

Responding to Women

Who Experience Intimate Partner Violence in Rural Municipalities Across the Prairies

Final Report

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Introduction

Intimate partner violence (IPV) is a prevalent form of gender-based violence and can include multiple forms of harm caused by a current or former intimate partner or spouse including physical abuse, emotional /psychological abuse, sexual violence, criminal harassment (stalking), financial/economic abuse, spiritual abuse, coercive control, and domestic homicide (Government of Canada, 2021). Women living in rural areas face one of the highest levels of IPV in Canada. Thus, police reports for 2018 indicate that IPV in rural areas is 1.8 higher than in urban areas (Burczycka, 2019). The rate of domestic homicide is also higher in rural areas when compared with urban areas (Dawson et al., 2018). In addition, there are numerous barriers that women face when help-seeking in rural areas that are associated with lack or limited availability of relevant resources, isolation, lack of accessible and affordable transportation, lack of childcare, responsibility for the family farm, livestock, and companion animals and other barriers that prevent women from seeking help or make it difficult for women to access social services. These barriers have also been negatively impacted by the COVID-19 pandemic (Moffitt et al., 2022).

The purpose of this study is to explore women's experiences of intimate partner violence (IPV) and help-seeking in rural areas of the Prairie Provinces. Even though rural women face numerous barriers to help-seeking and experience higher levels of IPV, there has been limited research that explores women's experiences of IPV and their help-seeking in rural regions of Canada (DeKeseredy et al., 2016). Existing studies do not provide a clear picture of the unique circumstances of rural women who experience IPV or of the obstacles and barriers they face when seeking safety for themselves and their children (Faller et al., 2021). This study addresses this knowledge gap through a qualitative examination of rural women that will document the ways in which rural culture and context impacts their experience of IPV, how these experiences interact with co-occurring challenges experienced by women, and the barriers and challenges that occur within this context as women seek help.

The project was conducted by the RESOLVE Centres in Manitoba, Saskatchewan, and Alberta. Our community partner was Western Manitoba Women's Regional Resource Centre. In addition, we have also worked with other community-based organizations across the three prairie provinces of Alberta, Saskatchewan, and Manitoba.

Chapter 1: Background

In 2018, while the police reported IPV in Canada was 322 per 100,000 population, with women accounting for the majority of victims (507 per 100,000 population), these numbers are higher in the Prairie provinces of Alberta (626 female victims per 100,000 population), Manitoba (986 female victims per 100,000 population), and Saskatchewan (1,066 per 100,000 population) (Burczycka, 2019). The Prairie provinces are also home to a large rural population accounting for 15% in Alberta, 25% in Manitoba, and 32% in Saskatchewan (Statistics Canada, 2022). Nationally, the rate of police-reported IPV is also 1.8 times higher in rural areas than in urban areas with 798 female victims per 100,000 population (Burczycka, 2019). In addition, Dawson et al. (2018) report that the domestic homicide rates between 2010-2015 were highest in Manitoba 3.36 per 100,000 population and Saskatchewan (2.28 per 100,000 population) among the Prairie provinces with Alberta falling in the mid-range (1.79 per 100,000 population) with the majority of victims being female (76%). 22 percent of homicides occurred in rural, remote and northern (RRN) areas and 69 percent of these cases involved female victims and an accused male partner. Familicide rates are also high in RRN areas of Canada at 45 percent, especially when one takes into consideration that only 18 percent of the total population resides in rural areas.

The Prairie Provinces are home to a large Indigenous population. Indigenous peoples constitute 14% of Alberta's, 13.4% of Manitoba's, and 11.7% of Saskatchewan's overall population. Many Indigenous peoples

reside in rural areas (Statistics Canada, 2017). According to the 2014 General Social Survey (GSS), Indigenous women are three times more likely to experience IPV and are more likely to be murdered in their own homes (Burczycka, 2016; Arriagada, 2016). In addition, more immigrant women are settling down in rural areas across Canada, including the Prairie Provinces (CIC News, 2016; Manitoba Labour and Immigration, 2015). Despite the low reported numbers of IPV among immigrant women, there are additional challenges that these women can face when seeking help for IPV. This can be related to language barriers, cultural differences, lack of understanding of Canadian laws and rights, social isolation, immigration status, racism, and other barriers (Clement et al., 2013; Goncalves & Matos, 2016; Okeke-Ihejirika et al., 2018).

The “rural” is difficult to define (Bollman & Clemenson, 2008). Statistics Canada (2017) identifies three groups of population centres. Small population centres have a population of between 1,000 and 29,999. Medium population centres have a population between 30,000 to 99,999. And large urban population centres have a population of 100,000 and more. A population centre is an area that has a population of at least 1,000 and a population density of 400 persons or more per square kilometre. All areas outside of these population centres are classified as rural (Statistics Canada, 2017). Areas with a population of less than 10,000 are considered “rural and small town” (Bollman & Clemenson, 2008).

Previous literature suggests that there are several barriers that rural women face when help-seeking. One of the barriers is related to firearms and their use in rural areas. Firearms are usually associated with such rural activities as hunting; however, in the context of IPV they may serve as a tool for control, thus, limiting women’s opportunities to seek help (Tutty, 2015). Previous research indicates that homicides and familicides are more likely to be committed with firearms (Banman, 2015; Dawson et al., 2019). Rural areas are geographically more isolated.

This means that there are limited services and women are less likely to receive a quick emergency response when violence escalates (Riddell et al., 2009; Kasdorff & Erb, 2010). Rural houses may also be so far apart from each other that help from neighbours and community members may be highly unlikely (Riddell et al., 2009). Some remote northern communities may not have road access, with only fly-in/fly-out options (Moffitt et al., 2013). In addition to geographic isolation, women also may experience social isolation due to the abuser’s control or due to the geographic isolation itself.

The police response in rural areas may be delayed due to distance, weather, and prejudice, especially when it concerns Indigenous and newcomer women (Ahmadzai et al., 2016; Faller et al., 2021; Fraehlich, 2014; Moffitt et al., 2013). The police response also may be ineffective due to difficulties to reinforce protection orders, personal ties of police officers with the abuser and abuser’s family, the victim-blaming approaches of police officers, or in the case of newcomer women, fears of mandatory spousal arrest policies (Moffitt et al., 2013; Ending Violence Association of BC, 2013; Faller et al., 2021; Riddell et al., 2009; Okeke-Ihejirika et al., 2018). In addition, the legal system may not be accessible to women due to fears or concerns of privacy and confidentiality, costs associated with court proceedings, or the nature of the abuse itself that often aims to control victims (such as, in the case of coercive control) (Faller et al., 2021; Riddell et al., 2009; Wuerch et al., 2016).

There may be challenges in accessing transportation as well as stable telephone and internet network. Access to transportation may be limited due to the nature of the abuse that limits women’s freedom to access transportation or the financial difficulties of being able to even pay for a bus ride. Most rural communities do not have access to intercity public transportation, such as bus or taxi services, while the relevant social services may be too distant for women to walk (Kasdorff & Erb, 2010; Wuerch et al., 2016). Many people in rural areas may not have a landline phone due to costs that can be incurred for the telephone installation. Cellular phones may provide an unstable network. Internet may be unreliable as well. All of these pose a challenge when accessing even such services as 911 because cellular phones may not provide EMS with the caller’s location (Kasdorff & Erb, 2010). In addition, even if these are readily available, they can be controlled by the abuser (Riddell et al., 2009).

For those women with children, childcare may be crucial to access services, such as counselling or even shelters because shelters may have limited spots available (Faller et al., 2021; Maki, 2019). However, rural areas have limited childcare options and the existing services may be costly (Macdonald, 2018; Macdonald & Friendly, 2017). Generally, there are limited services specific to IPV available to women in rural areas due to low population counts, which are crucial in securing funding, or the existing services have to cover large geographical areas resulting in waitlists and large caseloads for staff and these then contribute to staffing-related issues that make these services less accessible (Forsdick Martz & Bryson Saraaurer, 2001; DeKeseredy et al., 2016). Women also may not know about these services, may have special needs that services cannot address, and/or professionals in rural areas may lack adequate training – all of these factors may prevent women from accessing these existing services. In addition, other professionals, such as physicians, nurses, or RCMP officers may lack adequate training that enables them to respond to women's needs in a timely and appropriate manner (Zorn et al., 2017; Riddell et al., 2009; Faller et al., 2021; Wuerch et al., 2016).

