs, new services and resources fall through the cracks. She described the impact that this may have on individuals living in northern communities:

"I guess what I can say is that it is still a project in works, from all of what has all been going on it is still something that is discussed, but there has not been any action yet, there is a lot always on the table...discuss, discuss, but nothing yet to move forward. [Individuals living in northern communities] need solid, they need something to prove otherwise, because then you have lost their trust and respect again, because there are promises being made and they never get fulfilled" – Victim Services (Supervisor), Female, Unknown Background

5.6.3.6. Coordinated and collaborative approach. Participants spoke about collaboration in two different contexts. The first context included discussing collaboration in terms of organizations having limited awareness of what other agencies within their community offered in relation to services and resources. The second context when discussing collaboration included the need for a coordinated and collaborative approach with local agencies and government representatives, with government representatives being the key to change.

The focus on collaboration within northern communities cannot be understated. There is an apparent shift in terms of moving forward collectively as opposed to working in silos, as creating a cohesive and collaborative working environment may help to maximize the effectiveness of programming available. The service providers noted that the notion of collaboration appeared to be in its infancy, as participants described being unaware of what was offered by other organizations in their community:

“It’s hard in my position right now to know, because I don’t even know who they’re sending to. I don’t even know what’s happening in that area so it makes it really difficult from my position, right now. And I’m not sure how much counselling they get or how much, um, like I think, I don’t know if once they’re sent back to the community if they’re referred to follow-up counselling with the mental health people or, I don’t know” – Medical Services (Health Nurse), Female, Indigenous

“We have mental health here, but I don’t know what they do. I’ve gone to a number of agency meetings, they have [children’s programming], they have a lot of programming here, but I don’t know what they do” – Staff Sergeant (Police Services), Male, Caucasian

Furthermore, one participant described a gap in follow-up between agencies that may impact the support provided to women and their families. She described feeling in the dark about which cases moved forward with referral information, which may limit their ability to provide continuity of services or intervene further if warranted:

“We don’t ever get the phone calls from Indian Child and Family Services, so we

don't know if the children ever actually get the counselling that they need, and a lot of these files don't go to court, right? So if we get a call and charges don't proceed, we don't...I mean, we make the referral to Victim Services, but we don't ever know if the woman will ever proceed with help for her and her children, so there's a gap that way as well" - Police Services (Constable), Female, Unknown Background

In addition, while some service providers mentioned being unaware of what services and resources were offered by other community agencies, several participants described the importance of developing a collaborative and coordinated partnership to reduce IPV. Participants spoke about the importance of interagency collaboration and working together in order to further support survivors of IPV and their families:

"And now there's no support from the management, eh? Like I understand they have policies, and that's the gap, the policies within the agencies. That really affects our way of assisting our families. A lot of disconnection. We need more partnership within our agencies within the community" – Victim Services (Coordinator), Female, Indigenous

The importance of having government representatives on board to encourage organizational, community, and societal changes was mentioned by two participants:

"I think it's going to be...some kind of an established partnership, I guess, or if we talk about this where we strategize how we can protect women and children, and I say women and children because 99% of the people that we deal with. So I think we have to have an honest discussion about it, and then if we are going to have that honest discussion, then there has to be strategies that are followed

through that gives us what we need, and...I'm a realist, I realize that [we need the government on board]" – Police Services (Sergeant), Male, Caucasian

"Just keep on doing this until I see...like stick with interagency, with all the other programs and eventually hopefully seeing government understanding our cries, brings us the supports in the buildings" – Victim Services (Supervisor), Female, Unknown Background

5.6.3.7. Attracting and retaining service providers. A unique theme was described in relation to problems with filling employment positions in northern communities. Participants spoke about attracting and retaining properly trained employees, limited financial support to fund employment positions, and professionals coming and going to provide support. A suggestion was made that in order to meet the demand for services in northern regions, starting an initiative to train individuals living in the community to provide services within the community may be imperative.

The challenges associated with attracting and retaining trained employees in northern communities was discussed as a significant concern. Participants noted that there are often employment positions that go unfilled due to limited applications or limited interest from properly trained individuals:

"I've been over the North quite a bit for my experience. Let's take [northern community], it's a good example because it's a provincial community, it's not a reserve, in that sense, so we have the capacity here for all the programming. We have mental health, we have Victim Services, we have court workers that are hired by the town, we have doctors on staff, we have mental health, we have all

the services. But I think the issue sometimes lies, do we have the capacity to fill those positions with properly trained people? To attract them to the North, and that's been always an issue, is how do we attract a trained professional person, say for a mental health nurse, here? We don't have a mental health nurse here. We have people that are trained in mental health, but we don't necessarily have the professional capacity. It's difficult to attract and retain qualified professional people in some of the roles...so that's a huge gap" – Police Services (Staff Sargent), Male, Caucasian

Participants noted that there have been instances where individuals have been hired to fill employment positions without the proper training, as a way to ensure that certain services can stay up and running. The service providers described that when considering the population of some areas in northern Saskatchewan, communities may not have the local capacity to fill certain employment positions. One participant indicated that an employment position with Victim Services had been vacant for one year.

Furthermore, participants spoke about the limited funding available to support certain employment positions in their northern communities. Concern was expressed when discussing the current amalgamation of 12 health authorities into one; the Saskatchewan Healthy Authority. One participant acknowledged that in her opinion, there is a lack of concern for individuals living and working in northern communities, to the point where she felt as though nobody was looking out for individuals in northern regions in Saskatchewan. She described that vital jobs have been lost in her northern area, which impacted the ability to provide services and resources to individuals in need:

"You don't have the large boating population; you don't have the people that pay

the large amount of taxes. So basically, we have to deal with crumb. And with the health region going to one big health region, we have lost staff from the hospital and from the North. And we are told that going to this big health region is somehow going to improve health standards. The thing is, it will not improve health standards” – Addiction Services (Detox Attendant), Female, Indigenous

Two participants expressed their frustration with the current structure of service provision. They noted that in addition to being focused on solely reactive services, when a significant crime or incident occurs in northern communities, individuals from other areas across the province travel to provide support. They noted that there should be current systems in place so that support is available within northern communities from individuals living and working there on a consistent and proactive basis, as opposed to individuals travelling and staying for a few days and then returning to their home communities in urban or rural centres. One participant reflected on this phenomenon when discussing a homicide that occurred within her northern community:

“They bring in more workers from the South and they set up a grieving thing for that last murder that had happened here...it was big news. You bring in all those people from the South, they are gone now. And who do all of these other people get to talk to when they are feeling that way?” – Victim Services (Supervisor), Female, Unknown Background

While the importance of service provision and providing support cannot be understated, having consistent services, resources, programming in place is vital to promote long-term and sustainable change. One participant expressed frustration when discussing how health standards appear different in northern areas in comparison to others:

“Health Standards in the North have always been horrible. I can tell when somebody is from the far north, simply because of their teeth. We have doctors that fly up there once a month or once every two weeks. Some of them don’t even have nursing stations” – Addiction Services (Detox Attendant), Female, Indigenous

Furthermore, participants also noted that there are certain professionals who will come into the community for two weeks at a time or once a week to provide support. One participant noted that for individuals who are in significant need of mental health support, there was not enough time allotted to working with these individuals.

5.7. Promising Practices in Northern Communities

Despite the various challenges that were discussed by service providers living and working in northern communities, the participants mentioned some supports that were considered to be working well. Providing culturally affirming programming was mentioned as a promising practice and one that was helpful for service provision. Furthermore, participants expressed their thoughts regarding what truly makes a difference in terms of service provision within northern communities, with the conclusion being that people who try to make a difference are truly special. The four subthemes reflect a sense of hope, encouragement, and resilient effort to combat the challenges faced when working with survivors of IPV.

5.7.1. Culturally affirming programming. Participants spoke about the strong push to provide culturally affirming programming within their agencies. Three participants discussed methods used to ensure that the services being provided were being provided in a culturally affirming manner, and also a manner than placed a strong

emphasis on reflecting the cultural diversity of individuals in need of support. For instance, participants highlighted how their place of employment included cultural diversity when supporting women survivors of IPV:

“There is language barriers although in our shelter we are kind of lucky because we do have one lady who speaks some Dene and we have several ladies who speak Cree” – Shelter/Victim Advocate (Shelter Worker), Female, Indigenous

“And we have...if they need an Elder, we have Elders in the community who are willing to come in and talk with the ladies” – Shelter/Victim Advocate (Executive Director), Female, Unknown Background

One participant also spoke about cultural differences for women travelling from fly-in northern communities to access shelter services. She said that although these women are still living in Saskatchewan, their traditional and cultural practices, as well as living circumstances, differ from individuals living in other northern communities. This participant spoke about how her place of employment attempted to integrate various cultural practices and encourage comfort for women who are leaving situations of IPV:

“They eat different food. We try to keep our food flexible so if our menu says pork one day, it might be pork chops, it might be neck bones. If it’s ground beef one day, it might be lasagna, it might be hamburger soup, you know, what ever the clients are used to eating” – Shelter/Victim Advocate (Shelter Worker), Female, Indigenous

5.7.2. People motivated to make a difference. When discussing current promising practices in northern communities, seven participants spoke about certain

individuals within their northern communities who continued to try and make a positive impact in their work with survivors of IPV. One participant spoke about her desire to make a positive impact within her home community and her desire to “keep pushing forward so that hopefully, us that are stronger stay with it and will make those changes” (Victim Services [Supervisor], Female, Unknown Background). Participants spoke about being committed to helping individuals in their community as well as their community at large. When asked about what kept her going, one service provider responded:

“I’m committed, it’s like...I don’t know why, I just want to help people and let them know that there’s somebody out there that cares and can help them. They’re not alone. That it doesn’t only happen to them, and it’s not their fault...the rewarding part of the job is when a client comes up to you. I had this domestic case, she was beaten badly, and then her and her sister came up to me and said, ‘Thank you so much for helping us. We wouldn’t have known what to do if you weren’t here.’ So you know, that’s the rewarding part about the job, that’s what keeps me going. Knowing that I can make a difference and help somebody” – Victim Services (Resource Officer), Female, Indigenous

A second participant spoke about an interagency initiative started within her community. She spoke about the need to work together and to move beyond talking about the challenges to instead, working to change and support the whole community:

“There’s a group of us that are...we want to make a difference so we started addressing a lot of issues and we also asked our leaders to come to our meetings now. It’s called an interagency, so it’s all front-line staff that come together and

we address the issues and say, ‘OK, we need to start moving now, let’s quit talking about it.’ What we’re starting now is that we’re developing our programs. Everybody’s got a different target group, and it’s...I guess what we want to do is we want to create healthy families, so we’re bringing the families together, doing up the programs. And in the long run, our hope is that we begin the healing process. So it’s just bringing the families together now, sharing time with their children, and as a couple and...we thought that would be the best way for now. But then we want to get into educating our people on parenting, on the violence and everything. But in the meantime, we want to bring them together. It’s just like the old ways where everything was done together, with the whole community” – Victim Services (Coordinator), Female, Indigenous

Having community members willing to step up and make a difference within their community was discussed without doubt as a key factor in facilitating and creating positive change. The need to support individuals in their endeavours and in their efforts cannot be understated, as these are the individuals who can make a significant impact.

5.8. Overall Perception of Work as a Service Provider

Participants shared their in-depth knowledge and experience in relation to living and working in northern communities. During the interviews, participants spoke about their experiences by providing further insight into their emotions and thoughts when working with survivors of IPV within a service provider capacity. Feelings of disheartenment were evident throughout most interviews, which were illustrated through the stories told, the words that were chosen to highlight challenges faced, and the tone of voice that was used.

5.8.1. Disheartenment. Participants expressed disheartenment when discussing the daily challenges faced when working with women survivors of IPV in northern communities. Disheartenment was detailed when describing individual, organizational, and societal level concerns. The feelings of despair and hopelessness were evident in various quotations, some of which are illustrated below:

“I don’t want to sound negative, but given what I’ve witnessed here, we can try, but I don’t know how effective it will be. Honestly, at this point, I haven’t seen anything that would work or change, break the cycle. No, I haven’t witnessed...from this community with the women that I’ve seen, like, almost seems like nothing is possible to change in here” – Medical Services (Registered Nurse), Female, African American

“Oh, boy. Man, there’s...nothing’s working well or else we wouldn’t be having this conversation. What’s working here... I wouldn’t really say anything is working really well here. I hate to say that, I’m not trying to be negative” – Police Services (Staff Sargent), Male, Caucasian

Participants spoke about their feelings of hopelessness and thinking as though a losing battle was being fought. While there was mention that some northern communities are making real strides and working towards positive change, ten of the 16 participants described their home community as being in dire need of better supports in place:

“Well, I thought about that, and...I really thought hard, is there a community out there that has really made great strides in combating [IPV]. And...nothing...I couldn’t think of one to be honest with you, and I’m not saying it’s not

happening, because there certainly are some communities in the North that are doing some very good things economically, like I think of the [two northern communities] of the world where they've got good community leadership and they're doing good things, but I couldn't tell you what their stats are" – Police Services (Staff Sargent), Male, Caucasian

Of importance to acknowledge is that service providers are often providing the best supports possible while faced with significant limitations and funding barriers. One participant described that professionals in various employment positions are often feeling overworked and as if their hands are tied, describing that most programs cannot keep up with the high demand for services and resources. The importance of working with service providers in a positive manner and improving morale cannot be understated; as the service providers working in northern communities are the individuals that can facilitate positive change within the community at-large.

5.9. Reflections from the Researcher

The feelings of disheartenment discussed by participants and the significant challenges service providers face on a daily basis caused me to pause and reflect on the information gathered. When thinking about the challenges faced and the numerous barriers experiences, I could not help but reflect on the journey that survivors of IPV are on, and how an already difficult journey is unnecessarily compounded by physical, social, personal, and overall, larger societal concerns. To provide insight into my reflective thoughts, I offer an excerpt from my field journal. These words were written while analyzing the qualitative interviews obtained from service providers living and working in northern communities:

“The words spoken by the participants are devastating to read. The interviews were hard to conduct but reading transcription after transcription really sheds light on the significant barriers that individuals experience in northern communities. What I am hearing and what is often missed in current research are the larger systemic issues at play in relation to IPV. How can we expect a woman to leave everything to seek safety? How can we expect a woman to leave her significant other when she is unemployed? We need to do better. Society needs to do better” – Field Journal

5.10. Discussion

The information gathered from service providers living and working in northern areas expands our understanding of the challenges faced when supporting survivors of IPV in geographically diverse communities. The information adds to the existing body of literature as the information shared affords us the opportunity to learn from front-line individuals who work directly with survivors of IPV. It is anticipated that the information gathered and the results illustrated will influence the availability of services and resources within northern communities. The participants detailed the current challenges to service provision within northern communities in Saskatchewan. More broadly, giving individuals a voice to share their perspectives and personal accounts provides us with a better understanding of service provision within a Canadian context. The use of qualitative, semi-structured interviews ensured that the service providers were able to voice their opinions and concerns in an open manner. The information gathered was examined through a phenomenological lens to further understand the needs of individuals living in northern communities within the context of IPV. In the following

section, I will: situate the results in the current literature, demonstrate how the present results contribute to this literature, and provide implications regarding supporting survivors of IPV in geographically diverse communities within a Canadian context.

The current research builds upon past research by gathering knowledge from service providers working with survivors of IPV within northern communities in Saskatchewan. To date, a large proportion of research focuses on IPV within urban centres, which cannot be transferred or generalized to non-urban areas, as the experiences of living in rural and northern communities are qualitatively different (Burke et al., 2006; Logan et al., 2003). Furthermore, there are important contributions that have been made to the IPV literature regarding IPV and geographical location; however, the majority of these studies examine IPV within rural communities (e.g., Logan, Shannon, & Walker, 2005; Rennison, DeKeseredy, & Dragiewicz, 2013) or combine rural and northern communities within their data analysis (Faller et al., 2018). Therefore, research is strongly needed in order to explore the challenges to accessing and providing support in northern communities within a Canadian context.