Lack of coordination of available services may also present as another barrier because it means that women must search for the services on their own, while facing numerous other issues that may be related to abuse and other co-occurring issues, such as poor mental health, substance use, chronic illness, disability, divorce, poverty, parenting-related issues, and others (Faller et al., 2021; Maki, 2019). Financial difficulties, limited employment and educational opportunities also limit women's ability to seek help as they may be dependent financially on their partners (Fraehlich, 2014; Moffitt et al., 2013; Faller et al., 2021; Kasdorff & Erb, 2010). Some rural women may be farmers. Farming brings various sets of challenges to women who seek help – women may not be eligible for Employment Insurance or Canada Pension Plan; they may want to keep their investment and ensure their children's inheritance; and they may have a special emotional connection to the farm and farm animals they care for (Riddell et al., 2009; Wendt & Hornosty, 2010). Most shelters cannot host farm animals, even pet-hosting needs special arrangements and is not always available, especially rurally (Giesbrecht, 2021; Wuerch et al., 2020). Shelters may also be facing more financial burdens concerning food expenses, for example, due to higher costs in remote and northern areas (Maki, 2019).

Both short-term and long-term housing may be one of the top barriers to help-seeking. There are fewer rural shelters. Rural shelters tend to have fewer beds than their urban counterparts (Maki, 2019). Women can stay at shelters in Alberta for 21 days, in Manitoba, for 30 days, and in Saskatchewan for 42 days. Less than half of shelter residents can find safe housing for themselves and their children after staying in shelters (Maki, 2019). There is a lack of second-stage housing in rural areas - only 7% of shelters with ties to Indigenous communities and 26% of non-Indigenous shelters were able to secure long-term housing for three and more months (Maxwell, 2020). Even if women had the means to find a housing, there are limited options in rural areas. Subsidized housing is scarcer in rural areas and there can be long waitlists (even in urban areas) (Bonnycastle et al., 2019).

The nature of smaller communities may also serve as a barrier to women's help-seeking. Thus, women can be concerned about privacy and confidentiality, feel ashamed to access services, such as mental health services, or experience stigmatization from the community members (Wuerch et al., 2016; Kasdorff & Erb, 2010; Faller et al., 2021; Riddell et al., 2009). Women may be concerned about retaliation, being judged or ridiculed (Moffitt et al., 2013; Murray et al., 2015). Lack of trust due to high staff turnover or towards outsiders that come to work in their community may also hamper women from seeking help (Wuerch et al., 2016). There could also be barriers that are related to the ideas that women may have about family values, fear of divorce, religious or cultural beliefs about marriage, not knowing they are being abused, self-blame, and other factors that may be related to the patriarchal beliefs that may be present in rural as well as cultural communities (Riddell et al., 2009; Wendt & Hornosty, 2010; Kasdorff & Erb, 2010; Forsdick Martz & Bryson Saraaurer, 2001).

While the above barriers are experienced by rural women at large, Indigenous and immigrant women face additional barriers that may be related to several factors. As mentioned before, Indigenous and immigrant women may face racial and cultural prejudice when seeking help (Faller et al., 2021; Klingspohn, 2018). Indigenous territories are often more remote and hard to reach without transportation connections (Zorn et al., 2017). Indigenous women may need the approval of their band council to approve costs related to

transportation (Lamontagne, 2011). Very limited services are available in Indigenous territories, however, those services that are available often lack appropriate training to address IPV in a culturally safe manner (Maxwell, 2020; Zorn et al., 2017). Language may be a significant barrier to help-seeking both for Indigenous and immigrant women (Wuerch et al., 2016).

Shelter accessibility can be problematic for Indigenous and immigrant women. Non-Indigenous shelters may not provide culturally safe services to Indigenous women (Maxwell, 2020). As mentioned before, Indigenous shelters may not have second-stage housing available, and this is especially concerning because Indigenous women who live in reserves often move into their husbands' homes. Help-seeking for them then may lead to a loss of shelter. Indigenous women have unclear rights to housing under the Indian Act. This means that help-seeking makes Indigenous women leave their home communities and face a greater risk of homelessness off reserve (Bonnycastle et al., 2019). In addition, women may also have other co-occurring issues that they face, including substance use and mental health problems due to the trauma of colonization and its intergenerational impacts.

Newcomer women tend to seek help informally due to a lack of trust in social services, lack of understanding of their rights, and there may be cultural taboos around disclosing abuse to people one does not know. Immigrant women may also be fearful of stigmatization and the deepening of social isolation due to the disclosure of IPV within their cultural community (Okeke-Ihejirika et al., 2018).

The latest reports indicate that the COVID-19 pandemic had worsened these impacts on rural women and further limited access to services (Houston et al., 2022). This is due to the policy of lockdowns that was implemented to control the spread of COVID-19 (Best et al., 2022; Michaelsen et al., 2022). There were numerous stressors related to these lockdowns, including loss of jobs, greater social isolation, and poorer mental health. Services were slower with longer wait times, a lack of in-person services, and greater reliability on technology (Best et al., 2022; Michaelsen et al., 2022; Moffitt et al., 2022). This meant that rural areas had even more limited services available to them (Moffitt et al., 2022).

Chapter 2: Methodology

The research was designed as a multi-site exploratory study of rural women's experience as victims of IPV and the process and experience of help-seeking in rural areas. The study was conducted in Alberta, Manitoba, and Saskatchewan. We conducted qualitative research. Qualitative research helps explore and explain the social reality we do not fully understand; helps us understand more deeply various social phenomena; "unpack the meanings people ascribe to activities, situations, events, or artefacts;" and/or understand the context of "micro-macro links" between social phenomena (Leavy, 2014, p. 2). Qualitative research usually generates an understanding of the social phenomenon based on the relatively small data, which is expressed verbally and then analyzed for patterns or factors that are seen as important (Hammersley & Campbell, 2012; pp. 12-14). There is also an understanding that qualitative research is a subjective process. Subjectivity recognizes that data collection and analysis are shaped by the subjectivity of the researcher/researchers (Hammersley & Campbell, 2012). Therefore, reflexivity, positionality, and accountability are crucial considerations in qualitative research. Reflexivity requires that researchers acknowledge their subjectivity and positionality throughout data collection, analysis, and the final presentation of research results (Hammersley & Campbell, 2012). Analytical and relational accountability invites researchers to be accountable to the collected data, research participants, and one another as researchers (Pardee et al., 2022; Wilson, 2008).

The research was collected, analyzed, and written by a team of researchers at the University of Manitoba, the University of Calgary, and the University of Saskatchewan. We have discussed our positionalities and discussed our findings throughout the analysis process to notice differences and similarities, which strengthened the interpretive process of our analysis. We also reiterated to each other the importance of being accountable to the data as well as the perspectives and experiences of our research participants.

Research Questions

The current research addresses the following questions:

- 1) What are rural women's experiences as victims/survivors of IPV?
 - a. What is the nature of the violence/abuse experienced by women in their intimate partner relationships and the context of the violent/abusive episodes?
 - b. How do rural women describe the impact of being a victim of IPV?
 - c. What co-occurring issues/challenges are faced by rural women that influence their experience/how they are impacted?
- 2) What are rural women's experiences of help-seeking?
 - a. What are the unique needs of women from rural areas who experience IPV?
 - b. Where do rural women seek help?
 - c. How do rural women access services/resources?
 - d. How do co-occurring issues impact help-seeking?
 - e. What are rural women's perceptions of the process of help-seeking and the response of service providers?
- 3) What are the barriers, gaps, and challenges that rural women experience when seeking help?
- 4) What intervention services are available to rural women who are victims of IPV?
- 5) What are recommendations for improving the service response to rural women who are victims/survivors of IPV?

Methods

We utilized several methods of data collection to gain a better understanding of the existing responses and resources available to rural women who experience IPV and to generate policy and practice recommendations for meeting the needs of rural women:

- An *environmental scan of existing services* for women from rural areas who experience IPV. We included both rural and urban services because many rural women also access urban services. This was developed as a result of an online search and emails from community partners. Some agencies and organizations were emailed/telephoned to verify and obtain additional information on the types of services provided.
- A *literature review* on the experience of women survivors of IPV in rural regions of Canada with a specific focus on the Prairie Provinces. The literature review examined both grey and academic literature on rural women's experience of IPV and help-seeking as well as the accounts and experiences of service providers in the area of IPV who provide services to women from rural areas. The literature review aimed to identify the context and the key barriers to help-seeking based on the findings of previous research. It provides a solid groundwork for the analysis of the data that we collected.
- *Semi-structured interviews* with survivors/victims in Alberta, Manitoba, and Saskatchewan. These were conducted over the telephone or zoom. No in-person interviews were conducted with survivors across the three provinces.
- *Focus Group Discussions* (FGDs) and/or *semi-structured interviews* with service providers. These were conducted over the telephone, zoom, or in-person after COVID-related policies have been loosened.
- *Geographic Information Systems* (GIS) mapping and analysis of the services to assess the availability and accessibility of services to rural women across the three Provinces. The database was based on the Environmental Scan as well as the DMTI data sets provided by the Library at the University of Manitoba.

Ethics

In the data collection process, we shared consent forms with our research participants and the informed consent was obtained. All participants were told that their participation was completely voluntary and that their

participation will not impact any services they receive from agencies (women who experience IPV) or any aspect of their employment (service providers). They were assured that digital recordings, transcripts, and consent forms will be securely stored and that any information that could identify them personally will not be included in any reports of the research findings. GIS mapping results will be presented in ways that will not disclose participants' identities or specific locations. Applications for ethics approval for this research were submitted to the University of Manitoba Psychology/Sociology Research Ethics Board, the University of Calgary's Conjoint Health Research Ethics Board, and the University of Saskatchewan Ethics Board. Approval was received from each of these institutions.

Participant Recruitment and Data Collection

Qualitative data was collected by the RESOLVE staff and academic partners in Manitoba, Saskatchewan, and Alberta. Purposive sampling was used to recruit research participants. Rural women 18 years of age and older who had experienced IPV and were no longer living with their abusive partner were recruited through notices posted at agencies that provide services to rural women, on RESOLVE social media (Twitter, Instagram, and Facebook), newsletter, community agencies' websites, social media, and an interview to CBC Radio.

Service providers were recruited through our community partners, through emails to agencies/service providers, RESOLVE social media, website, and newsletter. We conducted 5 FGDs with service providers and 8 individual interviews with service providers. In Alberta – 2 FGDs with 4 (FGD1) and 5 (FGD2) service providers; Manitoba – 8 individual interviews and 1 FGD with 2 service providers; and Saskatchewan – 2 FGDs with 10 (FGD1) and 3 (FGD2) service providers. When service providers called into a focus group interview, consent was assumed, and written consent was obtained from service providers who participated in individual telephone or online interviews.

All interviews were guided by a semi-structured questionnaire. This ensured direction and consistency. These are included in the appendices at the end of the report. All interviews were audio-recorded and transcribed verbatim.

The background information section of the interview questionnaire included a question about the location of research participants at the time of the abuse. This information was used for GIS analysis to look at the availability and accessibility of services in rural areas from which six of the research participants from each province resided at the time of the abuse. The participant's locations were selected based on our intention to represent geographical diversity and did not represent the exact locations of our research participants.

Participant recruitment posed a major challenge for this study. It was difficult to recruit both survivors and service providers. This may have been the case because this is a sensitive subject, and it is not always easy for survivors to volunteer to be interviewed despite the monetary incentive. We provided an honorarium of \$40 for each survivor participant. It also may be because there is a lack of access to a landline or cellular phones and internet in rural areas. Several participants did not have a working cell phone number. The recruitment process was also impacted by the COVID-19 pandemic. For example, service providers were hard to reach possibly due to the pandemic-induced workload. One service provider explained that it is difficult for them to participate in these types of studies because research projects often are not followed up and little social change occurs.

Data Analysis

Each interview was preceded by a set of questions that aimed to understand the statistical background information of our research participants. Survivors were asked questions about location at the time of abusive incidents, location at the time of the interviews, age, employment status, income, level of education, relationships status, race/ethnicity, number of children, if children reside with the mother or not, and whether

they cared for farm animals. Service providers were asked questions about their location, agency, occupation, and years of experience in the current position. Quantitative background data was analyzed using SPSS.

Thematic analysis of the interview data was performed by assigning codes, the “smallest units of analysis” (Clarke & Braun, 2017, p. 297). The coding of the data was performed freely. The codes were organized into themes, “a shared core idea” (Clarke & Braun, 2017, p. 297). These themes were then related to the research questions. The qualitative data were coded using Dedoose, a software that is used for qualitative research analysis. The process of data analysis was a combination of individual and teamwork to ensure analytic accountability and reflexivity throughout the data analysis process. The data analysis team met weekly for two months (June and July 2022) to consolidate data, understand the processes of data analysis, discuss methodological considerations, share reflections, look at similarities/differences, and deepen the analysis. Our team included two coders in Alberta, one coder in Saskatchewan, and two coders in Manitoba.

The data collected from the environmental scan was developed into a GIS-friendly database. This provided an understanding of IPV-related services for the GIS analysis. Data about rivers, lakes, provincial boundaries, and First Nations reserves were taken from the Government of Canada website. With the help of the GIS expert Meg Miller at the University of Manitoba, we obtained data from DMTI about other aspects of importance when assessing the availability of resources, such as RCMP detachments, health units/centres, legal services, and taxi companies. Online research was conducted to collect data about bus services in rural areas. The research team agreed to pick six research participants (for visual presentation purposes) in varying locations to analyze the availability of resources in their area and the distance they have to travel to reach the services. The location of research participants was based on their locations at the time of abusive incidents and does not correspond with their exact location at this time. Thus, the distances may not be accurate for these individual participants. Shelter locations are often hidden. We have used publicly available data to locate shelters and other relevant services.

Limitations

There are several limitations to this research that must be noted. The first limitation is a greater representation of rural women residing in the Southern part of the Prairie Provinces and a low representation of women from the Northern areas of the Prairie Provinces across the three provinces. Almost all the interviews with survivors and service providers were conducted over the telephone or zoom. This posed a challenge for developing a rapport with the research participants. Building rapport is a key part of qualitative research to enable the sharing of details, especially those related to one’s traumatic experience within intimate relationships. There have been various methods employed by the team members to build a better rapport, such as extended screening calls, sharing of the interview guide ahead of time and others. However, we recognize that it is difficult to replace face-to-face interaction when discussing sensitive subjects.

Positionality

The team of researchers came from varying backgrounds and positionalities. We had diverse cultural and theoretical backgrounds. Researchers had varying research interests – one researcher had a special focus on farm animals and pets, for example, another researcher had a special interest in child trauma; others had an interest in policymaking, gendered resilience, resistance, and strength, Indigenous rights, and other topics. Concerning the theoretical approach – several researchers recognized their subjectivity in the data analysis, while others tried to look at the data more objectively. However, we have all tried to be accountable and accurate in our representation of the ideas that were shared by the research participants. We recognize that our positionalities and theoretical perspectives may have influenced the data analysis and its presentation. For example, one of the important theoretical frameworks was intersectionality. As argued by Patricia Hill Collins and Sirma Bilge (2016) intersectionality urges researchers to pay attention to power relations and their role in defining and shaping human experience.

Community Engagement and Dissemination

Wilson (2008) argues that relational accountability of a research requires community engagement. RESOLVE is committed to community engagement and partnership with action-oriented research. The findings of this study will be widely shared with the public as part of this relational accountability. We acknowledge that many of our research participants contributed their time and ideas to be able to enact social change to help and improve access to IPV-related services for rural women.

Description of Research Participants: Survivors

In total, we conducted 41 interviews with IPV survivors from rural areas. In Alberta - 11; in Manitoba - 17; and, in Saskatchewan – 13. The interviews were conducted over telecommunications.

In Alberta, we had a total of 11 participants (n=11):

- Participants ranged from 23 – 66 years of age, with the average age being 42 years old
- 55% of participants were employed ($n = 6$), 27% of participants were unemployed ($n = 3$), 9% of participants were retired ($n = 1$), and 9% of participants were on disability ($n = 1$)
- 82% of participants had achieved a post-secondary level of education; the remaining 18% had achieved a high-school diploma
- 91% of participants identified as Caucasian/White; 9% identified as Latino
- Reports of estimated annual household income ranged from \$9,000 to \$200,000 ($n = 8$; 3 individuals skipped the question either due to unemployment or chose not to answer)
- All participants were involved in a heterosexual relationship during their experiences of intimate partner violence
- One individual identified as a recent immigrant to Canada
- 45% of participants stated they were married to their intimate partner at the time of the abuse
- 64% of participants had children at the time of the interview, with 57% of these women having their children live with them (either part- or full-time)
 - Ages of the children ranged from 15 months to 44 years old
- One woman reported that she had farm animals to take care of during her experiences of intimate partner violence

In Saskatchewan, we had a total of 13 participants (n=13)

- 38% ($n=5$) of participants were unemployed, 46% ($n = 6$) of participants were employed full time, 7% ($n = 1$) of participants were employed part time, and 7% ($n = 1$) of participants were on leave from work.
- 61% ($n = 8$) of participants completed post-secondary education, 15% ($n = 2$) of participants have completed some post-secondary university, 15% ($n = 2$) of participants completed technical post-secondary, 7% ($n = 1$) of participants completed high school, and 7% ($n = 1$) of participants completed some high school.
- 61% ($n = 8$) of participants identified as Caucasian/White, 30% ($n = 4$) of participants identified as Indigenous/Metis, and 7% ($n = 1$) of participants identified as Black.
- None of the research participants identified as a recent immigrant.
- Reports of estimated household incomes ranges from \$10,000 to \$600,000 ($n = 12$).
- 100% ($n = 13$) of participants were involved in a heterosexual relationship during their experiences of intimate partner violence.
- 69% ($n = 9$) of participants had children at the time of the interview, with 77% ($n = 7$) of these women having their children live with them (either part - or full time). 22% ($n = 2$) of women had children who lived on their own.
 - Ages of the children ranged from 1.5 to 47 years old.