By gathering information from service providers living and working in northern communities, the present study contributes to the paucity of literature in several unique ways. Firstly, the current participants shared their knowledge and experience of being front-line service providers within the context of IPV. This allows for a unique perspective of the challenges faced within a service provision context. As there are often primary and secondary resources and services within northern communities that may support survivors of IPV, service providers who participated in the northern interviews were from diverse employment positions, such as addiction services (detox attendant)

and medical services (registered nurse). Furthermore, more individuals identified as Indigenous when partaking in the northern interviews in comparison to the rural interviews, which is consistent with the higher Indigenous population within northern communities in Saskatchewan.

Secondly, importance was placed on clearly defining a northern area at the outset of the research to improve the methodological rigour of research related to IPV. Very few research studies to date include clear definitions when discussing research looking at geographically diverse communities, which impacts the methodological rigour and the transferability of research findings (Breiding et al., 2015; Zorn et al., 2017). By utilizing and detailing clear and consistent definitions, our hope is that the information gathered will be transferrable to other areas across Canada. Thirdly, with current research suggesting that rates of IPV and domestic homicide in Saskatchewan are among the highest across the Canadian provinces (Dawson et al., 2018; Statistics Canada, 2016a) and that individuals living in non-urban areas and Indigenous Peoples are at increased risk for violence and death (Statistics Canada, 2016a), the present research offers a unique perspective of looking at both vulnerable populations. Therefore, the information gathered is timely and of vital importance to combat the issue of IPV within Canada.

5.10.1. Implications for a cycle of disadvantage within northern communities. Service providers identified and described overarching concerns regarding the cycle of disadvantage that women survivors of IPV may experience when living in northern communities. This cycle was described as one that encompasses the individual, family, community, and societal level, in that women survivors of IPV often

experience a host of circumstances that are difficult to manage and cope with at each level. This overarching theme is best understood as further situated within the unfathomable discrimination, deprivation, and abuse Indigenous Peoples have faced and continue to face from societal structures, as a large proportion of Indigenous Peoples reside in northern communities in Saskatchewan. Moreover, research suggests that the history of colonization continues to oppress and marginalize Indigenous Peoples experiencing IPV (Faller et al., 2018); therefore, the needs of Indigenous Peoples experiencing IPV must be considered within the context of northern regions in Canada. The subthemes identified included housing, poverty and unemployment, high rates of violence, the normalization and intergenerational nature of IPV, substance use and suppression of emotions, and limited services and resources. Having minimal resources in place to break the cycle of disadvantage was described as failing to provide support at the level of need required, in that at present, what is being offered is seemingly a band-aid approach that is not addressing the root causes of violence.

Minimal options for affordable housing was described as a maintaining factor for experiencing IPV. Consistent with recent research conducted by Bonnycastle et al. (2019), participants reported that for women who have limited options for housing, returning to their partner may seem like the only option. For instance, extending upon previous research findings in rural communities (Bell, Goodman, & Dutton, 2019; Ragusa, 2012; Owen & Carrington, 2015), Bonnycastle et al. (2019) assert that for women living in northern communities, the challenges and difficulties experienced may result in women becoming financially dependent on their abusive partner. These authors also found that women were influenced by the belief that their partner would change,

which further influenced their level of dependability on their abusive partner. Furthermore, as housing prices and costs associated with living continue to increase, coupled with poverty and unemployment, being able to afford housing becomes further out of reach. This is problematic because women who are able to provide for themselves (i.e., adequate housing and rental costs) are more likely to completely separate from their abusive partner, and those who cannot are less likely to (Bell, Goodman, & Dutton, 2009). Participants identified that employment opportunities in northern communities are quite limited in comparison to other areas, which prevents individuals from supporting themselves financially as well as emotionally, as having limited employment options may lead to individuals feeling disempowered and stuck. Concern was raised about the impact of poverty and unemployment at the family, individual, and community level, as there was an increased emphasis placed on the connection between all levels. Therefore, change is strongly warranted.

In 2017, the Federal Government declared that housing should be considered as a human right (Tasker, 2017). Prime Minister Justin Trudeau declared that “Housing rights are human rights and everyone deserves a safe and affordable place to call home...and one person on the streets in Canada is too many“ (Tasker, 2017). Acknowledging that affordable and adequate housing is a human right and a basic need suggests that the current state of northern communities is unacceptable. Participants within the present research spoke about the importance of healthy communities, which to them, included increasing economic development, creating employment opportunities, and providing specialized career training programs for individuals who are geographically isolated. There is a strong push within recent research to create

sustainable and non-violent communities (Bonnycastle et al., 2019; Faller et al., 2018; Moffitt & Fikowski, 2017; Wuerch et al., 2019). Wuerch et al. (2019) assert that “creating healthy relationships, homes, and people may be a primary way to create and sustain non-violent communities” (p. 705), which is based on suggestions from eight services providers working in northern communities. In line with this, service providers in the present study described placing a greater emphasis on addressing poverty, employment, and the overall societal factors that operate to oppress and marginalize women survivors of IPV within northern communities is strongly needed in order to create and facilitate change, which elucidates past research (Faller et al., 2018). To do this, a coordinated approach between the provincial and federal government is needed.

The high rates of violence within northern communities was detailed as concerning for individuals, families, and communities, as well as service providers living and working in northern areas. Participants spoke about the difference in standards for northern communities in comparison to urban and rural areas, in that if the level of violence that occurs in northern areas was occurring elsewhere, people would be in disbelief and additional resources and services may be allotted to promote safety and change. There was further mention of the increased number of suicides, which elucidates past research within the context of socioeconomic disadvantages, mental health concerns, and suicidal ideation, and suicide attempts (Hajizadeh, Bombay, & Asada, 2019; Hatcher, Crawford, & Coupe, 2017). With limited resources and services in place to break the cycle of disadvantage and target the societal mechanisms that create the cycle, it seems unlikely that significant change will occur. To promote positive change within northern communities and to ensure that the basic needs of individuals are

being met, funding is strongly needed.

Furthermore, as resources and services are strongly warranted, recruiting service providers to work within northern communities is also need. However, additional difficulties in employee recruitment and retention may be experienced as a function of the inherent risk for vicarious trauma associated with these types of positions, coupled with the limited supports for employees in these types of positions. Adding to this, service providers also face several challenges when trying to support survivors of IPV, which may result in feelings of frustration and disheartenment. This is consistent with the current research as well as past research (Burnett et al., 2016; Faller et al., 2018). For instance, Faller et al. (2018) suggest that service providers report a sense of disheartenment when trying to support women survivors of IPV in geographically diverse communities and in that, are often battling against challenges, barriers, and oppressions. They note that service providers are often required to show strength when continuously fighting to change the societal structures of IPV. As such, research indicates that there are practices and policies that can guard against vicarious trauma, such as support from colleagues, supervision, and empowerment within the work environment through shared decision making (Slattery & Goodman, 2009), which may extend to feelings of frustration and disheartenment as well. Therefore, in terms of high rates of violence, additional resources are needed that focus on supporting communities as well as having structures in place to support service providers who may be working with a team or independently.

The cycle of disadvantage was further described through the normalization and intergenerational nature of IPV. The *colonization theory* proposed by Brownridge et al.

(2017) identifies a connection between experiences of historical and intergenerational trauma and high rates of IPV among Indigenous Peoples. Further, findings from a qualitative study conducted by Hoffart (2016), although situated within an urban area, identified that Indigenous women experiencing IPV often had experiences, whether on a personal or familial level, with the residential school system in Canada as well as experiences of childhood abuse. The present findings elucidate past research (Brownridge et al., 2017; Hoffart, 2016) in that participants reported when women have endured varying levels of abuse throughout their lives, violence appears to become normal and acceptable. Participants in the present study asserted that experiences of colonization, oppression, marginalization, and intergenerational violence and trauma continue to impact the normalization and intergenerational nature of IPV.

Moreover, service providers identified that abuse should be thought of as somewhat of a pathway, in that experiences of childhood abuse may impact beliefs regarding violence in adulthood as well as parenting practices, which is consistent with past research as well (Brownridge et al., 2017; Kalmuss, 1996). Research notes that cultural groups who are connected to experiences of colonization continue to face disadvantages and inequalities in various parts of their life, which is further reinforced by external power systems and perpetuated by structural violence (Bourassa, McKay-McNabb, & Hampton, 2004).

When working with Indigenous Peoples in northern communities, understanding the cycle of disadvantage, the normalization of violence and IPV, and the effects of colonization are all imperative. Cheers et al. (2006) suggest that violence must be conceptualized and understood holistically, in that the intergenerational nature of IPV is

strongly tied to individual, family, and community losses, such as loss of inner strength, culture, and sense of community, which are all highly valued amongst Indigenous Peoples. We must move away from conceptualizing IPV as an individual problem and move toward focusing on the notion that IPV is grounded in social, political, and cultural structures (Faller et al., 2018; Weaver, 2009).

Participants further noted that substance use was a concern within their northern communities and strongly connected with struggles in relation to mental, emotional, physical, and spiritual health and well-being. High rates of substance use were described as connected to the cycle of disadvantage and a way to cope with social issues, such as poverty and unemployment, as well as past and current experiences of trauma. Service providers further identified that perpetrators of IPV have had their own experiences of violence and abuse in childhood and adulthood, as well as their own connections with the residential school system, which is consistent with reports from the Truth and Reconciliation Commission of Canada (2015a). Substance use was identified as a surface level concern that is deeply rooted in experiences of colonization, oppression, and marginalization among Indigenous Peoples, which is further perpetuated by the limited services and resources being available in northern communities to support individuals through their healing journey. As such, when considering the cycle of disadvantage, again, we must focus on funding to support individuals, families, and communities, as well as service providers working directly in northern areas. For instance, Moffitt and Fikowski (2017) recommend that discussions about experiences of historical trauma and how these experiences relate to survivors and perpetrators of IPV within a northern context should be included within training programs for service

providers.

Therefore, empowering women, validating their experiences within the context of oppression and marginalization, creating a space for empathy and support, and helping women to reconnect with their traditional healing practices are all positive ways to promote strength and resilience, as well as help women work towards their healing journey (Burnette, 2018; C. Walker, personal communication, March 12, 2019). Participants noted that this may include developing and implementing culturally affirming programming and services that focus on healthy parenting practices. In addition to supporting women at the individual level, we need to place a greater emphasis on addressing the cycle of disadvantage as a whole, including housing, poverty, unemployment, and limited resources and services to create and facilitate change at the individual, familial and community level in northern communities.

5.10.2. Implications for barriers to leaving IPV relationships and accessing services. Service providers living and working in northern communities within Saskatchewan detailed the current barriers that women survivors of IPV may face when attempting to seek refuge and safety. They identified four physical challenges (i.e., geographic location, limited options for transportation, timely response from police officers, and shelter services), four social challenges (i.e., services outside of home community, confidentiality, the stigmatization and silencing of IPV, and language and cultural barriers), as well as two personal challenges (i.e., limited support from family members and concern about children). The presentation of the current themes suggests that these are separate entities and experiences; however, the physical, social, and personal challenges that women survivors of IPV experience are often intertwined with

social concerns to create additional barriers and challenges, such as the cycle of disadvantage as explored above. Therefore, when interpreting the present results, we must strive to acknowledge and understand the ways in which societal factors influence these challenges (Faller et al., 2018; Tutty et al., 2014) and impact the experiences of women living in northern areas.

The present findings support and further highlight the limited research examining the challenges to providing support in northern communities within a Canadian context. Geographic isolation, limited options for transportation, absence of timely response from police officers, and availability of shelter services all impact whether or not women survivors of IPV chose to seek refuge. The present findings highlight how significant of a barrier geographic isolation can be when considering access to resources and services and the escalation of violence due to limited options for support, which extends upon past research suggesting that physical isolation impacts access to timely support within rural areas (Carrington et al., 2013; Hornosty & Doherty, 2002).

Furthermore, the present research is consistent with past research suggesting that limited options for transportation increases geographic isolation and also adds to the challenges accessing services and resources (Bonnycastle et al., 2019; Shepherd, 2001; Wendt, 2010; Wuerch et al., 2019). This is important given the complexity of geographic isolation and how greatly this can impact the safety of women survivors of IPV. For instance, participants reported that women may feel a sense of helplessness due to geographic isolation and thinking as though their options are limited, which as a result, may increase the likelihood of remaining in an abusive relationship. For instance, one participant alluded to the notion that transportation is costly, and with small health

budgets, travelling becomes a big expense. There was further mention that individuals may become overwhelmed with the thought of travelling and the planning that would be involved. At the service provider level, providing women with support in terms of planning for travel is imperative to promote autonomy if this route is considered.

Extending upon this, addressing the isolation that women survivors of IPV experience within the context of service provision is critical in order to ensure their safety and security. As such, the development and implementation of additional services within northern communities are direly needed, which is impacted by the level of funding received for said services. This would include support services as well as resources in place for transportation. Furthermore, ensuring that women are also knowledgeable regarding the services available and are informed about what the services entail will help women to make an informed decision. For instance, there is a program being implemented within Saskatchewan that provides transportation to individuals in need of medically required health services for those who are eligible for Supplementary Health Program benefits through Social Services (La Ronge Health Centre, 2015). While this program may be helpful in terms of accessing transportation for required health services, implementing a program that is inclusive of transportation for IPV and violence related services may be beneficial to consider. Such an option would help to promote safety for women who are in need of land or air travel. In light of transportation concerns, options for online interventions (e.g., internet-delivered therapy, online support for safety planning) may also be considered in order to reach individuals within northern communities. However, of primary concern is the immediate safety of women and their children when considering online supports that would involve women possibly

remaining in their home.

Geographic isolation and transportation can also impact the timing of response from police services. Participants noted that perceiving responses from the police to be slow and untimely can further impact the level of trust that community members feel towards members of the police. This further extends upon past research within rural communities (Benson, 2009) and is concerning, as being distrustful of the police may lead to hesitation in terms of contacting the police when needed. Continuing to focus on mending the relationship between members of the police and survivors of IPV is imperative, as past research suggests that this relationship has been strained for quite some time and across geographical locations (Benson, 2009; Ragusa, 2012). As services within northern communities are limited as is, an increased emphasis may need to be placed on mending this relationship, as members of the police are one support that will continue to be available for women within northern communities. This is in line with recommendations provided by Karen Sanderson, the Executive Director of a women shelter in a northern community. Extending upon her thoughts in relation to building healthy relationships, this may include relationships between community members and members of the police in order to change the current state of IPV (Eneas, 2018). As police services are often the first contact point (Lambert et al., 2007), allotting an ample amount of resources to ensure that services can be provided in a timely and effective manner is vital.

The majority of participants further noted the importance of shelter services, in that these services provide safety, support, and programming for women and their children. Concern was raised in that shelters are limited and may be operating at

capacity in some areas, which creates further challenges for women when deciding whether or not to seek refuge. As one participant noted, with the nearest shelter to her northern community being between 10 and 15 hours away, women may believe as though their options for safety are significantly limited. When taking into consideration the limited options for transportation and the availability of roads and weather conditions, accessing shelter services would become increasingly difficult.

This is consistent with research conducted by Moffitt and Fikowski (2017) who examined IPV within the Northwest Territories. Findings revealed that women will sometimes go through great lengths to access shelter services, such as in one scenario, utilizing a skidoo and a canoe for transportation as other options were unavailable. This speaks to the unique circumstances of women living in northern areas and showcases how this “contextual experience of remoteness perpetuates the process of putting up with violence” (Moffitt & Fikowski, 2017, p. 20), suggesting that geographic location creates risks and barriers to leaving an abusive relationship.

There is a pressing need for safe shelters and safe homes for women in which they can retreat. Wuerch et al. (2019) suggest that being able to access safe shelters and their services is considered to be directly related to increasing safety among survivors of IPV seeking refuge; therefore, building safe shelters that promote healing as well as confidentiality within northern communities to help encourage women to access services within their home community is needed. Moreover, similar to rural shelters (Burnett et al., 2016) is the idea that northern shelter services are providing support within a unique context (e.g., geographic isolation, social isolation, transportation concerns, limited resources and services, waiting lists due to limited shelter availability), and as such, need

funding that is linked to the unique challenges faced. This would include funding to cover not only services and resources and bed availability, but also operation, repair, training, and recruitment costs, which are often overlooked within northern areas (Moffitt & Fikowski, 2017). Furthermore, research findings suggest that there may be an increased need for second stage or transitional housing in northern communities, as women are often left with minimal options after their shelter stay (Bonnycastle et al., 2019). Bonnycastle et al. (2019) recommend that shelter services must be accessible to women regardless of location, which suggests that in order to implement consistent and accessible shelter services, adequate funding to target the complex needs of women living in northern communities is needed.

Based on the current results, there are further implications in relation to the social challenges identified for women living in northern communities. Service providers reported that women are often faced with the decision of whether or not to access services within another community due to their being limited options within their home community. This may include accessing shelter services as well as services in general in order to promote safety for women and their children. Leaving their home community was described as difficult for women who have been born and raised in northern communities, in that when leaving the only life they have known, they may be at increased risk for experiencing loneliness for their family, friends, community, and the North. This is consistent with recent research conducted by Bonnycastle et al. (2019), who found that women from northern communities reported feelings of loneliness and isolation after seeking services outside of their home community. The present research extends upon this research for women living in northern communities within

Saskatchewan, who are often displaced from their home and forced to travel long distances in search of safety and refuge. Moreover, consistent with Wuerch et al. (2019), women from northern regions may experience culture shock; in that accessing services outside of their home community is reported to be similar to "...sending somebody, in all practical senses, except for the passport, to another nation" (p. 699), which may create further adjustment concerns and detachment from culture.

Women are often torn between seeking safety and accessing services and staying in their home communities with their support network and familiar environment. Elder Betty McKenna, from the Anishinaabe Nation, Shoal River Band in Saskatchewan, has voiced concern as well that women are often separated from their families and their home community to access resources (B. McKenna, personal communication, March 7, 2018). As such, giving women the opportunity to stay connected to their support network, such as family, friends, and community members (e.g., Carrington et al., 2013; DeKeseredy & Schwartz, 2009; Wuerch et al., 2019), while ensuring that they are maintaining their safety and receiving formal supports cannot be understated. For this to occur, ensuring that stable and adequate funding is provided is warranted. This may then encourage women to seek refuge within their home community instead of deciding to stay in an abusive relationship due to fear of having to access services elsewhere.

Choosing to access services within their home community raises unique concerns for women living in northern communities, such as concerns and limitations regarding confidentiality and anonymity. The present research extends upon past research within rural communities and reveals that confidentiality and anonymity continue to be significant concerns for survivors of IPV (e.g., Forsdick-Martz & Sarauer, 2000;

Websdale, 1995). Of the research conducted within northern areas in Canada, confidentiality and anonymity are frequently cited concerns and deterring factors for accessing support among women (Moffitt & Fikowski, 2017; Wuerch et al., 2019).

Participants described that women may be hesitant to seek support due to fearing that individuals within the community may find out, struggling to establish trust with service providers in the community, or being related to the individual providing services. These are unique concerns within geographically diverse communities and are significant barriers for women survivors of IPV. There are mixed results within the literature in terms of whether being from the community and providing services is beneficial. Wuerch et al. (2019) reported that service providers had mixed thoughts regarding this, as some individuals described being an outsider as a disadvantage, while others described being from the community and providing services as a disadvantage. Future research is needed to explore the latter and to better determine what is preferred among women survivors of IPV. Either way, the foundational concern was confidentiality and anonymity.

One method in which to improve the access to services while taking into consideration concerns regarding confidentiality and anonymity may involve using innovative strategies, such as online services. This may include online safety planning, education regarding the risk factors for IPV within northern communities, and providing information online regarding the availability of services. For example, the Public Legal Education and Information Service of New Brunswick (PLEIS-NB; 2017) recently developed and released a free safety planning app that can be used by women survivors of IPV. This tool, referred to as EVO, enables women to learn more about what places

them at risk within their current relationship and to make a safety plan for staying in the relationship or for seeking refuge. A directory of services and supports within New Brunswick are also available within the app. The creator, Dr. Deborah Doherty, notes that this tool is especially useful for individuals living in small towns. Building upon this app within the context of Saskatchewan would be a creative strategy to consider for women within geographically diverse communities. Furthermore, providing home visits is also discussed within the research literature (Wuerch et al., 2019) as a way to ensure that services for women and/or children are being accessed in a private manner and to help women feel comfortable with the logistics (e.g., in their own home) of the support.

An additional barrier to leaving IPV relationships and accessing services is the stigmatization and silencing of IPV. In past research, rural culture has been alluded to as a contributing factor to IPV in terms of IPV being considered a private matter; one that evokes strong feelings of shame and embarrassment (Carrington et al., 2013; Wendt, 2009). Owen and Carrington (2015) suggest that the need to maintain privacy within rural families can be conceptualized as a *cloak of silence*. These authors propose that the cloak of silence may operate in other geographic locations as well; however, the intensity of the phenomenon limits support seeking options for women survivors. Therefore, the present findings suggest that the stigmatization of IPV and seeking support extends beyond rural communities to include northern communities as well. Participants illustrated that IPV is often considered to be an experience that is hidden behind closed doors and one that fuels experiences of shame, embarrassment, and self-blame, which is in line with the concept of the cloak of silence and reasons as to why women may under-use services (Owen & Carrington, 2015). Furthermore, within a northern Canadian

context Moffitt and Fikowski (2017) found that there appeared to be a culture of “violence and silence” (p. 48) facilitating the minimization and acceptance of IPV within the family unit, which is consistent with the present results. The complexity of northern culture and how this culture interacts with IPV further illustrates the need for intervention models that go beyond an urban framework and takes into consideration the physical, social, and personal challenges that survivors of IPV experience within northern regions.

A unique finding within the present research was the discussed challenges in northern areas in relation to language and cultural barriers. Language diversity is notable within Saskatchewan, with there being eight Indigenous language groups: Plains Cree, Woodland Cree, Swampy Cree, Sauteaux, Dene, Dakota, Nakoda, and Lakota (Saskatchewan Indigenous Cultural Centre, n.d.). Cree and Dene were two languages discussed within the present research and were noted as being more common within northern communities in Saskatchewan due to the large Indigenous population.

The importance of encouraging individuals to reconnect with their culture and their native language was discussed by participants, which elucidates past research as well (Moffitt & Fikowski, 2017; Wuerch et al., 2019). For instance, due to the diversity in culture and language, more is needed in terms of services and resources than a “blanket approach” (Moffitt & Fikowski, 2017, p. 47). Educating service providers on cultural and language differences between Indigenous groups and ensuring that service provision is occurring in a client-centered, trauma-informed manner will help to ensure that women feel safe and comfortable accessing supports related to IPV. Of note, recent funding was allotted to support 59 projects across Saskatchewan to focus on Indigenous

languages (Canadian Heritage, 2019). As language is essential to the cultural identity of Indigenous Peoples, it may be imperative for service providers to take part in language programming to strengthen their understanding of Indigenous language and culture.

Personal challenges included concern about children and limited support from family members. Participants highlighted that women who do not have children face fewer barriers, as for those with children relocating outside of their home community or finding supports that are available for children are increasingly difficult. For instance, women may have to decide whether to leave behind support received in relation to raising their children when thinking of seeking refuge, which may include the perpetrator of IPV. Programming is needed for survivors of IPV as well as their children, as research notes that children who witness IPV in childhood are increasingly likely to experience IPV in adulthood (Kalmuss, 1996; Hoffart, 2016). Developing and implementing interventions that take into consideration the complexity of children's experiences when living in northern communities and the cultural and societal differences will help to improve the effectiveness of services (Moffitt & Fikowski, 2017). Further, having additional supports in place for women and their children, such as shelter programming to increase connection among women and child shelter residents, financial support, options for childcare, and therapy services available for the whole length of stay is vital.

5.10.3. Implications for areas in need of improvement and change. Service providers shared their experiences and detailed the current areas in need of improvement and change within northern communities in Saskatchewan. Three higher order themes were identified, including working with specialized populations, providing education,

and addressing infrastructure and logistical limitations. Each higher order theme also contained subthemes, some of which will be discussed further within the integrated discussion in Chapter 6. The first higher order theme, working with specialized populations, including the subthemes providing services and supports for 2SLGBTQIAP+ individuals and services for men survivors of IPV. Again, while the present study focused on male-to-female IPV, we acknowledge that IPV is not limited to heterosexual couples (Black et al., 2011; Canadian Centre for Justice Statistics, 2018).

Service providers described mixed experiences with 2SLGBTQIAP+ individuals. There was mention that 2SLGBTIAP+ couples were not prominent in some communities whereas there were some members of the 2SLGBTIAP+ within other communities. Despite this, there was still the acknowledgement that 2SLGBTQIAP+ survivors of IPV were underrepresented, vulnerable, and in need of supports in place to aid in feelings of isolation. One participant detailed that her place of employment serves all women survivors of IPV, regardless of sexual orientation, in that the overarching concern is IPV; however, there was mention of being unsure of whether or not members of the 2SLGBTQIAP+ were seeking shelter services.

Moving forward, the development and implementation of programming that addresses the sociocultural and structural differences that 2SLGBTQIAP+ individuals experience and contribute to non-help seeking behaviours, such as the fear of stigmatization, will be imperative in order to create safe and all-inclusive environments (Kulkin et al., 2007; Turell et al., 2012). Further, raising awareness about 2SLGBTQIAP+ communities may lead to more individuals accessing formal supports. Research to date has revealed that there is the belief that 2SLGBTQIAP+ couples are not

prominent within rural communities (Turell et al., 2012); however, this research has not yet been extended to northern areas. Therefore, future research examining 2SLGBTQIAP+ couples within northern communities is needed within the context of IPV to inform how best to support individuals in need of services and resources.

Participants further noted an increasing understanding that men survivors of IPV are often overlooked in terms of services and resources. There is a significant focus on services and resources for women survivors of IPV at present, as gender-based violence continues to be a pervasive and global issue, as well as the notion that women survivors of IPV continue to face significant challenges when seeking support (Statistics Canada, 2016). However, there is a shift towards understanding that men survivors of IPV are a silent population. As such, future research is needed to understand the experiences of men survivors of IPV within all geographical locations within Canada to inform program development and implementation for this population.

In terms of infrastructure and logistical limitations, participants voiced their perspectives in relation to mental health services, empowering individuals to make their own decisions, culturally affirming programming, reactive instead of proactive services, and funding. They also discussed thoughts regarding collaboration with other agencies and attracting and retaining service providers within northern communities, which will be explored further in Chapter 6. When challenges are faced at the infrastructure and logistical level, these challenges seep down into other areas, ones that involve individual and community level support. Feelings of disheartenment were described when discussing the various areas in need of improvement and change, in that when challenges are faced, providing effective and much needed support services becomes more difficult.

Limited research to date has focused on the mental health needs of women living in northern communities in relation to IPV. There is the understanding that within Saskatchewan, a large proportion of individuals who identify as Indigenous reside in northern communities. Research proposes that Indigenous Peoples living in geographically diverse communities are at increased risk for domestic homicide (Dawson et al., 2018). Furthermore, recent research reveals that Indigenous Peoples report increased experiences of suicidal ideation, suicide attempts, mental health concerns, and high rates of completed suicide (Hajizadeh, Bombay, & Asada, 2019; Hatcher, Crawford, & Coupe, 2017). There is also a notable stigma with regard to mental health within northern communities (Wuerch et al., 2019). The present findings revealed that complex mental health concerns are notable within northern regions, which demonstrates a strong need for services. However, with mental health services currently failing to meet the needs of individuals in the North, change is strongly needed.

Participants identified that mental health professionals are often tasked with travelling from community to community, which limits the availability of support when immediate crises arise. Furthermore, the foundation of mental health support involves a therapeutic relationship between therapist and client. As participants noted, with one or two individuals being employed to provide mental health services, there is the chance that survivors of IPV may not mesh or connect with their mental health support person. Furthermore, concerns regarding mental health stigma in northern communities was noted as a concern as well. Therefore, having mental health professionals that are deemed to be trustworthy and who abide by the limits of confidentiality, especially within small communities, is of the utmost importance. Furthermore, providing

education to individuals within the community with regard to mental health and the services that mental health professionals provide may help to reduce the stigma that mental health services currently hold (Wuerch et al., 2019). As with rural mental health, northern mental health also needs to take into consideration the various social, economic, and cultural inequalities of the geographic landscape (Friesen, 2019). Therefore, with infrastructure being a concern in relation to the availability of mental health services, the use of emerging technology-based strategies may be a viable option for reaching individuals in northern areas and providing mental health support.

Tying into mental health support was the subtheme of empowering individuals to make their own decisions. Consistent with past research, the importance of giving survivors of IPV the tools to make informed decisions are ways in which to promote independence and autonomy (Wuerch et al., 2019). Participants noted that women may need to make decisions with regard to fleeing violence and accessing certain programming, all of which can be overwhelming when experiencing the aftermaths of IPV. As such, giving women a safe space and informing them of choices available to them are of great importance. Furthermore, participants identified a shift in thinking in terms of IPV. In order to empower women, when deemed safe to do so, women are encouraged to make a decision that is best for them (and their children) in terms of staying with or leaving their abusive partner. Helping women to make a decision that is best for them provides them with learning opportunities that promote strength and independence. When this is the case, service providers have the additional task of informing women of options and resources available to them and creating safety plans.

Developing and implementing culturally affirming programming was discussed

as imperative in order to empower Indigenous Peoples to reconnect, and in some cases, connect for the first time, with their culture and traditional healing practices. The literature asserts that where Indigenous women exist within their social environment continues to promote and tolerate ongoing violence and abuse (Weaver, 2009; Faller et al., 2018). Furthermore, the effects of colonization and the historical trauma that has been passed down from generation to generation continues to impact the lives of Indigenous Peoples (Brownridge et al., 2017; Hoffart, 2016), in that Indigenous Peoples continue to experience marginalization and oppression within society (Hatcher, Crawford, & Coupe, 2017; Weaver, 2009).

Therefore, culturally affirming programming must be built on the foundation of understanding violence among Indigenous Peoples within a societal context. Culturally affirming programming must further involve being mindful of the experiences and sensitivities of Indigenous Peoples and create a comfortable environment where information can be shared and empathy can be demonstrated (C. Walker, personal communication, March 12, 2019). The lack of culturally affirming programming at present acts as a barrier to service provision among Indigenous Peoples (Faller et al., 2018) within geographically diverse communities. The development and implementation of culturally affirming programming can be seen as a step towards addressing the Calls to Action put forth by the Truth and Reconciliation Commission of Canada, such as by strengthening Indigenous cultures in collaboration with Indigenous Peoples, placing increased emphasis on Indigenous healing by addressing physical, mental, emotional, and spiritual harms caused by colonization, and focusing on how this presently impacts experiences of IPV among Indigenous women living in northern

communities (Truth and Reconciliation Commission of Canada, 2015a). For instance, suggestions within the present research included offering healing circles, encouraging involvement from Elders trained in the area of IPV and gender-based violence, and placing emphasis on grieving to promote personal development and healing, which should be informed by working with Indigenous Peoples.

Within northern communities, there is a significant focus on reactive services as opposed to proactive services. This reactive versus proactive approach was described as occurring as well when referencing death by suicide. Reactive services are often short-term and unfortunately do not contribute to the longevity of change. In order to create and facilitate long-term change, especially within the context of northern communities and societal disadvantages, proactive services are very much warranted. This is consistent with past research suggesting that service provision must shift in focus and move towards consistent responses to facilitate long-term change (Moffitt & Fikowski, 2017). Participants described that women are often operating in “survival mode,” which is a pattern when faced with limited resources, services, and funding. This indicates that women are not focusing on their healing journey, and instead, are focusing on how to survive in the moment. Surviving in the moment is then met with services to address immediate safety (Moffitt & Fikowski, 2017). To implement proactive resources, appropriate funding from the provincial and federal government is needed.