- 30% (n =4) of participants reported they had farm animals to take care of during their experiences of intimate partner violence.

In Manitoba, we had a total of 17 survivors who participated in this study (n = 17):

- Participants ranged from 25 – 69 years of age, with the average age being 38 years old.
- 47% of participants were unemployed (n = 8), 41% of participants were employed full-time (n = 8), and 11.8% of participants were employed part-time.
- 41% (n=7) of participants completed post-secondary university degree, 17.6% (n=3) completed some post-secondary education, 12% (n=2) completed technical post-secondary, 12% (n=2) completed high school, 6% (n=1) had some high school education, and 11.8 completed grade 9 or less.
- 41% (n=7) of participants identified as Caucasian/White; 41% (n=7) of participants identified as Indigenous, 12% (n=2) identified as Black, and 6% (n=1) as Central/South American.
- None of the research participants identified as a recent immigrant. One research participant was facing immigration-related issues, however, did not meet our requirements for a recent immigrant due to being in Canada for more than 10 years at the time of the interview.
- Reports of estimated annual household income ranged from \$0 to \$85,000 (n=16).
- 94% (n=16) of participants were involved in a heterosexual relationship during their experiences of intimate partner violence, while 6% (n=1) described their relationships as Other.
- 70.6% (n=12) of participants had children at the time of the interview, with all of these women having all or several of their children live with them (either part- or full-time). Several women had several children under a care of their father, grandparents, or child welfare.
 - Ages of the children ranged from 5 months to 50 years old
- One woman reported that she had farm animals to take care of during her experiences of intimate partner violence.

Description of Research Participants: Service Providers

We conducted 5 FGDs and 8 individual interviews with service providers. In Alberta – 2 FGDs with 4 (FGD1) and 5 (FGD2) service providers; Manitoba – 8 individual interviews and 1 FGD with 2 service providers; and Saskatchewan - 2 FGDs with 10 (FGD1) and 3 (FGD2) service providers.

In Alberta, we had a total of 14 service providers who participated in this study (n = 14)

- 57% of service providers worked at a Victim Services organization; 29% worked at a Crisis Shelter; 7% worked at a Police Station, and 7% worked at a Women's Resource Centre
- Occupations ranged from social worker (n = 1), counsellor (n = 1), victim service worker (n = 5), police officer (n = 1), executive director (n = 1), pastor (n = 1), team lead (n = 2), or program manager/program director (n = 2)
- 71% of individuals had been in their position for more than a year, with the longest-serving individual having been in their role for 30 years; the remaining 29% had been in their position for less-than or equal to a year

In Saskatchewan, we had a total of 13 (n = 13) service providers who participated in this study.

- 15% (n = 2) worked at a crisis shelter, 7% (n = 1) worked at a second stage shelter, 7% (n = 1) worked for the police, 7% (n = 1) worked in victim services, 15% (n = 2) worked in community counselling, 30% (n = 4) worked at other agencies, and 15% (n = 2) did not disclose where they worked.
- 23% (n = 3) of our research participants were social workers, 7% (n = 1) were police, 7% (n = 1) were coordinators, 38% (n = 5) were managerial or executive roles, and 23% (n = 3) did not disclose their roles.
- Years of experience ranged from 1 to 7 years of work.

In Manitoba, we had a total of 10 service providers who participated in this study (n=10).

- 40% worked at a crisis shelter, 10% at a second-stage shelter, 20% at CFS, and 3 at other agencies (including immigration-focused non-profit organizations).
- 20% of our research participants were social workers, 30% counsellors, 40% in managerial roles, and 10% were facilitators.
- Years of experience ranged from 1 to 40 years of work.

Chapter 3: Women's Experience of Victimization

This chapter is based on the findings from survivor interviews across the three provinces. We describe the nature and context of abuse, the impact of abuse, and co-occurring issues and challenges. Nature, context, and impact of abuse are similar across the three provinces. Rural women experienced physical abuse, emotional/psychological abuse, coercive control and isolation, financial abuse, sexual abuse, violence involving animals, and stalking across the three provinces. Neglect, spiritual abuse, violence involving weapons, immigration-related abuse were identified in Alberta and Manitoba. Violence involving children was identified by our research participants in Manitoba and Saskatchewan. Rural women across the three provinces experienced various impacts, such as emotional/psychological, health impacts, socio-economic and socio-political impacts, and others that greatly impacted their well-being and was long-lasting. Many women, even those who believed their experience was less severe in comparison to what they have learnt at women's shelters, for example, were then surprised by how long it was taking them to recover from the abuse. Women experienced several co-occurring issues and challenges. Our literature review focused mainly on health-related challenges; however, the findings indicate there are other co-occurring issues that women faced, which then affected their experience of IPV or their lives post-separation.

Nature and Context of Abuse

Women in rural areas experience various forms of abuse within their intimate relationships, including physical, emotional, coercive control, financial, sexual, spiritual, socio-political abuse, neglect, spiritual, and stalking. Sometimes abuse involved children, animals, and weapons.

Physical Abuse

Many research participants across the three provinces described that physical abuse starts later following emotional and financial abuse. This was often the last straw for many research participants, either deciding to leave, or their partner left them after a major incident of physical abuse. Some women found it difficult to talk about the extent of physical and sexual abuse they experienced because they felt that these were hard to handle for most people.

Physical abuse experienced by the research participants included:

- Beatings with some injury, such as bruising (on the whole body, a black eye, etc.) and broken bones.
- Women were pushed, punched, shoved, hit and kicked, or their hair pulled.
- Women were strangled, slapped, hit, and had items thrown and dragged.
- Throwing of objects at the women and destruction of property.
- Stabbing is also one of the risks that women faced as part of the physical abuse they suffered. One of the research participants was stabbed, the abuser aimed at the stomach but instead stabbed a foot. One woman stabbed her partner in retaliation (a research participant stabbed her partner's leg).

“Okay, so, I was pushed, shoved, and almost stabbed once.” MB12

“I circled back, barricaded the door with a chair and like the lock and everything. He busted through the door. Wood shattered everywhere. I had cuts all over my body.” AB9

“I will just start with physical as far as myself, one night he was watching my daughter while I was on a night out and when I came back he tried to strangle me and I actually thought I was going to die that night.” SK4

Emotional and Psychological Abuse, Including Verbal Abuse

Emotional/psychological abuse was one of the main forms of abuse that was also the abuse that was often present from the beginning of the abusive relationship in the form of verbal abuse, belittling, or name-calling, which then progressed into other forms of abuse. For some women, emotional abuse was the main form of abuse that was no less traumatic than other forms of abuse. Some of the women expressed that abusers switched from physical to emotional abuse when they realized that emotional abuse was harder to prove. One research participant in Manitoba suggested that her abuser softened the emotional abuse to avoid being reported to the police with proof (in a text message, for example).

Emotional/psychological abuse described by survivor participants included:

- Descriptions of anger, yelling, and. The raging fits would get so frightening that some women even feared for their lives. This would happen if the abusive ex-partners did not get their way or, if they were not satisfied with something. There would often be some minor triggers.
- Abusive ex-partners blamed women for things that went wrong. Women often felt that when things went wrong, they were blamed. This went along with name-calling, belittling, body-shaming, cyberbullying on social media, and other forms of abuse.
- Physical abuse was related to jealousy when women were complemented by others.
- Lying was related to giving promises without fulfilling those, lying about their past, criminal record, and other facts. Women felt manipulated by these lies into making decisions they would not have made otherwise.
- Sometimes abusers gave silent treatment to the women, whereby abusers would not talk to women for days or weeks, and then start talking as if nothing happened.
- Women experienced numerous instances of intimidation and threats, including threats to get killed, threats of suicide, threats of reputation damage through false accusations, threats of going to court, threats of reporting to the police, threats of child apprehension, and others. This especially happened when they tried to leave.