6.0. Chapter 6: Conclusion

The results of the present research provide an increased understanding into the challenges faced when supporting survivors of IPV within a service provider role in rural and northern communities. Service providers shared their knowledge and experiences in relation to supporting women fleeing situations of violence and abuse. The findings add and extend the existing body of literature examining IPV within rural and northern communities within a Canadian context (Dawson et al., 2018; Faller et al., 2018; Moffitt & Fikowski, 2017; Wuerch et al., 2019). In particular, I sought to explore responses from services providers from rural and northern communities and analyzed them separately to allow for comparisons amongst these two geographically diverse areas. Furthermore, the implementation of agreed-upon definitions of rural and northern communities allowed for the information obtained to be transferred to other areas that are similar in the characteristics described. The similarities and differences between the results from the rural and northern communities in Saskatchewan are explored below. To end, implications for the present findings as well as strengths, limitations, and future directions are sequentially presented.

6.1. Similarities between Rural and Northern Communities

Service providers from rural as well as northern communities spoke about similar challenges when supporting survivors of IPV (Table 5). Participants identified that geographic isolation, limited options for transportation, women having to leave their home community to access services, confidentiality, and stigmatization in relation to IPV were all barriers to leaving IPV relationships and accessing services within both rural and northern regions in Saskatchewan. These findings are consistent with past research

Table 5. Similarities between results for rural and northern communities

Overarching Theme	Higher Order Themes	Subthemes
		Rural and Northern Communities
Barriers to Leaving IPV Relationships and Accessing Services	Physical challenges	(1) Geographic isolation (2) Limited options for transportation
	Social challenges	(1) Services outside home community (2) Confidentiality (3) Stigmatization and silencing of IPV
	Personal challenges	(1) Concern about children
Areas in need of Improvement and Change	Working with specialized populations	(1) Services and supports for two-spirit, lesbian, gay, bisexual, transgender, queer, intersex, asexual, and pansexual (2SLGBTQIAP+) individuals
	Providing education	(1) Education about IPV (2) Improving knowledge of services (3) Specialized and sensitivity training
	Addressing infrastructure and logistical limitations	(1) Mental health services (2) Limited resources and funding (3) Coordinated and collaborative approach
Promising Practices in Communities	-	(1) Culturally affirming programming
Overall Perception of Work as a Service Provider		(1) Disheartenment

(e.g., Forsdick-Martz & Sarauer, 2000; Hornosty & Doherty, 2002; Faller et al., 2018;

Owen & Carrington, 2015; Wuerch et al., 2019) and further emphasize the importance of

understanding the realities of living in rural and northern communities within Canada. Similarities also arose in terms of discussion about areas in need of improvement and change, including services and supports for 2SLGBTQIAP + communities, mental health services, funding, and collaboration with other agencies. These findings reveal areas that are important and ones that may improve the support for survivors of IPV long-term.

Furthermore, service providers from both geographical areas spoke about the integration of culturally affirming programming as a promising practice within their communities. Reconnecting individuals with their traditional healing practices and cuisine (e.g., healing circles, food from the earth), encouraging support from community Elders, and having service providers who speak Indigenous languages were all noted as positive steps being taken to ensure that the cultural needs of women are being considered. Importance was placed on the notion that individuals identifying as Indigenous may differ in their traditional and cultural practices based on their group identity, as well as living circumstances; therefore, ensuring that time is taken to develop rapport and understand the individual woman is important to promote a client-centered approach. Given the history of colonization within Canada and the notion that all Indigenous individuals have been impacted in some way by the residential school experience (Truth and Reconciliation Commission of Canada, 2015a), focusing on improving culturally affirming programming cannot be overstated. Research notes that when a holistic approach is taken to supporting and addressing the social, economic, and societal issues faced among Indigenous survivors of IPV, promoting resilience and empowerment may involve helping individuals reconnect to their cultural roots, family values, and connection to their belief systems (Burnette, 2018; Cheers et al., 2006).

6.2. Differences between Rural and Northern Communities

Results revealed key differences between rural and northern communities in relation to barriers to leaving IPV relationships and accessing services and areas in need of improvement and change (Table 6). With respect to barriers to leaving IPV relationships and accessing services, service providers within rural communities discussed experiences of social isolation and concern about animals, which was not discussed within northern communities. Participants from rural areas described social isolation within the context of individuals being harder to reach, especially when living on farms, as well as the notion that the stigmatization of IPV and transiency due to employment may increase social isolation. Experiences of social isolation within rural areas is a finding consistent with past research (e.g., Carrington et al., 2013). The way in which social isolation was discussed by rural service providers suggests that this is tied to geographic isolation, whereas social isolation can occur within other contexts as well. Therefore, future research should seek to more thoroughly examine social isolation with rural and northern communities and focus on the underlying function of this concern.

Furthermore, concern about animals when fleeing violence when living in rural and northern communities is an area that has been increasingly focused on within recent research. For instance, Wuerch et al. (2018) revealed that roughly 58% ($n = 28$) of their sample of urban, rural, and northern service providers reported belief that there was not adequate access to support women who express concern about animal care and safekeeping within their communities. As this is an area that has received increased attention over the past couple of years within Saskatchewan, particularly with the creation of a partnership between PATHS and the Saskatchewan Society for the

Table 6. Differences between results for rural and northern communities

Overarching Theme	Higher Order Themes	Subthemes	
		Rural	Northern
Root Causes of IPV	-	(1) Perception of violence – male level (2) Experiences of IPV – female level	-
A Cycle of Disadvantage	-	-	(1) Housing (2) Poverty and unemployment (3) High rates of violence (4) The normalization and intergenerational nature of IPV (5) Substance use and the suppression of emotions (6) Limited services and resources
Barriers to Leaving IPV Relationships and Accessing Services	Physical challenges	(1) Social isolation	(1) Timely response from police services
	Social challenges	(1) Communication limitations	(1) Language and cultural barriers
	Personal challenges	(1) Pressure from family members (2) Fear of uncertainty (3) Concern about animals	(1) Limited support from family members
Concern about Court Structure and Police Services	-	-	(1) Hesitant to provide evidence to police (2) Fear of retaliation and revictimization (3) Legal aid (4) New approach to supporting perpetrators and survivors

Working with Indigenous Peoples	-	(1) Normalization of violence and racism (2) Limited services when living on-reserve (3) Violence on-reserves	-
Areas in need of Improvement and Change	Working with specialized populations	-	(1) Services for men survivors of IPV
	Providing education	(1) Ideas about traditional gender roles (2) Education about healthy relationships and self-worth	-
	Addressing infrastructure and logistical limitations	(1) IPV outside of business hours (2) Shelter services (3) Police services (4) Court support and the justice system	(1) Empowering individuals to make their own decisions (2) Culturally affirming programming (3) Reactive instead of proactive services (4) Attracting and retaining service providers
Promising Practices in Communities	-	(1) Building trusting relationships (2) Collaboration among community agencies (3) Increasing community awareness of IPV	(1) People motivated to make a difference
Overall Perception of Work as a Service Provider		(1) Frustration (2) Hope	-

Prevention of Cruelty to Animals (Saskatchewan SPCA), service providers are likely becoming increasingly aware of this barrier for survivors of IPV. Despite this, as northern service providers within the present research did not identify concerns for animals, one cannot rule out that concerns about animals are not present but there may be other more pressing concerns or that further education regarding this barrier is needed.

Certain subthemes were discussed amongst service providers within northern communities only, including language and cultural barriers for women fleeing violence, as well as the need for more culturally affirming programming and strategies that focus on attracting and retaining service providers. The identification of language and cultural barriers as well as need for culturally affirming programming may be reflective of the Indigenous population that resides in northern communities as opposed to rural communities in Saskatchewan. As reviewed earlier, Statistics Canada (2017a) provides information about the number of Indigenous Peoples living in rural (46.2%), small population (15.8%), medium population (7.3%), and large population (27.5%) centres; however, this data does not include northern areas. At present, the classification points published by Statistics Canada (2016b) indicate that all areas that do not meet criteria for one of the three population centres are defined as a rural area, which presents challenges for the current research. Additional information about the number of Indigenous Peoples living in rural and northern regions in Saskatchewan is needed to draw conclusions.

In addition, attracting and retaining service providers was a finding solely connected to northern communities. This is a mixed finding as there is research to suggest that retaining service providers is difficult within rural communities as well (Sudderth, 2006). However, consistent with past research (Moffitt & Fikowski, 2017;

Wuerch et al., 2019), participants in northern areas identified struggling to attract and retain service providers as well as having limited financial support to fund much needed employment positions. Service providers suggested that training people residing in northern areas may help to fill service provision positions as well as to create employment in their communities. Moffitt and Fikowski (2017) note that high turnover rates in northern communities are often associated with geographic isolation, depleted resources, and service providers being tasked with filling roles outside their area of competence (e.g., police officers providing mental health support). In turn, research has demonstrated that feelings of frustration and hopelessness due to limited resources and services, as well as experiences of vicarious trauma, can contribute to feelings of burnout as well as failure (Merchant & Whiting, 2015; Slattery & Goodman, 2009). However, Moffitt and Fikowski (2017) indicate that there may be an under identification of experiences of vicarious trauma and/or compassion fatigue amongst service providers, which may be related to increased turnover rates. Therefore, importance must be placed on supporting service providers at an individual level as well as an organizational level.

For instance, creating a workplace where service providers are encouraged and given time to establish connections with team members as well as other service providers may provide a sense of support for individuals working in northern communities (Slattery & Goodman, 2009). Furthermore, as service providers within northern communities may be working independently, an increased emphasis may need to be placed on creating opportunities that promote connection and collaboration. Slattery and Goodman (2009) indicate that protective factors for the development of vicarious trauma include implementing strategies at the organizational level, including support and

supervision from colleagues. Given evidence to suggest that service providers in northern communities may work in silos (Moffitt & Fikowski, 2017), one option to promote support and supervision may be to create a supportive partnership with IPV service providers across the province or within particular geographic locations. This may involve communicating via telephone or through an online program and would allow service providers in geographically diverse communities to establish connections with other service providers providing support to survivors of IPV. Given that IPV service providers are in need of supportive professional relationships to protect against burnout and vicarious trauma, creating a supportive working environment may be one avenue in which to improve the emotional well-being of service providers.

The cycle of disadvantage was an overarching theme found within northern communities only. Service providers within rural communities spoke about housing and financial stability concerns; however, the cycle of disadvantage extends beyond these issues and speaks to the continuous cycle of concern that northern communities experience. The cycle of disadvantage was discussed as one that impacts the individual, family, community, and societal level. Various circumstances contribute to the cycle of disadvantage and are likely connected to the daily struggles faced within northern communities. The present research reveals the important steps that are warranted in supporting survivors of IPV within northern communities. When considering the cycle of disadvantage, key changes are needed, including creating options for affordable housing, addressing high poverty and unemployment rates, and increasing services and resources, which at present are reported to be limited and described as being connected to high rates of violence, substance use, and the suppression of emotions.

Furthermore, working with Indigenous Peoples was an overarching theme discussed primarily by service providers within rural communities. One may speculate that this did not emerge within northern communities as northern communities have a higher population of Indigenous Peoples, and thus, may be a prominent group receiving support. The identification of considerations that must be taken when working with and supporting Indigenous Peoples cannot be understated. This result suggests that there continues to be a growing understanding of the history of Indigenous Peoples and the numerous injustices they have been directly or indirectly subjected to. A more thorough understanding is needed on how best to support women survivors of IPV who identify as Indigenous within rural and northern communities in Canada. For instance, Moffitt and Fikowski (2017) suggest that increasing social connection and relationships within Indigenous communities may be an important avenue to consider. These authors suggest that provincial, federal, and Indigenous governments must work together and continue to develop and implement opportunities to encourage healing.

Service providers also spent some time discussing promising practices within their communities. Four promising practices were identified within rural communities (i.e., building trusting relationships, collaboration among community agencies, culturally affirming programming, and increasing community awareness of IPV) and two within northern communities (i.e., culturally affirming programming, people motivated to make a difference). The similarity of culturally affirming programming was discussed above in Section 6.1. Increasing community awareness of IPV and collaboration among community agencies are explored further below within Sections 6.3.2. and 6.3.4., respectively. People being motivated to make a difference was discussed as a promising

practice by northern participants only. This finding was discussed within the context of service providers working to make a positive impact within their northern communities. A sense of commitment to encourage and promote positive change at the individual and community level was discussed, as well as the importance of focusing on moving forward and providing support to the whole community. The finding that service providers within northern communities are striving to make a difference in their regions speaks to the importance of retaining these individuals in a service provider capacity.

The overarching theme perception of work as a service provider revealed differences between rural and northern communities. Rural service providers documented feelings of frustration, disheartenment, and hope, whereas northern service providers documented feelings of disheartenment only. Previous research highlights that feelings of frustration, disheartenment, and hope are felt amongst service providers working in urban, rural, and northern communities (e.g., Burnett et al., 2016; Faller et al., 2018; Merchant & Whiting, 2015); however, these studies combine one or more geographic locations or focus solely on one geographic location, which limits the comparability and transferability of the findings. Therefore, the present results are novel as the methodology employed allows for insights to be garnered about the experiences of service providers in diverse geographic regions individually as opposed to combined. These differences are discussed in Section 6.3.5.

6.3. Implications for Service Provision

The present research offers implications for real-world practice when working with and supporting survivors of IPV in rural and northern communities. For instance, having a more comprehensive understanding of the differences between geographical

location and how this impacts a women's journey to seek refuge is imperative. Past research has established that the experiences of women IPV survivors living in rural and northern regions are qualitatively different from women IPV survivors living in population centres (Logan et al., 2003; Dawson et al., 2018). The present research contributes to the extant body of research examining geographic location by offering in-depth information to allow for comparisons. My hope is that this important information will help inform service providers about what factors to consider when supporting survivors of IPV in geographically diverse regions. Utilizing a framework that addresses IPV through an urban lens will likely be limited, as there are other key aspects that need to be taken into consideration when supporting women living in rural and northern areas.

6.3.1. IPV education for women survivors. Service providers living and working in both rural and northern communities expressed their concerns regarding the stigmatization that women may face in relation to their experiences with IPV and with seeking support. This finding is consistent with past research suggesting that conservative attitudes, traditional views of gender roles, and a culture of silence, which are all thought to be more common within geographically diverse communities, may impact whether or not women disclose IPV (Peterson et al., 2005; Owen & Carrington, 2015). Considering this finding from a practical lens, placing an emphasis on supporting women in learning about and evaluating their beliefs regarding IPV and seeking support will likely be beneficial for their healing journey, and will also help shift beliefs regarding traditional gender roles.

Rural service providers spoke about the importance of building trusting relationships, which was identified as a promising practice. Empowering women

survivors of IPV through the establishment of rapport and connections was noted as important in order to help women feel safe as well as comfortable with accessing services. Participants identified that women are often encouraged to make decisions that are right for them, which is an approach that is not always taken amongst all service providers, however, is one that helps to establish a trusting relationship. Fostering a sense of hope and providing information about what services are available, regardless of whether or not the woman decides to pursue support at that moment, was also noted as important and one that may make a difference in the long-term. For instance, research suggests that incorporating trauma-informed practices into work with survivors of IPV, such as promoting emotional safety (e.g., nonjudgmental approach, transparent communication of policies and practices), reestablishing choice and control (e.g., shared power when working with survivors of IPV, soliciting input from women about programming), and ensuring that the supportive space is inclusive and welcoming are all practices that can build trusting relationships between service providers and survivors of IPV (Wilson, Fauci, & Goodman, 2015). Wilson et al. (2015) further note that trauma-informed practices must focus on healing at the individual level as well as the community and societal level, as without this wider perspective, social change is limited.

6.3.2. IPV education for families and the general public. Beyond education for women survivors specifically, the majority of service providers in rural and northern communities discussed the need to provide education to family members and community members. Interestingly, while education was discussed as an area in need of improvement and change in both geographic locations, participants within rural communities only suggested that increasing community awareness of IPV was a

promising practice. Therefore, findings reveal that although there are positive changes occurring with some rural communities, additional effort is still needed within rural and northern regions in the area of public education. For instance, participants spoke about the need to provide education in relation to what types of abuse may constitute experiencing IPV. While physical abuse is most often associated with experiences of IPV, there are various other forms of abuse (e.g., emotional, spiritual, and financial) that may be overlooked. As one service provider suggested, providing educational programming in an interactive way and using different strategies to advertise services (e.g., placing posters in public areas and bulletin boards) may further serve to engage individuals in facilitating change within themselves and in their communities.

Service providers working in northern communities discussed the importance of providing education to the whole family unit as a way to inform community members and highlight the impact of IPV on all family members, including children. Cheers et al. (2006) recommend that designing educational programs to address the social, economic, and societal issues connected to IPV among Indigenous Peoples living in geographically diverse communities is important to consider, which is further demonstrated by the present results. The findings of the present research would suggest that the latter may be beneficial within rural regions as well. Within this, challenges in relation to the normalization of violence and racism were noted, suggesting that education at all levels is strongly needed to address these overarching concerns. As Cheers et al. (2006) propose, focusing on how IPV has impacted individuals through a comprehensive and holistic lens, such as at the individual, familial, and cultural level, may serve to strengthen and celebrate communities.

6.3.3. IPV education for professionals. Results revealed that providing specialized and sensitivity training to professionals working with women survivors of IPV is strongly needed. Participants across rural and northern areas spoke about the need to work with women survivors of IPV in a sensitive, compassionate, and empathetic manner. This would not only serve to improve rapport with women survivors of IPV, but also to ensure that women feel comfortable seeking support from various support services. As there are often times when service providers may provide support through a primary or secondary IPV service, such as a domestic violence shelter or nursing station, respectively, providing education to individuals who are in a position to potentially provide front-line support to women survivors is imperative. For instance, within the present research we identified that individuals working in nursing stations within northern communities may provide support to survivors of IPV. Although the primary role of a nurse is not to provide support to survivors of IPV, in geographically diverse communities the nurse may adopt that role; therefore, ensuring that specialized education is available and provided to such individuals is duly warranted.

Moreover, service providers voiced their concerns regarding responses from certain support personnel, such as doctors and police officers. This included insensitive comments and perpetuating myths regarding abusive relationships (e.g., “Why don’t you just leave?”). Past research elucidates this concern particularly in relation to police and court responses (Benson, 2009; Logan, Shannon, & Walker, 2005). For instance, Benson (2009) found that women struggled in their encounters with police officers for various reasons, such as police personnel not taking the necessary action to help. Results from research conducted by Ragusa (2012) found that women felt as though police did

not take their reports of IPV seriously, which is consistent with the present research. As police personnel are often a crucial first response and are considered to be a step towards empowerment and freedom for women, providing ongoing training to address gender and cultural sensitivity may improve responses to IPV (Few, 2005; Wuerch et al., 2019).

6.3.4. Collaboration among agencies. Participants within rural and northern communities highlighted the importance of working in collaboration with agencies operating in their home communities. There was further mention of the importance of creating a coordinated and collaborative approach that includes local community agencies as well as government representatives in order to facilitate social change. With these important considerations being discussed, challenges reported by service providers included a current disconnect between local community agencies. For example, participants voiced concern that local agencies and services may be unaware of what other agencies, services, and programs were available within their home communities, which is consistent with past research (Hochstein & Thurman, 2006; Moffitt & Fikowski, 2017; Wendt, 2010). Past research demonstrates that limited collaboration amongst service providers and limited knowledge about local service availability can impact whether or not women survivors of IPV access and utilize support in their home communities (Hochstein & Thurman, 2006; Wendt, 2010). Therefore, promoting collaboration among agencies within rural areas and northern regions is an important step to consider moving forward and one that may help ensure that services are being utilized effectively among women survivors (Wuerch et al., 2019). An example of promoting a collaborative and coordinated response to IPV may include holding a meeting amongst all service agencies involved in supporting women survivors of IPV

within rural and northern areas, giving individuals a chance to discuss their services. Ensuring that representatives from local community and government agencies are present will help ensure that a coordinated approach as well.

Given that the structure, values, training, and protocols of agencies and services differ, cross-training as well as promoting an open and comfortable dialogue is needed to ensure that all viewpoints are being considered non-judgmentally (Sudderth, 2006). For instance, Moffitt and Fikowski (2017) note that service providers feel frustrated when the support they provide is misunderstood and devalued (i.e., social workers providing only child protective services). In addition, cross-training may include having one or two service providers from each organization train individuals from another organization, which will help to promote knowledge sharing (Sudderth, 2006). While this may be time-intensive in the beginning stages, education may be the first step in promoting a collaborative relationship. Once service providers are aware of what services are available across different agencies, one option may be to create a resource (e.g., pamphlet, website) outlining local resources that are available to women seeking refuge to aid in their healing journey (Logan, Shannon, & Walker, 2005).

Participants also discussed the idea of promoting cross-sector collaboration in terms of using a team approach to support survivors of IPV. There was mention that women may present with more than one need, such as needing support to address mental health, court proceedings, and safety planning concerns. When utilizing a team approach across sectors, maintaining confidentiality is something to consider (Moffitt & Fikowski, 2017). Developing a protocol to address confidentiality between sectors and employment positions, such as the use of a consent for disclosure form to allow service

providers to share information if consented to by the client may be warranted. Moffitt and Fikowski (2017) further note that allowing agencies to communicate may decrease the number of times a women survivor of IPV needs to tell her story of abuse.

Moreover, of importance to note is that the retention of service providers can impact the development of a collaborative partnership. Research suggests that high turnover rates impact the ability of service providers to establish connections with other agencies as well as to facilitate change (Sudderth, 2006; Wuerch et al., 2019). For instance, Sudderth (2006) notes that high turnover rates impacted the ability of domestic violence advocates and members of the police within a rural community to establish an ongoing relationship, and thus, a collaborative partnership.

6.3.5. Perception of work as a service provider. Throughout the interviews with service providers, participants voiced their thoughts, knowledge, and emotions regarding the current state of IPV services within geographically diverse communities as well as their current role is supporting survivors of IPV. As stated above, differences were revealed between rural and northern service providers in that rural service providers documented feelings of frustration, disheartenment, and hope, whereas northern service providers documented feelings of disheartenment only. Below I will explore the findings from rural communities and northern communities separately to allow for a better understanding of implications.

6.3.5.1. Rural communities. Feelings of frustration, disheartenment, and hope were voiced by service providers living and working in rural communities. Feelings of frustration were noted when discussing the current social climate of their work, such as limited services and resources, services being based on an urban model, and services

being implemented that are reactive as opposed to proactive (the band-aid effect), which are concerns brought up within past research in rural regions (Yun, Swindell, & Kercher, 2009). Participants identified that the struggles faced within rural communities at the individual level as well as the organizational and community level are difficult to support when being met with certain limitations (e.g., funding, resources, and substance use). Belief that service providers cannot do enough to support their clients due to challenges within the overarching system of care appears to be consistent within past research (e.g., Faller et al., 2018; Merchant & Whiting, 2015). Although the present findings cannot be fully compared to the existing research (i.e., many studies employed participants across urban, rural, and northern areas combined), an interesting finding presented by Merchant and Whiting (2015) suggests that service providers who worked in a supportive work environment were less likely to express frustration, which speaks to the importance of collaboration. The present research suggests that additional research is needed into the perception of work as a service provider within all geographic locations.

In addition to frustration and disheartenment, service providers within rural communities discussed feelings of hope. Feelings of hope seemed to function as a sense of motivation and empowerment for service providers to continue to do the best they can in the face of significant challenges and limitations. Two service providers spoke about their own journeys with IPV and how their own experiences have helped them to positively impact the lives of others. One participant discussed that service providers working to support survivors of IPV are often doing so from their hearts as opposed to for their pocketbooks. Ways to promote hope and empowerment may include creating a collaborative work environment, focusing on positive changes in terms of support for

women survivors of IPV, providing support to team members, and engaging in shared decision making (Slattery & Goodman, 2009). Faller et al. (2018) note that without hope, the fight against IPV “would be meaningless” (p. 10); therefore, continued effort must be placed on instilling hope amongst service providers.

6.3.5.2. Northern communities. In comparison to expressions of frustration, disheartenment, and hope voiced by service providers working in rural communities, service providers within northern communities spoke solely about feelings of disheartenment. Feelings of disheartenment were evident in most interviews and were further highlighted by the significant challenges service providers face on a daily basis in northern communities. Participants described feeling defeated in that positive changes seem few and far between as well as the notion that nothing appears to be working well. Feelings of disheartenment among service providers is also found within past research (Faller et al., 2018); however, the methodological approach employed (i.e., combined rural and northern communities) does not allow one to discern a connection between disheartenment and geographic location. The present study adds novel information to the growing research regarding the work of service providers and the perception of their work when supporting survivors of IPV within geographically diverse regions.

As noted within the results section, service providers are often providing the best supports possible while faced with significant limitations and funding barriers across all levels (individual, organization, community, government). Initiatives that strive to address and overcome the various challenges faced within northern communities, including the cycle of disadvantage, attracting and retaining service providers, and promoting collaboration amongst team members and outside agencies (Faller et al.,

2018; Moffitt & Fikowski, 2017) may help to combat the social nature of IPV and the current disheartenment that individuals within northern communities experience.

Furthermore, promoting hope amongst service providers through the implementation of support and collaboration is strongly warranted (Slattery & Goodman, 2009) and may empower service providers to continue to fight against IPV (Faller et al., 2018).

6.4. Policy Implications

While identifying the current initiatives within Canada that seek to identify gaps and facilitate change in relation to IPV is outside the scope of the present research, to our knowledge there are current initiatives in place that continue to strive for improvement and change in relation to supporting survivors of IPV in geographically diverse communities (CDHPVP, 2017; Dawson et al., 2018). These initiatives are commendable and further showcase the significant need for change in the current landscape of IPV within Canada. The present research supports the idea that progress in the area of IPV is in need of continuation and of a more targeted effort. Participants corroborated this notion and spoke about the areas in need of improvement and change.

Within this, service providers identified infrastructure and logistical limitations that influence their efforts in supporting women survivors of IPV. Funding was a significant limitation identified, in that service providers in rural and northern communities are often tasked with providing support to individuals within large geographical areas while faced with limited funding and resources. The need for mental health services, culturally affirming programming, shelter services, and a coordinated and collaborative approach were all mentioned in some capacity by service providers from both rural and northern communities.

Through a policy lens, we must consider the need for social change and the systemic challenges that women survivors of IPV often experience. Women living in geographically diverse communities and Indigenous women living in geographically diverse communities are vulnerable groups. Addressing the factors of oppression and patriarchy that are connected to the disparities encountered by women survivors of IPV is warranted and in need of a tailored initiative at the provincial and federal level.

6.5. Strengths, Limitations, and Future Directions

A noted strength of the present research is that this is the first study to my knowledge that examined IPV in rural and northern communities separately within Saskatchewan through the knowledge and experience of service providers. The present study utilized a phenomenological framework to illustrate and highlight the rich stories of each participant, in the hopes of creating a coherent and understandable description of IPV (Giorgi, 1997; Larkin, Watts, & Clifton, 2006; Pietkiewicz & Smith, 2014). Through this, my hope is that this knowledge will be used as a stepping-stone towards advocating for and working collaboratively towards societal change. One participant exclaimed that "...getting this information out is what's needed. Nothing is going to change unless it's put forward. It's time for a change," which is a wonderful summary statement and speaks to the importance of working together to create change.

Second, the present research focused on recruiting diverse individuals, which served to address a large gap in the extant literature. A strong effort was made to recruit men and women from employment positions, such as: Shelter/Victim Advocate (e.g., shelter services), Police Services, Victim Services, Mental Health Services, Addiction Services, Medical Services, and First Nations Government, in order for the findings to be

reflective of the complexities that survivors of IPV experience when accessing services in rural and northern communities. Furthermore, it was important to recruit individuals from diverse cultural backgrounds. As the present research focused solely on the province of Saskatchewan, recruiting Indigenous service providers was deemed of great importance to be reflective of the population within Saskatchewan and to ensure that the vital knowledge and experiences from individuals identifying as Indigenous was heard.

Third, one of the strengths is the impact the present research has had on me, a woman pursuing a doctorate in clinical psychology. To sit here and write the remaining paragraphs of my dissertation is both exciting and saddening, because this research is one that has become a part of me in various ways. Having the opportunity to listen to service providers as they willingly shared their rich stories of frustration, disheartenment, and hope has given me a sense of gratitude, thankfulness, and hope that this research achieves what the voices of the services providers set out to do – to make a difference. In the interest of transparency and researcher disclosure, I present an excerpt from my field journal that highlights my thoughts and emotions in relation to the current research:

“I find putting my words together within this field journal difficult at times. This research has been both so rewarding and emotionally exhausting. There are times when I need to take a few moments after an interview to reflect, breathe, and remember why I am doing this. Rewarding in the sense that I am honoured that the individuals who participated in this research felt comfortable sharing their experiences with me, as well as grateful that I was able to listen to the in-depth stories that showcase the work that service providers do on a daily basis – filled with frustration, disheartenment, and hope. These emotions are similar to

how I have felt throughout the dissertation process. I feel frustrated when I think about the current state of gender-based violence, disheartened when I reflect on the significant amount of change that is needed, and hope, because above the frustration and disheartenment, there are truly amazing individuals within Saskatchewan who continue to support survivors of IPV and advocate for much needed change. This research is a testament to coming together and planting small seeds that I hope will lead to big changes. The implications of this research are numerous, now the rest involves making them a priority” – Field Journal

Although the findings from the present study provide valuable information about the challenges faced by service providers and survivors of IPV living in rural and northern communities, there are important limitations that should be noted. First, the present study utilized telephone interviews for practical reasons, such as interviewee anonymity, costs associated with travel, and flexibility with interview scheduling (Glogowska, Young, & Lockyer, 2011; Irvine, 2011; Sturges & Hanrahan, 2004). There is research to suggest that face-to-face qualitative interviews are more beneficial in relation to developing rapport, gathering more detailed and elaborate information, observing the nonverbal behaviour of interviewees, developing trust within the community, and having the opportunity to participate in community-based activities (e.g., Irvine, 2011; Knapik, 2006; Sturges & Hanrahan, 2004). Irvine et al. (2012) also suggest that telephone interviews tend to be shorter in duration when compared to in-person interviews. Despite the notion that telephone interviews are found to be an acceptable and valuable method when faced with practical and logistical challenges (Sturges & Hanrahan, 2004) and a strong effort was made to communicate genuine

interest and empathy in each conversation (Holt, 2010; Irvine, Drew, & Sainsbury, 2012; Rapley, 2001), future researchers may wish to conduct in-person interviews to determine whether more detailed and elaborate information is gathered. Furthermore, travelling to the rural and northern communities of interest and interacting with individuals in their home community may help researchers gain a more in-depth understanding of the geographic location, barriers to accessing support, and community dynamics, as well as promote collaboration (Elliot, 2006; Lightfoot et al., 2008).

Second, the findings from the present research are based on qualitative interviews with experienced and knowledgeable service providers. The information gathered was not verified or validated with any external information (i.e., from individuals experiencing IPV); however, as the research adopted the assumption that the participants are the experts (Josselson, 2007; Knapik, 2006), the quotations and statements included are thought to be an accurate reflection of the challenges faced within rural and northern communities in Saskatchewan. Future research may wish to extend upon the present findings and gain the perspectives and insights of survivors of IPV living in rural and northern communities to further corroborate the information gathered.