“It started out as mental abuse and verbal abuse, and that went on for a while until he started noticing it wasn't bothering me as much. So he actually turned to like financial taking my bank card without asking, just not letting me have access. And then it started with the physical [okay] and yeah it was not good.” MB2

“There was extreme mood swings that led to a lot of verbal abuse. Extreme name calling, like appalling name calling out of nowhere.” AB1

“There was a ton of emotional abuse. I was called names. I remember him calling me a dumb cunt. Like just awful, awful insults like that. And I remember him saying things like just like emotionally manipulative, like saying things to upset me. When you find me hanging in the garage, I hope it haunts you for the rest of your life. Like stuff like that.” SK5

Coercive Control and Isolation

Research participants experienced control and isolation (coercive control) across the three provinces. Some of the elements of coercive control were:

- Women's movements, friendships, trips, conversations, web browsing, and phone calls were tracked and monitored. One research participant in Manitoba explained that when she talked to her family, she had to leave her door open or put her phone screen up so that the abusive ex-partner can screen the incoming phone calls. Sometimes, abusers used their friends and family to control the woman at a distance.
- Women in Alberta described a slow escalation of controlling behaviour and violence, which made it difficult to recognize it as abuse. Similarly, women in Manitoba described that they cut their social ties, even with their family as the relationship progressed. Or they would meet their family and friends only with their partner's permission and always accompanied by the abusive ex-partner to ensure social isolation. Sometimes the abuser would mislead women by claiming that other people said bad things about them to keep them from developing friendships or maintaining relationships.
- One woman in Manitoba asked to stay at home and take care of the children while the abusive ex-partner provided.
- Several research participants were accused of cheating in Manitoba and Saskatchewan.
- Lying about being abused by the woman or spreading rumours/lies about the woman to socially isolate the woman.
- Women were not allowed to work and have their own money, and this was then used against women themselves accusing them of being lazy, for example.
- Two participants in Saskatchewan, and one participant in Manitoba discussed gaslighting as a means of control and/or part of their experience of abuse.
- One participant in Saskatchewan experienced confinement, however, she did not explain further about those experiences.
- Several women in Manitoba implied control of food intake/diet.

"I would have to say that he, he was very, isolating. Like I mean-I mean I couldn't-I couldn't walk out of the house without physically telling him where I was going and if I didn't, I was gone more than longer than I said I was going to be he would get on his bike and look for me and I mean he even, I, finally he was no longer able to come to my workplace cause he would just stand at the door and watch me." AB2

"When we were together he had a perfect control of every single minute of my day. He ... I checked in before I went to work to after I went to work, exactly my comings and my goings, he knew my spendings, he knew [clears her throat] he knew all my contacts." MB3

"And then, all of, all of our combined friends, cause he was going around spreading rumors about me, obviously like the mature adult he clearly is, speaking rumors around like the town and stuff like that so I still have people from town texting me like 'hey I heard this about you today.'" SK10

Financial Abuse

Financial abuse often happened as part of the controlling behaviour (coercive control) of perpetrators. It affected the ability of women to gain independence and control over their own lives and led to greater dependence of women on their abusive ex-partners.

Financial abuse, as explained by the research participants who experienced this, is related to:

- Controlling the woman's ability to become financially independent. Some of the women in Alberta, Saskatchewan, and Manitoba were not allowed to have credit or debit cards, and some of the participants' paychecks were controlled, monitored, and/or taken away.

- Abusers may not contribute to the family budget, however, overspend beyond their means for their personal needs and to satisfy a standard of life that may be seen as “beyond one’s means” (MB8) by the women.
- Some abusive partners also spent their resources on substances, but then relied on women’s earnings for their basic needs.
- Several research participants almost lost their house and/or acreage as a consequence of abuse. One of our participants in Manitoba, for example, was forced to pay back the debt that was incurred by her partner. One woman’s bank account in Alberta was emptied after her separation.
- If women did not work because their partners did not allow them or they were pregnant, this put them in a relationship of dependency where women had to then ask for financial resources from their partners. However, finances would not be readily available to them, and this would make it difficult to meet their basic needs, such as access to food that provided enough calories for the day.

“After he gotten to sell all my [animals]. I raised [animals] for a living back then to supplement my income. And, I had done that for the past 25 years. Anyways, he completely set me up and left me with [amount] dollar debt and no income, and then took me to court.” MB7

“It was, and financially as well, financial abuse, like he had my debit card and I would work from home but I didn’t see any of that money.” AB8

“There’s some financial abuse where it was like, I was the manager of a bar down there, but all the money I was making was going to him and then I would get an allowance from that and like, I would buy groceries with like the tip money that I would make and then I was in charge of the groceries and stuff but I was only using that as an allowance to buy that and then everything else had to go through him, to ask for. So he made me very financially dependent on him” SK10

Neglect

Two research participants experienced neglect during pregnancy and in the postpartum period in Manitoba. Following neglect during pregnancy and post-pregnancy, these women experienced depression. Three women in Alberta described experiencing neglect in the form of having medical or health needs denied, for example, being denied access to medical care for both urgent and chronic health needs (eyeglasses).

Because I was - at the time I became unemployed just because I was very, very sick. And I couldn’t do my job. And there was not - I noticed that there was less and less food at home and when I asked if he could get certain groceries that are healthy for mom and baby. And I would get “Oh no, sorry,” you know. MB17

Oh, he gave me chlamydia and then, by the time I was in so much pain, I had to get rushed to the emergency room. Now I’m infertile. AB8

Sexual Abuse

Several research participants across the three provinces expressed that they experienced sexual abuse in the relationship. Sometimes research participants were unsure how to call the abuse. Despite this, they indicated that they did not feel they consented to some of the sexual intercourse. Five of the women interviewed in Alberta described sexual violence, including rape and coercion to participate in sexual acts. Three participants in Saskatchewan experienced at least one instance of sexual abuse. In Manitoba, sexual abuse included rape, forced pregnancy, refusal to use contraceptives, and trying to enforce abortion on one of our research participants.

“The sexual abuse. It was – “You are my wife, and I can basically have sex with you whenever I want and you can’t do anything about it.” My first child actually resulted in rape

from him and basically my family just kind of said and his family said, “Well, you're pregnant now. You have to take care of her.” That was my first child. I drank - I had - we were at a party and I was drinking and I got drunk and I thought that everything was fine. It was a safe place to be, and he raped me for my third one.” MB16

“The sexual abuse started quite early I think. He coerced and encouraged me to do things I wouldn't have normally done. I was drugged more than once, and I believe when I look back at an episode in [location], that he actually, there's no doubt in my mind that he sold me for something; drugged me and I woke up the next morning not remembering anything but feeling like I'd been hit by a truck. So, I'm pretty sure he used a date rape drug.” AB10

“...And it was an eight-hour drive from where we were to where my family lived in (another province). And so he got to the hotel, and I didn't want to have sex with him because we just broke up, right? So he was laying on the bed and he was just like, sigh really loudly or flop around the bed like toss and turn really loudly until like, I had sex with him. Because, you know I had to, you know things like that. Nothing, nothing big.” SK6

Spiritual Abuse

Several research participants in Alberta and Manitoba experienced spiritual abuse. For example, one woman in Alberta described having her belief system mocked and criticized while the other woman described her partner using religion to manipulate and control. In Manitoba, spiritual abuse as manipulation was common in Southern Manitoba. One research participant in Manitoba who did not have an affiliation to a religious institution experienced spiritual abuse in her help-seeking.

“Let's use scripture to try and get you to do things my way and my way only.’ If I wouldn't budge, then through the kids, he would try to get contact with them to try and get me to then give in.” MB1

“We both claimed Christianity, so there was lots of twisting of scripture and guilt, shame, and condemnation, used with that.” AB1

Socio-Political Abuse

There are two forms of abuse that we identified in relation to socio-political abuse: immigration-related and legal abuse.

Immigration-related abuse included:

- Sponsorship abuse. A research participant was abused in numerous ways, including sexually, under a threat of sponsorship withdrawal.
- Threats of deportation. A research participant was threatened with deportation if she reported the abuse to the authorities or if she did not follow the orders and desires of the abuser and his family.

“That's another social political abuse that I felt is the threat of using the RCMP against me to shut me up from talking about the abuse with the knowledge that I will get banned from Canada. That's 12 years of my life that they are pretty much dangling on a little stick and abusing me with. So...” MB14

“Eventually I got a job – oh, oh, so I was working on getting my permanent residency paperwork, etc., and he was using the control of like, cancelling the application to sponsor me, to control me.” AB1

Legal abuse was when abusers attempted to limit women's ability to seek help/leave by threats of charges, filing court cases against them, contacting lawyers ahead of the survivor, and other ways.