Third, as mentioned within the literature review, the present research focused exclusively on IPV, which by definition, involves one survivor and one perpetrator. (Breiding et al., 2015; Statistics Canada, 2016a; World Health Organization, 2013). As research within rural and northern communities continues to advance and flourish, there will be a continual and important advancement in how IPV is defined within the community and cultural context of geographically diverse communities. Juschka et al. (in press) maintain that within small, remote, and isolated communities, violence often

includes more than two people. With the notion that violence may include more than two people (e.g., children, siblings, cousins, and extended family members), the definition of IPV may be expanded to capture the context of geographically diverse communities. While this is a noted limitation of the present research, future research may wish to expand and incorporate the generational, kinship, and intimate relations found with rural and northern communities to further our understanding of violence (Juschka et al., in press).

Fourth, the present study focused specifically on IPV perpetrated by men against women within heterosexual relationships. Of importance to acknowledge is that IPV is not limited to heterosexual relationships; however, the present research focused on male-to-female IPV because gender-based violence is a pervasive issue and a large proportion of research continues to focus on women survivors of IPV (Statistics Canada, 2016). One participant highlighted the changing culture of IPV and the need for services and resources that support male survivors of IPV. She noted that “...there are not a lot of agencies out there, like shelters for men if they are the abuser, at least here in Saskatchewan anyway.” Furthermore, the present research identified that services for 2SLGBTQIAP+ individuals are minimal to none within rural and northern communities in Saskatchewan, and that this population continues to be marginalized from IPV services. As research suggests that IPV is prevalent within same-sex relationships (Black et al., 2011; Canadian Centre for Justice Statistics, 2018) as well as within cohabiting, non-cohabiting, and dating relationships (Black, 2011), future research should consider exploring female-perpetrated violence and violence within same-sex

relationships, including male-to-male violence, in geographically diverse communities.

6.6. Final Conclusion

In conclusion, the present study provides further information on the challenges faced when supporting survivors of IPV seeking refuge in rural and northern communities within Saskatchewan, Canada. This study provides critical knowledge about the complexities that women in these communities face, as well as the challenges service providers face when trying their best to support women survivors of IPV. The findings underscore the importance of developing and implementing a collaborative approach that dives below the reactive and surface level services; one that seeks to identify the root cause of violence and ways in which to offer preventative efforts. Future research is warranted to continue to seek a more comprehensive understanding of women's experiences with IPV in rural and northern communities. To end, one participant provided a vital conclusive statement about the approach that needs to be taken, all in the hopes of addressing barriers and creating societal and systemic change:

“It can't be too narrow. It needs to be looked at broader...to look at some context, like historical trauma, like the cultural stuff, intergenerational stuff that's there. All-present. And what kind of priority is it in the community and what do you need to do there? A mixture of things as far as that goes” – Mental Health Services (Social Worker), Male, Caucasian

7.0. References

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8.0. Appendix A

CDHPVP Online Survey

1. In which province or territory are you located?

- Alberta
- British Columbia
- Manitoba
- New Brunswick
- Newfoundland & Labrador
- Nova Scotia
- Ontario
- Prince Edward Island
- Quebec
- Saskatchewan
- Northwest Territories
- Nunavut
- Yukon

2. Which of the following best describes the sector in which you work?

- Shelters/victim advocate
- Police
- Crown
- Family law lawyer
- Defence lawyer
- Victim services (police and court)
- PAR program
- Child protection
- Corrections - probation
- Mental health
- Health care
- Education
- Aboriginal shelter
- Immigrant and refugee settlement services
- Sexual violence support services
- Addictions support services
- Cultural community program/centre
- GLBTTQ community program/centre
- Other (please expand) [insert text box for explanation]

3. To the best of your knowledge, which of the following describe the communities you serve? Please check all that apply.

- Urban [Population: _____]
- Rural [Population: _____]
- Remote [Distance to nearest services: _____]
- Northern [Name of community: _____]

4. How often do you work with immigrants, refugees, and/or newcomers to Canada?

- Regularly
- Occasionally
- Rarely
- Never

5. How often do you work with Aboriginal people?

- Regularly
- Occasionally
- Rarely
- Never

6. How often do you work with children?

- Regularly
- Occasionally
- Rarely
- Never

7. In your role, do you conduct risk assessments?

[Note: We define risk assessment as evaluating the level of risk of harm a victim may be facing including the likelihood of repeated violence or lethal (dangerous) violence, based on a professional's judgment and/or a structured interview and/or a tool (instrument) that may include a checklist of risk factors.]

- I **frequently** conduct risk assessments
- I **regularly** conduct risk assessments
- I **occasionally** conduct risk assessments
- I **rarely or never** conduct risk assessments

8. Do you use structured risk assessment, risk management, and/or safety planning tool(s) in your work?

- Yes
- No

If yes, which one(s)? [insert text box]

9. In your role, do you do risk management?

[Note: We define risk management as strategies to reduce the risk presented by a perpetrator of domestic violence such as close monitoring or supervision, counselling to address the violence and/or related issues such as mental health and addictions.

- I **frequently** do risk management
- I **regularly** do risk management
- I **occasionally** do risk management
- I **rarely or never** do risk management

10. In your role, do you do safety planning?

[Note: We define safety planning as finding strategies to protect the victim by actions such as a change in residence, an alarm for a higher priority police response, a different work arrangement and/or readily accessible items needed to leave home in an emergency including contact information about local domestic violence resources.

- I **frequently** do safety planning
- I **regularly** do safety planning
- I **occasionally** do safety planning
- I **rarely or never** do safety planning

11. Would you be interested in participating in a follow up interview as part of our research project in coming months?

- Yes [if yes, prompt for contact info in drop down text box]
- No

Comments:

[text box]

Thank you for your time in completing this survey. If you would be interested in learning more about the Canadian Domestic Homicide Prevention Initiative with Vulnerable Populations, please visit www.cdhpi.ca

9.0. Appendix B

Western University Ethics Approval for the “Canadian Domestic Homicide Prevention Initiative with Vulnerable Populations” Research Project



Research Ethics

Western University Non-Medical Research Ethics Board NMREB Full Board Initial Approval Notice

Principal Investigator: Dr. Peter Jaffe
Department & Institution: Education/Faculty of Education, Western University

NMREB File Number: 108312
Study Title: Canadian Domestic Homicide Prevention Initiative for Vulnerable Populations Key Informant Survey and Interviews

NMREB Initial Approval Date: August 29, 2016
NMREB Expiry Date: August 29, 2017

Documents Approved and/or Received for Information:

Document Name	Comments	Version Date
Western University Protocol	Submitted August 22, 2016	
Recruitment Items	Recruitment for Survey	2016/08/22
Letter of Information & Consent	Survey	2016/08/22
Instruments	Draft Survey	2016/08/23
Recruitment Items	Recruitment Letter for Interview	2016/08/22
Letter of Information & Consent	Interviews	2016/08/22
Instruments	Interview Guide	2016/08/22
Other	List of RAs - Received for Information	2016/08/22
Other	Confidentiality Agreement	2016/08/22
Other	Confidentiality Agreement	2016/08/22
Recruitment Items	Recruitment through web-site	2016/08/22
Recruitment Items	Recruitment for partners	2016/08/22

The Western University Non-Medical Research Ethics Board (NMREB) has reviewed and approved the above named study, as of the NMREB Initial Approval Date noted above.

NMREB approval for this study remains valid until the NMREB Expiry Date noted above, conditional to timely submission and acceptance of NMREB Continuing Ethics Review.

The Western University NMREB operates in compliance with the Tri-Council Policy Statement Ethical Conduct for Research Involving Humans (TCPS2), the Ontario Personal Health Information Protection Act (PHIPA, 2004), and the applicable laws and regulations of Ontario.

Members of the NMREB who are named as Investigators in research studies do not participate in discussions related to, nor vote on such studies when they are presented to the REB.

The NMREB is registered with the U.S. Department of Health & Human Services under the IRB registration number IRB 00000941.

Ethics Officer, on behalf of Dr. Riley Hinson, NMREB Chair

Ethics Officer: Erika Basile ___ Nicole Kaniki ___ Grace Kelly ___ Katelyn Harris Vikki Tran ___ Karen Gopaul ___

10.0. Appendix C

University of Regina Ethics Approval for the “Canadian Domestic Homicide Prevention Initiative with Vulnerable Populations” Research Project



Research Ethics Board Certificate of Approval

PRINCIPAL INVESTIGATOR
Dr. Mary Hampton

DEPARTMENT
Psychology

REB#
2016-225

TITLE

Canadian Domestic Homicide Prevention Initiative for Vulnerable Populations (CDHPVP): Phase 2 - Key Informant Survey and Interviews

APPROVED ON:
April 4, 2017

RENEWAL DATE:
April 4, 2018

APPROVAL OF:

Application For Behavioural Research Ethics Review
Website and Newsletter Recruitment Posting
CDHPVP Online Survey
CDHPVP Interview Guide
Recruitment Note for Members
Recruitment Email for Online Survey

Consent Form for Online Survey
Consent Form for Follow-up Interview
Recruitment Letter for Interview
General Confidentiality Agreements
Research Confidentiality Agreement

Full Board Meeting

Delegated Review

The University of Regina Research Ethics Board has reviewed the above-named research project. The proposal was found to be acceptable on ethical grounds. The principal investigator has the responsibility for any other administrative or regulatory approvals that may pertain to this research project, and for ensuring that the authorized research is carried out according to the conditions outlined in the original protocol submitted for ethics review. This Certificate of Approval is valid for the above time period provided there is no change in experimental protocol, consent process or documents.

Any significant changes to your proposed method, or your consent and recruitment procedures should be reported to the Chair for Research Ethics Board consideration in advance of its implementation.

ONGOING REVIEW REQUIREMENTS

In order to receive annual renewal, a status report must be submitted to the REB Chair for Board consideration within one month of the current expiry date each year the study remains open, and upon study completion. Please refer to the following website for further instructions: <http://www.uregina.ca/research/for-faculty-staff/ethics-compliance/human/forms1/ethics-forms.html>.

Dr. Katherine Robinson
Chair, Research Ethics Board

Please send all correspondence to:

Research Office
University of Regina
Research and Innovation Centre 109
Regina, SK S4S 0A2
Telephone: (306) 585-4775 Fax: (306) 585-4893
research.ethics@uregina.ca

11.0. Appendix D

University of Regina Ethics Approval for the “Rural and Northern Community Response to Intimate Partner Violence” Research Project



OFFICE OF RESEARCH SERVICES
MEMORANDUM

DATE: September 1, 2011

TO: Dr. Mary Hampton
Luther College

FROM: Dr. Bruce Plouffe
Chair, Research Ethics Board

Re: **Rural and Northern Community Response to Intimate Partner Violence (File #11R1112)**

Please be advised that the University of Regina Research Ethics Board has reviewed your proposal and found it to be:

- 1. **APPROVED AS SUBMITTED.** Only applicants with this designation have ethical approval to proceed with their research as described in their applications. For research lasting more than one year (Section 1F). **ETHICAL APPROVAL MUST BE RENEWED BY SUBMITTING A BRIEF STATUS REPORT EVERY TWELVE MONTHS.** Approval will be revoked unless a satisfactory status report is received. Any substantive changes in methodology or instrumentation must also be approved prior to their implementation.
- 2. **ACCEPTABLE SUBJECT TO MINOR CHANGES AND PRECAUTIONS (SEE ATTACHED).** Changes must be submitted to the REB and approved prior to beginning research. Please submit a supplementary memo addressing the concerns to the Chair of the REB.** Do not submit a new application. Once changes are deemed acceptable, ethical approval will be granted.
- 3. **ACCEPTABLE SUBJECT TO CHANGES AND PRECAUTIONS (SEE ATTACHED).** Changes must be submitted to the REB and approved prior to beginning research. Please submit a supplementary memo addressing the concerns to the Chair of the REB.** Do not submit a new application. Once changes are deemed acceptable, ethical approval will be granted.
- 4. **UNACCEPTABLE AS SUBMITTED.** The proposal requires substantial additions or redesign. Please contact the Chair of the REB for advice on how the project proposal might be revised.

Dr. Bruce Plouffe

** supplementary memo should be forwarded to the Chair of the Research Ethics Board at the Office of Research Services (Research and Innovation Centre, Room 109) or by e-mail to research.ethics@uregina.ca

Phone: (306) 585-4775
Fax: (306) 585-4893
www.uregina.ca/research

12.0. Appendix E

Consent Form for the “Canadian Domestic Homicide Prevention Initiative with Vulnerable Populations” Research Project

CONSENT TO PARTICIPATE IN TELEPHONE INTERVIEWS

Thank you for your interest in participating in the Canadian Domestic Homicide Prevention Initiative with Vulnerable Populations (CDHPVIP) Research Project. This project involves asking about your knowledge and use of risk assessment, risk management, and safety planning strategies and tools, focusing on four populations identified as experiencing increased vulnerability for domestic homicide: Aboriginals, immigrants and refugees, rural, remote, and northern populations, and children exposed to domestic violence. We will be asking you about potentially unique risk factors, barriers to effective risk management and safety planning, and strategies currently being used with these vulnerable groups and the communities in which they live.

POTENTIAL RISKS AND DISCOMFORTS

Confidentiality: Information gathered using this survey may be used in report summaries and future publications. This may include quotations from interviews, with any identifying information (name, agency, organization, province/territory) removed. No individual, agency, or organization that participates in an interview will be named in any reports or applications unless permission is received beforehand to do so, and every effort will be made to exclude identifying information about an individual, agency, or organization in report summaries and future publications. Therefore, the risk of participating in this interview is minimal.

Emotional distress: While you are not likely to encounter any additional risks participating in this study than you would in the context of your day-to-day work, it is important to note that certain topics or questions may be upsetting or stressful to different people, and we will be asking you about domestic violence and domestic homicide cases of which you may be aware. We will make every effort to have appropriate resources and supports on hand or easily accessible. Upon request participants may be given a list of general interview questions ahead of time so they will be prepared for the nature and scope of questions that we will be asking.

POTENTIAL BENEFITS TO PARTICIPANTS AND/OR TO SOCIETY

Your participation in this research has the potential to provide several benefits for those experiencing domestic violence, the community of individuals and sectors who provide services and resources to these individuals, to scientific community, and society in general. In short, it will begin to provide a mechanism through which we can more clearly understand the types of risk assessment, risk management, and safety planning available populations identified as experiencing increased risk of domestic homicide.

PAYMENT FOR PARTICIPATION

Individual participants will not be compensated for the time it takes to complete this survey.

CONFIDENTIALITY

Every effort will be made to ensure confidentiality of any identifying information that is obtained in connection with this study. Information from interviews will be presented without names, organizations, or other identifying information in final reports and future publications. Interview recordings and transcripts will be retained until six months after completion of the project (June 30, 2021) and after that will be destroyed.

PARTICIPATION AND WITHDRAWAL

You can choose whether to be in this study or not. **You will be audio recorded only if you give permission for us to do so.** If you volunteer to be in this study, you may withdraw at any time without consequences of any kind before or during the interview without explanation. You also have the right to withdraw your participation at any point before the end of the data collection on August 31, 2017. You may also refuse to answer any questions you do not want to answer and still remain in the study. The investigator may withdraw you from this research if circumstances arise that warrant doing so. Should you withdraw your participation entirely you may decide at that time if we may use any of the information you have provided. If you do not want us to use the interview material, we will destroy the notes and/or any audio recording material and they will not be used in the final research report or future publications.

RIGHTS OF RESEARCH PARTICIPANTS

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. This study has been reviewed and received ethics clearance through the University of Guelph Research Ethics Board, the Western University Research Ethics Board, and the University of Regina Ethics Board. If you have questions regarding your rights as a research participant, contact:

Director, Research Ethics
University of Guelph
437 University Centre
Guelph, ON N1G 2W1

Telephone: (519) 824-4120, ext. 56606
E-mail: sauld@uoguelph.ca
Fax: (519) 821-5236

OR

Director, Research Ethics
Western University
Room 5150
Support Services Building
London, ON N6G 1G9

Telephone: (519) 661-3036
E-mail: ethics@uwo.ca
Fax: (519) 850-2466

OR

Chair, Research Ethics
University of Regina
RIC Main Floor, Room 109
Regina, SK S4S 0A2

Telephone: (306) 585-4775
Email: research.ethics@uregina.ca
Fax: (306) 585-4893

Having read and understood the above letter, and being satisfied with the answers to any questions I have asked, I consent to participate in this research study:

Name: _____ Date: _____

I consent to being audio recorded during this interview:

Name: _____ Date: _____

I consent to having portions of my responses included as quotations in the final research report and future publications, with identifying information removed:

Name: _____ Date: _____

Witness: _____ Date: _____

13.0. Appendix F

Consent Form for the “Rural and Northern Community Response to Intimate Partner Violence” Research Project

CONSENT TO PARTICIPATE IN TELEPHONE INTERVIEWS

PURPOSE OF THE STUDY: The purpose of this study is to answer the following three research questions: (1) What are the needs of women who experience intimate partner violence (IPV) in rural and northern regions of Canada? (2) What are the gaps in meeting these needs? and (3) How do we create non-violent communities in rural and northern regions of Canada?

ROLE OF THE PARTICIPANTS: Participation involves a one-hour interview conducted by a graduate student from the University of Regina or a researcher on the research team. The interview will be digitally recorded and transcribed for analysis.

POTENTIAL BENEFITS: While you will not receive any personal benefits from participating in the qualitative interview, the benefits will be to know that you have contributed your expertise to our understanding of the research questions?” Furthermore, information gathered in the study will provide service providers with extended information on IPV services, rural and northern, in Saskatchewan.

CONFIDENTIALITY OF THE DATA: Digital records and transcripts will be kept locked in a cabinet and then destroyed at the end of the study. However, the researchers will know the names of participants when they code the interview data (limits of confidentiality). The interviews are confidential and your name will not be placed on your interviews. The transcribed interview will be placed in a locked computer file under a number code rather than your name. In the transcriptions we will remove any references to names so that anyone reading the transcript will be unable to identify you.

The information you give will be kept locked in a cabinet at the University of Regina offices and the interviews will be stored separately from this consent form. Deb George, from Family Services Regina, will assist with analysis of the interviews, but will not have access to names of participants. In addition, the graduate student research assistant and the researchers named below are the only people who will have access to original interview data. The digital recordings and interviews will be shredded and thus completely destroyed.

You are volunteering to participate so you may stop at any time and you are free not to answer any questions you don't want to.

WITHDRAWAL FROM THE STUDY: Your decision to participate in this research is completely voluntary. You are free to withdraw your consent at any time. If you have any reservations at all about participating in this research process, please feel free to

withdraw from the study. Furthermore, you are free to refrain from answering any questions you are uncomfortable with.

OFFER TO ANSWER QUESTIONS: This consent form may contain words or phrases that you do not understand. Please ask a member of the research team to explain information that is not clear to you. If you have any questions regarding this research, the procedures and/or goals of this study, please feel free to ask before or during the interview. If you have any concerns or inquiries after the interview, please contact any of the research team members.

This project has been approved on ethical grounds by the University of Regina Research Ethics Board in June, 2012. Any questions regarding your rights as a participant may be addressed to the committee at 306-585-4775 or research.ethics@uregina.ca. Out of town participants may call collect.

Researchers: Dr. Mary Hampton, University of Regina, 306-585-4826, E-mail mary.hampton@uregina.ca and Diane Delaney, PATHS, 306-522-3515, E-mail paths@sasktel.net (co-principal investigators); Dr. Darlene Juschka, 306-585-5280, E-mail darlene.Juschka@uregina.ca (Saskatchewan academic coordinator); Lois Isnana, Qu'Appelle Haven Safe Shelter, 306-332-5884, E-mail ll.isnana@sasktel.net (Saskatchewan community coordinator); Dr. Stephanie Martin, University of Saskatchewan, 306-966-5259, E-mail stephanie.martin@usask.ca

If you agree to participate in this interview, please place your name and signature in the appropriate spaces below.

I _____ (print name) understand what the interview is about and what I will have to do and the signature below means that I agree to participate.

_____ (Signature) _____ (Date)

_____ (Signature of interviewer) _____ (Date)

I have received a copy of this consent form: ___ yes _____ no

I agree to release of transcripts: _____yes _____ no

*This study is funded by the Social Science and Humanities
Research Council, Community - University Alliance (CURA)
This project was approved by the University of Regina's Research Ethics Board.*

14.0. Appendix G

Questions of Interest from the “Canadian Domestic Homicide Prevention Initiative with Vulnerable Populations” Interview Guide

Demographic Questions:

- 1) What is the name of the agency where you work and where it is located?
- 2) Which sector do you work in?
- 3) What is your job title?
- 4) What does your role as [job title] entail?
- 5) How long have you worked in the field of domestic violence?
- 6) How long have you been in your current employment position?
- 7) What ethnic group do you most identify with?
 - a) Indigenous (Status and Non-Status)
 - i. If yes – do you identify as First Nations, Metis, or Inuk (Inuit)?
 - b) African American
 - c) Asian
 - d) Caucasian
 - e) Hispanic/Latino
 - f) Middle Eastern
 - g) Multiracial
 - h) Other (please comment)

Interview Questions:

- 1) What are the challenges you have faced when supporting survivors of intimate partner violence living in rural and northern communities?
- 2) What are some unique risk factors for lethality in these geographical areas?
- 3) What are some helpful and/or promising practices?

Probes:

- 1) Can you describe your experience with this?
- 2) You mentioned earlier...what did you mean by that?

15.0. Appendix H

Questions of Interest from the “Rural and Northern Community Response to Intimate Partner Violence” Interview Guide

Demographic Questions:

- 1) Where are you currently located?
- 2) What is your gender?
- 3) What is your occupation?
- 4) How many years have you been in the current position?
- 5) What ethnic group do you identify with?

Interview Questions:

- 1) What are the needs of women who experience intimate partner violence in rural and northern regions of Canada?
- 2) What are the gaps in meeting these needs?
- 3) How do we create and sustain non-violent communities in rural and northern regions of Canada? What works well in your community?

Probes:

- 1) Can you describe your experience with this?
- 2) You mentioned earlier...what did you mean by that?
- 3) What is your perception of IPV?
- 4) What might be your community’s perception of IPV?

16.0. Appendix I

Initial Email for Member Checking

Hello [insert name of participant],

I hope this email finds you well!

I am emailing you to follow-up about a telephone interview you participated in on [insert date] as part of the overarching project entitled “Canadian Domestic Homicide Prevention Initiative with Vulnerable Populations.” As discussed during our phone conversation, a portion of the information was gathered for the purposes of my dissertation research, which seeks to examine the challenges faced among service providers when providing support to survivors of intimate partner violence in rural and northern communities. The information you provided was used to further understand the challenges faced within [rural or northern] communities in Saskatchewan. I am in the final stages of reviewing the information provided and writing up the study findings.

I am wondering if you would review the findings, which would help to ensure that they are representative of your experiences when working with survivors of intimate partner violence in [rural or northern] communities in Saskatchewan. I would greatly appreciate any feedback you may have in relation to the study findings. If you are willing to review the findings to ensure their accuracy, please let me know and I will forward a brief synthesized version to you. I am kindly requesting that any feedback be provided within the next two weeks by [insert date].

Thanks so much. I look forward to hearing back from you!

Melissa Wuerch

17.0. Appendix J

Synthesized Results for Rural Communities

*Please leave all comments and feedback in the text boxes provided throughout the document.

Root Causes of Violence

We found that service providers had opinions about the root causes of violence based on their experiences working with survivors and perpetrators of IPV.

- **Perpetration of violence – male level:** Service providers highlighted the connection between substance use, uncertainty surrounding employment and housing, mental health concerns, intergenerational trauma, and marginalization as circumstances and experiences that cumulate to increase the likelihood of the perpetration of violence.
- **Experiences of IPV – female level:** Participants illustrated commonalities among women who experience IPV, such as struggling with substance use, poverty, recognizing experiences as abuse, becoming reliant on an unhealthy relationship, and feelings of shame.

Barriers to Leaving IPV Relationships and Accessing Services

We found that service providers were able to list various barriers that survivors of IPV may face when trying to leave abusive relationships and access much needed services. The barriers were categorized based on Physical Challenges, Social Challenges, and Personal Challenges.

Physical Challenges:

- **Geographic and social isolation:** Geographic and social isolation were both discussed as significant barriers to accessing services and leaving situations of IPV. Service providers spoke about the difficulties faced for women living on farms due to being harder to reach in terms of services and resources. In terms of social isolation, people spoke about couples who may be transient due to employment positions, which makes developing a sense of community and companionship difficult.
- **Housing:** Housing limitations, such as housing vacancy and rent control, were noted as two barriers to accessing housing for survivors of IPV. Struggling to find rental accommodations due to misconceptions about IPV was noted.
- **Financial stability:** Participants indicated that financial challenges impacted the ability to meet other basic needs that are vital in rural communities, including housing, communication mediums (e.g., phone), and transportation. People also mentioned that if the perpetrator was the main income earner and controlled the finances for him and his partner, applying for social services becomes difficult for women fleeing violence.
- **Limited options for transportation:** Concern about the availability of transportation, travel distance, ownership of a driver's license, and being able to afford a vehicle to use

for transportation were mentioned by several participants.

Social Challenges:

- **Services outside home community:** Having to leave their home community in order to access services and resources was mentioned by participants as a challenge.
- **Confidentiality:** Service providers noted that women may be fearful to attend appointments or access services in town due to the continued stigmatization of IPV and the prospect of being seen by friends, family, or community members. Confidentiality concerns were discussed within the context of accessing resources at certain organizations (e.g., knowing a service provider who provides support) or attending open court (e.g., not knowing who will be in the court room).
- **Communication limitations:** Participants identified the complexities associated with accessing services and included in this the notion that cell phone ownership, cell phone service, and internet access is a common concern in rural regions.
- **Stigmatization of IPV and seeking support:** The stigma of IPV was discussed as an impacting factor to whether or not women decide to seek refuge and support from IPV, as well as whether or not positive societal change would occur. Furthermore, if a woman comes forward and is not believed, this further reinforced the belief that survivors of IPV should remain silent, “It's silenced. They have a huge culture of silence. They are very much targeted if they're trying to speak out or get out of it, so it can be not just their abuser, but their community tends to bully them to keep it quiet and not bring it forward.”

Personal Challenges:

- **Pressure from family members:** Service providers mentioned that women may feel pressured to stay in a relationship or feel pressured when the loved ones within their life side with the perpetrator. There was the suggestion that if there is a misconception about IPV from family members, survivors of IPV may feel great amounts of shame and confusion about what may be the “right” decision to make.
- **Fear of uncertainty:** Participants indicated that women may be fearful of change and experience concern in relation to how they may go about leaving, “Some of the time it works, some of the time they want to go back...it just depends on the issues that they have going on and if they are so overwhelmed that they just really need go back because that is the only thing that they know. Sometimes they are afraid of change and things they can't control.”
- **Concern about children:** The devastating reality of having to make a decision in the midst of limited safety for herself and her children was highlighted as a decision that is difficult to make, especially when taking into consideration the prospect of losing their children or losing the support they have with raising their children.
- **Concern about animals:** Participants spoke about the concern for animal care and safekeeping and how this may be a barrier to accessing services and support. This concern was discussed within the context of companion animals and livestock.

Please add any further comments or feedback:

Areas in need of Improvement and Change

There were a number of areas identified as in need of improvement in rural communities. The areas were categorized based on Working with Specialized Populations, Providing Education, and Infrastructure and Logistical Limitations.

Working with Specialized Populations:

- **Services and supports for two-spirit, lesbian, gay, bisexual, transgender, intersex, asexual, and pansexual (2SLGBTQIAP+) survivors of IPV:** There was a consensus among participants that 2SLGBTQIAP+ individuals were marginalized. Although most individuals did not have experience working with this population, they spoke about the need to create safe spaces for 2SLGBTQIAP+ individuals experiencing IPV and treating all people the same, with IPV as the commonality.

Providing Education:

- **Education about IPV:** Participants mentioned that education is not just important for individuals working with survivors of IPV, survivors of IPV, and individuals working in professions with people, but also for the general public.
- **Ideas about traditional gender roles:** The inequality between men and women was mentioned as an influencing factor for the continuation of IPV as a gender-based concern. This was discussed in relation to women in general, as well as when discussing the multiple disadvantages and oppression that Indigenous women experience daily.
- **Education about healthy relationships and self-worth:** Participants discussed the importance of providing education to children, adolescents, and adults about healthy relationships and self-worth. Coping with relationship struggles, learning to identify emotional triggers, and practicing how to manage emotions and thoughts were discussed as positive steps forward when thinking about prevention strategies.
- **Improving knowledge of services:** Participants noted that increasing awareness of what organizations are available within the community and what services they offer is imperative for prevention efforts as well as encouraging women to access support.
- **Specialized and sensitivity training:** Concern about specialized sensitivity training was discussed by participants from different employment backgrounds. They discussed the importance of building rapport with survivors of IPV and providing specialized and sensitivity training to professionals working directly and indirectly with survivors of IPV.

Infrastructure and Logistical Limitations:

- **Mental health services:** Concerns related to limited mental health support and the long waitlists that tend to accumulate due to limited counselling services was mentioned.
- **Limited resources and funding:** The overarching notion that more services are needed in rural areas was discussed at length by several participants. When thinking more broadly, the subtheme of limited resources and funding refers to a larger concern within society, one that involves systemic challenges; however, participants noted that the systemic challenges strongly impact their ability to function at the organizational level.
- **Coordinated and collaborative approach:** There was mention of the need implement a team approach across organizations, which ideally would be targeting more than one concern that may be presented (e.g., mental health support, court support, police support).
- **IPV outside of business hours:** Several service providers indicated that there is less available after hours, which tends to be when incidents of IPV are most prevalent.
- **Shelter services:** The importance of shelter services was mentioned by nine of the 16 participants. Having access to a shelter and shelter services was discussed as imperative to help women in times of stress, violence, and limited safety.
- **Police services:** Participants noted concern with the lack of timely response by police services to IPV incidents. They described that when there is a lack of timely response, as well as unsensitive responses from police members, women may no longer trust members of the police and therefore be hesitant to contact them when in need.
- **Court support and the justice system:** Three participants mentioned that because there is nothing criminal to charge perpetrators of IPV with, police may not intervene due to their only being a civil order.

Please add any further comments or feedback:

Working with Indigenous Peoples

We found that a common story was told by service providers; one that highlighted the devastating effects of colonization and marginalization among Indigenous Peoples. Experiences of trauma, grief, and loss all connect to create feelings of despair, which contribute to the current realities of substance abuse and IPV. The subthemes included below demonstrate a strong intersection between location, ethnicity, and gender, suggesting that for Indigenous women living in rural areas, further disadvantages may be experienced.

- **Normalization of violence and racism:** The normalization of violence and the inherent racism witnessed when working with Indigenous women was discussed among participants.
- **Limited services when living on reserves:** The difference between living on-reserve and off-reserve was discussed in relation to the challenge's women might encounter when attempting to access needed services. Participants discussed the limited resources available on reserves, the inability to provide education programming on-reserve due to limited provincial funding, and the lack of timely response from police services.
- **Violence on reserves:** Three participants spoke about the difference between violence on-reserve and off-reserve. They extended upon the discussion of IPV to include other forms of violence as well (e.g., assault, homicide).

Promising Practices in Rural Communities

In the midst of discussing challenges to the provision services and resources in rural communities and barriers to accessing support for survivors of IPV, we found that participants added some positive discussions into their interviews and highlighted certain successes that were occurring within their communities. The information mentioned is in no way exhaustive and is not currently being implemented within all communities; however, the ideas mentioned below may serve as guiding steps for organizations and communities looking to make positive changes.