“And like I said all other lawyers, even this Winnipeg, he had phoned all [emphasis] the civil lawyers. So, none of them could even take my case on.” MB7

Animals and Abuse

Pets/animals were abused within the relationship or were used as one of the ways through which to control or respond to the victim's resistance. For example, in Manitoba, one woman's ex-partner abused their pet; one participant's cat was given to the Humane Society as retaliation for her leaving him. One of the research participants lost her animals due to the business idea of her abusive ex-partner (this was also part of the financial/economic and legal abuse she suffered). Loss of animals led to the loss of livelihood and impacted her emotional well-being. In Alberta, one of the women described animal abuse and threats of violence toward animals as an aspect of the abuse she experienced. Four of the women described having to leave their animals/pets to flee the abusive relationship, expressing mixed emotions and a sense of guilt. In Saskatchewan, three participants experienced threats to themselves and their animals during fights. While threats to the women were more subtle in nature, these were more direct in their intention to harm the animal(s).

"We had a lot because we were out in the country. One of them - after I moved out - that's what the kids had told me that their dad just shot the cat because the cat was old. The other one I grabbed and now at my place. And that wasn't considered any violence because it was on his farm. And that's often what farmers do is when they - I was like, 'Yeah, but that's still animal abuse.'" MB16

"There was animal abuse. He bought me a dog and then slapped the dog off the bed and broke her ribs. He would kill animals in the farm yard: deer, chipmunks." AB10

"So, I was driving and we were going somewhere and I had the dog with me and he picked her up and he held her out the car window and I was just so fucking, I don't know if I had ever been as scared as I was when he did that. And we were driving over the bridge and she's a little dog so it was like, horrifying and you know, it wasn't, Actually yeah, that was really traumatic..." SK2

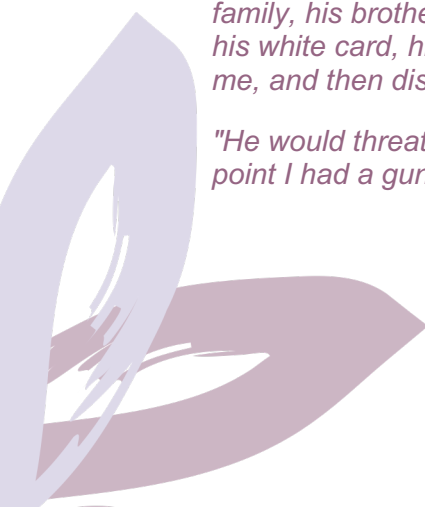
Violence Involving Weapons

In Manitoba, no research participant was attacked by a firearm, but some women expressed that their partners had access to firearms, and they feared that they would use them. One of the abusers had access to a taser and used it to intimidate one of the research participants post-separation. Four of the women interviewed in Alberta described weapons being used to both threaten and injure them during the abuse they experienced, suggesting severe forms of physical abuse. One woman described having her finger cut with scissors causing permanent damage. Additionally, implied violence or threat of violence, by having weapons in the house, for example, was also identified in a number of the interviews.

"And he sat on the bed, and I sat on the floor, and he held, and he had this kind of shotgun held to my head and told me I couldn't move and leave. And we sat there for hours." AB11

"Yeah in [place name] my husband's family do own guns, a shotgun. and how his whole family, his brother started to abuse me too. And how he is ... how he got away with it using his white card, his white privilege. Me and my family got afraid that they might try to get rid of me, and then dispose of me, and get away with it." MB14

"He would threaten me, and I wouldn't take it so I would yell back at him and then like, at one point I had a gun in my mouth, I was up against the wall" SK10



Stalking/Threats/Stalking on Social Media/Breaking Protective Orders

Several of the women interviewed described experiencing stalking, threats (verbal threats, implied violence, or threatening behaviour) and breaching of protective orders both during the relationship and after the relationship ended. Additionally, women described their abuser to use destruction of property (slashing tires, vandalizing and disabling vehicles, breaking into/vandalizing homes belonging to the woman after leaving the relationship, attempting to burn down a house, breaking windows, punching walls, breaking, or throwing items, etc.) as a means of threatening and intimidating them. Two participants in Saskatchewan, one participant in Alberta, and three participants in Manitoba experienced social media stalking and cyberbullying. This form of abuse intensified post-separation.

“That’s part of the other thing too when, the surveillance aspect, right? Of having your phone, the GPS on your phone, like I don’t even know what he put on what, but I know he found me in places that there’s no possibility he would have just showed up there. I was in a cemetery outside of town one night and he found me. Twenty minutes/half an hour after I had been there, he showed up and I’m like... at the time it didn’t even register. I just remember thinking that it doesn’t matter where I go, he’ll find me.” AB10

“Yeah, because he kept on bugging me, he kept on sending people to my house, still. And then he’ll come, and then he finally came over this one time, and he told me, “OK, well yeah, you know what? I broke up your relationship. I made that happen. Yeah I’m making them bully him. You’re mine, you’re my property, and I can’t let you go.” MB15

“Ya and it was a huge thing for me and I don’t know if because like, but I think that maybe because I am so young and because like my life is so very much social media, that it’s just like a bigger thing for me. But then, making fake accounts and commenting on my posts or like people screen shot things that I say or I’m doing from my social media is a very not cool thing. A struggle that I’ve been having to deal with.” SK10

Children and Abuse

Several research participants in Manitoba expressed that either their children were exposed to abuse when the women were still in a relationship with their abuser or children experienced emotional abuse. One survivor (Manitoba) described that the verbal and emotional abuse was directed toward her child who was a stepchild to her perpetrator (who is now an adult). Two participants in Saskatchewan had experienced indirect threats to children. These episodes happened randomly and for one participant, this was the reason she left her partner.

“Yeah, I guess the first experience we have is about six months into our relationship that I noticed. I didn’t know some of the subtle things but I don’t remember what my son did. It was very minor but my husband started yelling, um, very rage-like, right? Like, just a very different kind of yell, not a regular yell. Just started raging and I stepped in to stop this from happening and he ran out the door.” MB4

“The next day I think he was hungover and he threatened to kill my kid, well he didn’t threaten him. It’s more like I just want to like kill that kid and I left” SK6

Impact of Abuse

Research participants expressed numerous impacts of abuse, such as psychological impact, impact on relationships, shame and stigma, impact on parenting/mothering, numerous socio-economic impacts, socio-political impact, isolation, loss of stability, impact on physical health, and spiritual impact. Service providers described these impacts as “multidimensional” and complex, but also pointed out that the impacts vary from

person to person depending on their social class, level of education, age, availability of informal supports, and other factors, suggesting that social determinants of health along with societal forces are at play.

Psychological/Emotional/Mental Health Impact

Across the three provinces, the impacts on psychological and emotional wellbeing was perhaps the most common, manifesting differently among participants. Women expressed that:

- They felt broken, tired, and ashamed. They felt like they didn't know who they were anymore, stuck or unable to escape the abuse, and other such feelings.
- Some participants feared for their lives, feared abandonment and loss of their house, had low self-esteem, constantly second-guessed themselves, and neglected themselves.
- Research participants experienced such mental health impacts such as anorexia, depression, stress, PTSD, anxiety, mood disorder, suicidal ideation, and substance use due to the abuse that they experienced in their intimate relationships.

"Yup. Even making like the simplest decisions, like when I did leave – and obviously I left in a hurry – pretty much just packed up our clothes and some of the kids' favourite toys and that was it. Later on, we went back to pick up a bit more, but still, when you then are now moved into a Manitoba Housing home and you want to go and buy like towels or something, you'll literally like freeze there in the aisle at the store and you're like 'I don't even know what my favourite colour was' like, 'Who am I?' Your self-worth and your value and your hobbies and likes – that all was degraded and pummeled down and out of you, right?" MB1

"And eventually, I ended up with PTSD, as did my son, at the time that we left. That's taken years. I don't even think it's really gone to be honest, not for my son anyway. So, yeah, it did have a profound impact at the time and after because it's, I remember saying to someone "I thought by leaving him, I was leaving the chaos behind, but the chaos was within, lives on within me" and I didn't even understand what PTSD was when I said that." AB4

"I would say like, I used to have pretty strong anxiety. I would say probably a couple of years ago, a few years ago, if we had done this interview, I don't know, how far we would have got, there would have been just absolutely out of breath, like with anxiety. Even when I used to make calls to various agencies trying to seek help with this. Yeah, I was getting so much anxiety that I was just gasping for breath trying to speak." SK4

Socio-Economic Impact: Employment, Financial Status, Housing, and Education

Research participants across the three provinces expressed that they felt several socio-economic impacts, such as the negative impact on employment or loss of employment, poverty or financial instability, homelessness or unstable housing, loss of scholarship or disruption of educational opportunity, and others. Eight of the women interviewed in Alberta, five participants in Saskatchewan and ten women in Manitoba described having financial difficulties during or after the relationship ended. These impacts were especially challenging to overcome for Indigenous women who participated in this study, those women who live with a disability, women who lost their legal status in Canada due to the abuse they experienced, and women who did not have access to education to gain skills to allow them to become employed and self-sufficient.

"So, yeah, I will never recover, you know, with being disabled and losing all my dogs. I approximately had [number] dogs at the time. So, I'll never be able to get them back, right? And, so that's financial help, too, you know. Once you are disabled, it's not like a well person you know - go through tough times, you work harder and you make up, you know. You sell some items. You know, you can just work harder and catch up again. But being disabled you don't have that option." MB7

"I can't get a line of credit or anything like that right now because he completely ruined it. I have no savings. I have no retirement because it's all been depleted. So, I'm basically having to rebuild everything. And since I wasn't working for two years, I was on, you know, a very minimal amount of money so, you know, there were a lot of days where I didn't have food or, you know, I couldn't afford my phone bill. And so, it had a really, really long, like almost two-year impact and now I'm still fixing it." AB9

"Yeah, like I just didn't have the resources. Like I spent a pretty large portion of time. I'd say a couple of months, like just homeless and couch surfing and sleeping on park benches and stuff" SK7

Socio-Political Impact: Legal Status, Access to Justice and Protection

The socio-political impact is conceptualized as relating to the legal status or legal implications of abuse for survivors of IPV and how this then impacted the survivors' experiences of abuse. Across the three provinces, the feeling or perception that the legal system worked in favour of the perpetrator of the abuse was a strong theme identified in several interviews. Additionally, several women interviewed expressed frustration with obtaining protective orders and legal services as well as expressed that their safety while accessing court was not adequately considered in court procedures. Women also expressed frustration that their former partners repeatedly breached protective orders and utilized the court system to continue their abusive behaviour, for example, to continue to intimidate and monopolize women's time and financial resources through court proceedings.

Examples from our interviews:

- A research participant in Alberta noted that she experienced a significant disconnect between criminal law and family law processes, and in general her experiences with family law were more positive than with criminal law proceedings as she felt more supported within the family law process.
- A research participant in Manitoba lost her student visa because of IPV. She missed her deadline to submit her documents due to the abuse she suffered in the relationship. Her loss of immigration status affected her access to healthcare and other social benefits. She also lost her ability to drive and to be employed.
- A research participant in Manitoba with a disability was forced to disclose her disability to the courthouse and welfare workers. This was especially difficult for her because she hid her disability and in a rural community, she had concerns about confidentiality and anonymity.
- A research participant in Alberta was a recent immigrant/newcomer to Canada. She expressed that a lack of familiarity with formal support systems and government services/benefits impacted her experiences of abuse. For example, her abuser threatened to no longer support her immigration process as a means to intimidate and control her. The abuser also used her lack of understanding of government benefits to take advantage of her financially.

"It gets to a point that people don't think it's abuse anymore. That it's my fault that I lost my student visa, that I lost my immigration. When I was already being abused. Just because it had an impact on every layer of my life to be independent and just because I don't continue to go to my abuser like some women do. 'cause it is hard to leave an abusive relationships... I can... what was the word... be compassionate towards that. Just because I don't want to do that myself doesn't mean that I am still not an abused person." MB14

"And then, same in the courthouses for renewing restraining orders and EPOs and things. You have to appear in court with that person, which is super intimidating. It's super unsafe. He approached me twice outside the courthouse because we had many court dates and yet it doesn't matter because they count it as not a breach because it's at a court date... There's no safety set aside. You're sitting outside in the hallway for court with the same person three feet away from you. There's nothing in place to help that. So, if you have an EPO or

restraining order, on the court date it's basically ineffective. He could do whatever he wanted at that time and nothing could be done. Twice for court dates he sat down in a chair directly beside me in the waiting area to intimidate me." AB6

"He employed a lawyer to regularly communicate with me, I had started with a lawyer but eventually ended up representing myself to help cut costs. This communication from his lawyer included every second week or every second week regarding accessed visits often these were problems my ex-created out of his own volition, such as if it was a long weekend and it was also my weekend he would, like clockwork, assume it was his weekend and then his lawyer would begin contacting me telling me it was their clients weekend." SK4

Impact on Interpersonal Relationships and Social Isolation

Women reported losing friendships because of the abuse. Some women's friends supported their perpetrators and did not believe the woman. For some women, the tactics of the abusers to isolate the woman through reputation damage prevented women from keeping friendships and trustworthy relationships in the community post-separation. In other cases, abusers isolated women by arguing that they were the victim of IPV.

The experience of abuse made many of our participants fearful of new friendships due to a lack of trust, or a lack of belief they faced if they opened up about the abuse. These participants preferred to keep their social circles tight, which then perpetuated social isolation even after leaving the abusive relationship. Many research participants continued to experience abuse post-separation, especially if they co-parented. The abusive ex-partners controlled the women through children and childcare responsibilities and prevented them from developing friendships. For many research participants, it was difficult to start new intimate relationships because they were afraid of experiencing abuse again. However, when some women developed new intimate relationships, some abusers interfered by destroying property, threats, reputation damage, stalking, and preventing women from engaging in new relationships.

Reputation damage made it difficult for our participants to get jobs, develop new friendships, and be seen as trustworthy and respectable people in the community. Several participants pointed out that this was especially damaging in a small community where rumours spread quickly, and community members may be more judgmental of women whose private lives are exposed to the public. Other co-occurring issues, past trauma, disability, race, or poor mental health made women more vulnerable to reputation damage. Women felt ashamed and stigmatized due to their reputations being damaged and having their private lives exposed to the public.

"I am afraid of getting into a new relationship because I don't want someone mistreating me neither my kids. I don't want to be that person, the victim. It feels so bad being powerless and as someone who ... who should be protecting you. You see? And, I don't want to be in a situation whereby it would be like a double tragedy. I was already there then I am there again." MB5

"So, isolation? Absolutely, both physical, emotional, psychological. Yes, I wouldn't have known what to say. I wouldn't have known where to go. I was absolutely, he had played my friends that I was losing my mind, that... he kept telling me that I had really bad anxiety. He kept telling all the hired people around me, and eventually if I didn't push them away, it felt like they were moving away, which also included my children." AB10

"Well, because of the relationship I tend to have trust issues, like [inaudible], it makes me feel like you are a failure, like particularly because what they did was emotional, but it always makes me feel like, even like, it makes me feel like I don't feel love." SK9

Impact on Mothering and Children

There have been varying impacts on children (biological and stepchildren) and mothering. Research participants expressed concerns about the impact of IPV on their children. As explained earlier, some children were exposed to IPV and this exposure to violence negatively impacted their psychological health, as explained by our research participants. Almost all the women with children expressed that their children needed counselling support, but not all of them were able to receive this type of support due to a lack of counsellors, waiting lists, or high costs. Several women said that they feared child apprehension due to the exposure of children to violence or due to poverty that they experienced. One woman in Manitoba had her children apprehended.

Some women became closer with their children because of the abuse that they experienced and helped each other to recover from the abuse. Other women were blamed by their children for alienating their fathers. At times, it was difficult for mothers to care for their children or be patient with their children's needs due to being over-stressed, lacking energy, and having poor mental health. One woman experienced anorexia and depression due to IPV and this led to her losing her breastmilk. Women also expressed concerns about single mothering. Several women became mothers as a result of abuse. For one woman, this put her in poverty and destabilized her plans for her life, such as education and employment. This was also difficult due to the stigma that is associated with single motherhood in churches and rural communities. These impacts made women feel guilty. Consequentially, several women expressed that they became over-protective and vigilant in their mothering due to wanting to protect their children from exposure to violence and abuse.

"So, it definitely does affect that as well, and you try and pour so much into them because you know they need that much more support now – trying to overcome whatever they felt and endured in the abuse. So, you kind of – at times – almost put all of your energy into them and at the end of the day you've got no energy left to deal with your own stuff, but yeah."