- **Building trusting relationships:** Building rapport and establishing connections with survivors of IPV was mentioned as an important step in helping women feel safe and comfortable. Fostering a sense of hope, giving women the space to feel empowered, and providing women with the information they need were all mentioned as little things that make big differences.
- **Collaboration among community agencies:** Collaboration with other agencies within the community was explained as an important step towards ensuring that everyone is collectively working together to support survivors and perpetrators of IPV. Collaboration with IPV specific organizations (e.g., shelter services, victim services, police services) was noted, as well as non-specific IPV organizations (e.g., schools, cultural programs, dietary services, veterinarians, transportation companies, phone companies, churches).
- **Culturally affirming programming:** One of the successes mentioned among participants was culturally affirming programming being offered within their communities. Four participants noted a push towards offering programming that meets the needs of Indigenous Peoples. Participants spoke about the importance of spirituality, particularly among Indigenous Peoples, and the importance of having diverse resources in place that connect individuals with their traditional teachings and healing practices.
- **Increasing community awareness of IPV:** Awareness was associated with ensuring that community members were informed about what services and resources were offered and available within their community, providing information and education to women about IPV, and empowering men and women to make their own decisions towards

changing their life. Participants spoke about ensuring that education programs and resources were accessible to the general public and that individuals of all ages are being provided with the information (e.g., placing flyers on community bulletin boards).

Overall Perception of Work as a Service Provider

While answering the interview questions and discussing their work as service providers, we found that participants expressed various emotions and thoughts in relation to working with survivors of IPV within a service provider capacity in rural communities.

- **Frustration:** Participants reported feelings of frustration when discussing the current social climate of their work as well as the limited amount of changes made in recent years at the organizational, community, and provincial level. Some people likened survivors of IPV as being subjected to the “hot potato syndrome,” in that within rural areas, women are often passed on to other services in the hope that positive change will occur; however, there was mention that this approach resembled a band-aid effect.
- **Disheartenment:** Participants differed in their feelings of disheartenment as opposed to frustration. Although there are some commonalities between frustration and disheartenment, what differed for these participants was evident in their tone of voice, “We face a lot of challenges and we just don’t have enough resources all together in Saskatchewan. We are always very limited financially in what we can do and what we can provide, so that causes a big restraint because a lot of people rely on us and sometimes we just can’t physically go get them because we don’t get enough funding.”
- **Hope:** Participants spoke about feelings of hope that overshadowed their feelings of frustration and disheartenment, as well as gave them the motivation needed to continue along their journey of supporting survivors of IPV. Participants mentioned promising areas in the step towards social change and service provision, as well as feeling as though small changes can make big differences. There was truly a sense of empowerment, strength, and resilience that emerged through the quotations of each participant, in that they believed their work was vital to supporting survivors of IPV.

Please add any further comments or feedback:

**Thanks so much for taking the time to read
this document. Please let me know if you have any
further comments or feedback! 😊**

18.0. Appendix K

Synthesized Results for Northern Communities

*Please leave all comments and feedback in the text boxes provided throughout the document.

A Cycle of Disadvantage

We found that service providers discussed their overarching concerns regarding disadvantages faced when living in geographically isolated communities. Participants noted that individuals are often faced with various circumstances that are difficult to manage, thus, reinforcing the cycle of disadvantage.

- **Housing:** Concerns were raised about the affordability of housing, limited options for housing, overcrowding within one home, and infrastructure to build new homes. Finding housing also becomes more difficult when financial means are limited.
- **Poverty and unemployment:** Eleven of the 16 participants spoke about their concerns regarding poverty and unemployment, and how this contributes to and essentially fuels the cycle of disadvantage. They noted that the geographically diverse nature of northern communities contributes to a lack of employment opportunities, and when basic needs are not being met, fleeing from an abusive relationship becomes more difficult.
- **High rates of violence:** Service providers discussed the high rates of violence within northern communities, including homicides, suicides, domestic violence, and assaults, which may lead to service providers experiencing vicarious trauma and burnout. Participants further noted concern about the experiences of community members on a day-to-day basis when being faced with very violent and devastating incidents.
- **The normalization and intergenerational nature of IPV:** Fifteen of the 16 participants spoke about the apparent acceptance of IPV within their community. Colonization, oppression, marginalization, intergenerational violence, abuse, and trauma, and the cycle of disadvantage were all described as impacting the normalization of violence.
- **Substance use and the suppression of emotions:** Substance use was also discussed as contributing to high rates of crime and violence, which further connects to the cycle of disadvantage and concerning circumstances that individuals may endure. Participants described that substance use also relates to poor quality of life and well-being for many.
- **Limited services and resources:** The notion of limited services and resources being available in northern communities was described as an additional challenge; one that fuels the cycle of disadvantage for many individuals living in northern communities. There was mention that awareness about IPV is continuing to grow; however, individuals cannot access the support needed due to their being limited services available.

Barriers to Leaving IPV Relationships and Accessing Services

We found that service providers were able to list various barriers that survivors of IPV may face when trying to leave abusive relationships and access much needed services. The barriers were categorized based on Physical Challenges, Social Challenges, and Personal Challenges.

Physical Challenges:

- **Geographic isolation:** Being geographically isolated was mentioned as a significant barrier for women in terms of seeking refuge and accessing resources and services. Participants noted that women may feel hopeless about the scarcity of options available. The significant challenges that women living in fly-in communities face were also noted.
- **Limited options for transportation:** Concern about the availability of transportation, limited options for public transportation, travel distance, and funds for travel were mentioned by several participants. Participants spoke about the difficulty attending appointments, accessing much needed services, seeking refuge, and maintaining safety as challenging to accomplish when considering transportation barriers.
- **Timely response from police services:** A significant barrier to meeting the needs of survivors of IPV is the lack of timely response from police services. Participants attributed the lag in response time to geographic location, in that for some communities, members of the police are tasked with travelling several hours to respond to a call. They further noted that the lag in response could impact trust in police services.
- **Shelter services:** Participants noted that there was a strong need for more shelters within northern communities. The limited number of shelters was described as a significant barrier for women in need of a safe place to stay and to receive support.

Social Challenges

- **Services outside home community:** Having to leave their home community to seek safety was highlighted as a factor that may impact the decision-making process for many survivors of IPV. While shelter services were noted as a key reason as to why women survivors of IPV may need to leave their home community, accessing services in general and promoting safety for themselves and their children was ultimately discussed as a main reason to leave their home community.
- **Confidentiality:** Of the six participants who spoke about confidentiality concerns, there was mention of everyone knowing everyone, which complicates the issue of privacy, seeking refuge to become safer, which is difficult in small towns, and being hesitant to access services due to limited trust in the service provider or being related to the individual providing services.
- **The stigmatization and silencing of IPV:** A story emerged about IPV being taboo to talk about and an experience that is often hidden behind closed doors. The feelings of shame, guilt, and fear create an additional barrier for women survivors of IPV; one that acts as a silencing mechanism for many women in northern communities, “They won’t talk about it. They just won’t because there’s shame, you know? Fear. And I know, like everybody knows there’s a lot of violence within the family unit, intimate, part of

that. Violence is a big part in our communities, not only in my community, it's all over. People will not address the violence..."

- **Language and cultural barriers:** Language diversity, particularly using Indigenous languages such as Cree and Dene, is thought to be more common in northern communities due to the large Indigenous population within Saskatchewan. There was mention that for individuals wanting to reconnect with their culture, or for those who use their native language, there may be communication barriers due to Cree and Dene not being widely spoken among service providers.

Personal Challenges

- **Concern about children:** The devastating reality of having to make a decision in the midst of limited safety for herself and her children was highlighted as a decision that is difficult to make, especially when taking into consideration the prospect of losing their children or losing the support they have with raising their children, "There are less barriers for women who don't have children to relocate and even leave the community. Relocating within the community is difficult but relocating outside of the community is almost near impossible for people with children."
- **Limited support from family members:** The service providers noted that when women are faced with limited services and resources in addition to limited support from family members, they are faced with a difficult decision to make. One participant illustrated that due to limited options available in their home community, women survivors of IPV may be pressured from their family members to return to their partner for obligational reasons.

Please add any further comments or feedback:

Concern about Court Structure and Police Services

Participants who were employed with police services and victim services were vocal about their concerns with current practices and procedures. The importance of having policies in place that are effective and translate to real-world practice was discussed as being vitally needed.

- **Hesitant to provide evidence to police:** Participants noted that once a call is made to police services, survivors of IPV are often hesitant to provide a statement or to testify in court. There was mention of possible reasons as to why survivors of IPV may be hesitant to provide information to the police, such as distrust of the system, fearing others within the community will find out, sorting out their concerns privately with their partner and family members, relying on their partner for financial security, losing interest

or patience with the court system, and deciding to not move forward with providing evidence after the initial heightened incident is defused.

- **Fear of retaliation and revictimization:** When discussing reasons why survivors of IPV may be hesitant to provide evidence to police services and to proceed with court, participants noted that fear of retaliation and revictimization is considered to be a significant concern. Fear of retaliation and revictimization was also discussed as a main reason women survivors of IPV request to have their no-contact conditions removed. Concern about safety was at the core of the fear discussed.
- **Legal aid:** Two participants described that having legal representation that can appropriately represent individuals during court proceedings becomes difficult to secure due to geographic location and services being stretched very thin:
- **New approach to supporting perpetrators and survivors:** New approaches that should be considered in order to better support perpetrators and survivors of IPV were noted. Ensuring that women receive support after their partner is put on a condition to attend a program was one example, as to suggest that some women may fall through the cracks. One participant noted that in her experience, after a no contact condition is removed, minimal questions are asked as to why the request is being made; therefore, she suggested that an additional inquiry should take place to ensure that survivors of IPV are no longer at risk. Another suggestion was to implement closed court, as the current structure of open court may leave survivors of IPV at risk.

Areas in need of Improvement and Change

There were a number of areas identified as in need of improvement in northern communities. The areas were categorized based on Working with Specialized Populations, Providing Education, and Infrastructure and Logistical Limitations.

Working with Specialized Populations:

- **Services and supports for two-spirit, lesbian, gay, bisexual, transgender, intersex, asexual, and pansexual (2SLGBTQIAP+) survivors of IPV:** There was a consensus among participants that 2SLGBTQIAP+ individuals were underrepresented and vulnerable. Although most individuals did not have experience working with this population, they spoke about the need to create safe spaces for 2SLGBTQIAP+ individuals experiencing IPV and treating all people the same, with IPV as the commonality.
- **Services for men survivors of IPV:** There is an increasing understanding that men survivors of IPV are a silent population. While women continue to experience IPV at higher rates, participants noted that men survivors of IPV are often overlooked in terms of what services and resources are available.

Providing Education:

- **Education about IPV:** Participants mentioned that education is not just important for individuals working with survivors of IPV, survivors of IPV, and individuals working in professions with people, but also for the general public. Education was discussed as the cornerstone for creating systemic change.

- **Awareness of services available:** Participants noted that increasing awareness of what organizations are available within the community and what services they offer is imperative for prevention efforts as well as encouraging women to access support.
- **Specialized and sensitivity training:** Concern about specialized sensitivity training was discussed by participants from different employment backgrounds. Sensitivity training in relation to training around stereotypes, myths, and racism were all suggested. Racism and discrimination was noted as a concern for some professionals when working with Indigenous Peoples. They discussed the importance of building rapport and providing specialized and sensitivity training to professionals working directly and indirectly with survivors of IPV.

Infrastructure and Logistical Limitations:

- **Mental health services:** Mental health services was described as a limited resource and one that was filled with gaps in meeting the needs of individuals wanting and needing support. Participants mentioned that within some communities, a mental health professional was unavailable, and in others, mental health professionals would travel from other communities to offer services on an as needed basis, which meant that services were not available regularly.
- **Empowering individuals to make their own decisions:** Three participants described the importance of letting survivors of IPV make their own decisions, such as by deciding which programs to engage in, which functions as a way to empower women and promote independence and autonomy, “I tell them that, like, do whatever they choose, I support them. They should try and get their partner into counselling, for both of them...because you can only...you can’t convince the woman to leave if it’s really bad. It’s up to them to, to try and make the change.”
- **Culturally affirming programming:** Developing and implementing culturally affirming programming was discussed as one way to connect Indigenous Peoples back with their culture. Loss of culture and identity was noted as a struggle for many individuals, which was noted as an attributing factor to current struggles, namely struggles related to family violence and IPV.
- **Reactive instead of proactive services:** Participants described a current and large focus on reactive services, which indicates that there are resources and services in place to intervene after incidents of IPV have occurred; however, in order to create and facilitate long-term and societal change, proactive and preventative services are in dire need of being developed and implemented.
- **Limited resources and funding:** Funding was alluded to in various discussions centering around limited services and resources and financial support to hire employees. The overarching concern in relation to funding was the idea that there are programs and services that would be beneficial to have in northern communities; however, without the financial support to run these programs and services, there will continue to be a cycle of disadvantage.

- **Coordinated and collaborative approach:** Participants spoke about collaboration in two different contexts. The first context included discussing collaboration in terms of organizations not knowing what services other agencies within their community offered. The second context included the need for a coordinated and collaborative approach with local agencies and government representatives, with government representatives being the key to change.
- **Attracting and retaining service providers:** A unique theme was described in relation to problems with filling employment positions in northern communities. Participants spoke about attracting and retaining properly trained employees, limited financial support to fund employment positions, and professionals coming and going to provide support. There was mentioned that when considering the population of some areas in northern Saskatchewan, communities may not have the local capacity to fill certain employment positions.

Please add any further comments or feedback:

Promising Practices in Northern Communities

In the midst of discussing challenges to the provision services and resources in northern communities and barriers to accessing support for survivors of IPV, we found that participants added some positive discussions into their interviews and highlighted certain successes that were occurring within their communities. The information mentioned is in no way exhaustive and is not currently being implemented within all communities; however, the ideas mentioned below may serve as guiding steps for organizations and communities looking to make positive changes.

- **Culturally affirming programming:** Participants spoke about the strong push to provide culturally affirming programming within their agencies. They discussed methods used to ensure that the services being provided were being provided in a culturally affirming manner, and also a manner that placed a strong emphasis on reflecting the cultural diversity of individuals in need of support. For instance, participants highlighted how their place of employment included cultural diversity when supporting women survivors of IPV, which included employing individuals that spoke Cree or Dene, and connecting women survivors of IPV with Elders from their community.
- **People motivated to make a difference:** When discussing current promising practices, participants spoke about certain individuals within their northern communities who continued to try and make a positive impact in their work with survivors of IPV. Participants spoke about being committed to helping individuals in their community as well as their community at large. Service providers also spoke about their motivation to continue in their work with survivors of IPV, "I'm committed, it's like...I don't know

why, I just want to help people and let them know that there's somebody out there that cares and can help them. They're not alone. That it doesn't only happen to them, and it's not their fault...the rewarding part of the job is when a client comes up to you and says 'Thank you so much for helping [me]. [I] wouldn't have known what to do if you weren't here.' So you know, that's the rewarding part about the job, that's what keeps me going. Knowing that I can make a difference and help somebody."

Overall Perception of Work as a Service Provider

While answering the interview questions and discussing their work as service providers, we found that participants spoke about their experiences by providing further insight into their emotions and thoughts when working with survivors of IPV within a service provider capacity. Feelings of disheartenment were evident throughout most interviews, which were illustrated through the stories told, the words that were chosen to highlight challenges faced, and the tone of voice that was used

- **Disheartenment:** Participants expressed disheartenment when discussing the daily challenges faced when working with women survivors of IPV in northern communities. Disheartenment was detailed when describing individual, organizational, and societal level concerns. While there was mention that some northern communities are making real strides and working towards positive change, over half of the participants described their home community as being in need of better supports and resources in place.

Please add any further comments or feedback:

**Thanks so much for taking the time to read
this document. Please let me know if you have any
further comments or feedback! ☺**