MB1

"She [child] didn't know what had happened entirely but she witnessed all the violence over the years, but there was no support for her." AB6

"The impact to my children is showing up, and still showing up. So, my middle son couldn't stand to be around me because, as he explained it, my anxiety was so high that he couldn't tolerate it within his own nervous system." AB10

" They just see everything that he did to me, and I let his actions speak louder than his words and I just kind of stuck to the truth and told them, you know I'm always there for them and always there for them. I could say it's deeper than most. It's a strong bond, I don't think anyone could ever take that from us, especially from my step children. I'm more of a parent than both their biological parents, sometimes it gets them down but I tell them you know, that's life, that's the life we were dealt with and we have to move forward. No one is ever going to tell me that I am not their mom. I did all the disciplining and the raising and everything so. Yeah our bond. Yeah it's quite strong! " SK1

Spiritual Impact

In Manitoba, when asked about spiritual impact, women often responded that their spirits were down because of IPV. They felt that the abuser had "taken [their] spirit" (MB10). Some women felt that the abuse held them back from their spiritual dreams. Other women in the process of help-seeking went to church and pastors for help, however, they faced stigma, shaming, and blaming. This led them to change churches, question their faith, or stop attending and leaving their church. One woman felt that the loss of her animals was a spiritual loss for her because she did not have children to take care of, but animals. In Alberta, several women returned to their faith/spirituality after the abusive relationship and one woman described a loss of spiritual connection.

"When I made the break it's like 'He gives you everything.' [laughs]. So, no, it's not the truth – he doesn't give me anything. He has taken everything from me – he's taken my spirit, he's robbing me of my feelings, he's robbing me of everything. All he's given me is material stuff." MB10

"Spiritually, yeah, I mean, I just, it took me a long time to come back in to what I believe in. Like, you know, when I was with him, I didn't do any kind of spiritual practice, whereas now I meditate every day. I don't eat meat. And like, and all those things that he would either make fun of me or distract me or ruin it, so without him I've been able to do a lot of like emotional and spiritual work; a lot of growth in that department. Yeah, so he was more of a hinderance than to actual like attack it." AB9

Impact on Physical Health

Concerning physical health and well-being, women experienced the worsening of their pre-existing disability, women also associated their subsequent health challenges, such as colitis, fibromyalgia, tendinitis, chest pain, vision deterioration, disruptions to sleep, ringing in the ears, high blood pressure, weight gain/loss, aging, cognitive issues, and others to the level of stress, neglect, and violence they experienced in the IPV. Women also described difficulty accessing health/medical services as well as impacts related to substance use. Service providers pointed out that sometimes physical abuse may result in physical injury (such as a broken back) and/or disability. Because of IPV, as highlighted by one of the service providers women may get into car accidents and may sustain physical injuries this way, which then result in long-term chronic disease. This can especially be difficult if women do not have access to doctors and health clinics in their rural areas or a match with their assigned family doctor. For example, several research participants in Manitoba and Saskatchewan described a lack of access to healthcare in their rural community (discussed in *Chapter 5*).

Yeah, I was diagnosed with colitis the year after and I mean, I know there's no real proof, but I feel the stress of it had... like the stress of being married to him caused me to... like my stress is in my stomach and that is what, you know... right? Yeah, I really do feel that that is it, because now, not being with him, it's gotten a lot better. And I... like what does that say? MB8

"I have chest pain. I have dizzy spells. I have a stutter. I developed it back in April. And I have nightmares, I get really scared when I go to [name], I get panic attacks. I get this little, things like that, like one of the other life stressors, right? If everything's kind of one thing on top of another and nothing's been dealt with in the past. I don't know how that feels and how to get over it. So any little stresses, there's a lot of fear." SK6

My nervous system was so hyper-vigilant that I lost probably 35 pounds and was having a hard time feeding myself because I couldn't go to the grocery store. My fear response was through the roof. I had lost any sense of creativity, or sense of being able to mobilize myself in any way shape or form. Yeah, it eroded every part of who I am. My ability to tolerate noise, light, sound were all massively affected. Yeah, I was very confused and very reactive. My memory was affected. My son lived in Fort MacMurray and when I drove to see him for his graduation in the summer of 2018, I couldn't remember how to get there. My physical body, I had breast cancer. I had kidney stone removal in 2018, varicose veins in 2018. I put an axe through my knee in 2018. I had no pain around the incident. I was completely removed from my body. Yeah, there was just a shell; a human being that was completely removed from reality. AB10

Hyper Independence

Two participants in Saskatchewan recognized their hyper independence and hyper financial independence as a result of their relationships.

“So um, I can't imagine being someone who maybe was raised to believe that you need a man, for example, to protect you or lead you through life. I think it'd be just terrifying. To have to be to realize you have to travel to [city] all the time, you have no means to get there. You know, that only stumbling block in addition to not even believing that you can.” SK4

“So like any, he used the money to control me for so long, he isolated me for so long that I had no one to really count on you know? Financially, I feel very, hyper independent. Like I don't like asking for help at all because I feel like its going to get used against me like it has in the past. I don't know.” SK11

Co-Occurring Issues and Challenges

Women were asked questions about co-occurring issues women may have had at the time of the abuse, before or afterwards. Several themes emerged from the responses we have received from survivors and service providers. Namely, the following co-occurring issues were identified across the three provinces: substance use, past trauma, mental and physical health challenges, and partner's criminal behaviour. There were other co-occurring issues that rural women and service providers discussed, however, these were also discussed as a barrier. For ease of comprehension and clarity, we discuss these in barriers and focus on those issues and challenges that co-occurred and were not seen as a direct barrier to help-seeking or leaving the abusive relationship.

Mental and Physical Health Challenges

Women across the three provinces expressed that they experienced mental and physical health challenges before, at the time of the abuse, and following the abusive experience. For example, one woman in Manitoba had a disability. She experienced the worsening of her symptoms due to the abuse that she experienced. A service provider (Manitoba) pointed out that disability often makes women more vulnerable to IPV and to being taken advantage of. Another participant's child in Manitoba had a disability. This made her more worried when her child had a visitation with her father, which the research participant had to supervise. A service provider (Manitoba) explained that some women may have a learning disability. This challenge is then compounded by the experience of IPV and makes it difficult to notice any developmental challenges that the children may have (if they have such challenges as being on the autism spectrum, for example) and not seek help for their children's needs on time. Cognitive disabilities also make it difficult for women to seek help and advocate for themselves.

Mental health conditions as a co-occurring issue were discussed in several interviews across the three provinces, particularly related to women's past experiences with trauma or abuse. Additionally, four women described perceiving their abusive partners to have undiagnosed and/or untreated mental health concerns such as depression, substance misuse and engaging in self-harm behaviours. Pre-existing or co-occurring mental health issues for the women included ADHD, anxiety, PTSD, and depression.

“It really set me back, I would say, 3-3.5 years because of the health, right? I don't have my health. So, when something like this affects you, like, really [emphasis] affects you. And, you just can't bounce back like a healthy person.” MB7

“Absolutely because I was so anxious all the time and I know he struggled with depression. And, like he lost his kid, his former partner or whatever just bailed with the kid in the middle of the night and I know he had a lot of mental health stuff too.” AB8

“Well I was diagnosed with post-traumatic stress disorder from 16 years, emergency medicine. Beginning of, or the end of 2019. And, now it's a complex post-traumatic stress disorder because of the psychological and emotional abuse. I lost myself I guess, because I was already struggling with, with regular PTSD” SK14

Substance Use

Across the three provinces, substance use is identified as one of the co-occurring challenges that women faced. Some women started using substances in their relationships together with their abusive partners due to pressure, to avoid violence, or out of boredom they experienced because there was nothing else to do in a rural community. Other women, who used substances, such as alcohol or drugs, used substances to cope with IPV because they did not know where to ask for help, to numb their feelings of sadness and depression, or just wanted to feel good about themselves.

In Alberta and Manitoba, several women expressed that it was the perpetrator who used substances or had addictions, such as drug addiction, alcohol addiction, and porn addiction. Service providers in Manitoba explained that immigrant families usually do not experience substance use problems, however, there was one experience of addiction to online gambling to cope with the stress an immigrant woman experienced due to IPV. Service providers pointed out that they see substance use more widely among women they serve, except for service providers who work with immigrant families.

“You just... when you're in an abusive relationship and you don't know what to do. It's hard to turn to anybody or ask for help, especially if you're not used to asking for help. So, you deal with it your own way. Just to make yourself feel good then you don't feel those feelings that your partner is trying to put on you.” MB2

“So, I started weed with him. He introduced it to me, just as recreational, and then I started leaning on it as a coping mechanism for my relationship and my life and all that.” AB12

Past Trauma

Several women in Alberta and Manitoba had past trauma, including childhood trauma, the trauma of past sexual assault, intergenerational trauma of residential schools in their family or were themselves survivors of residential schools, and community trauma. This finding is also corroborated by the data in service providers' interviews who pointed out that women may have had childhood abuse, or a history of family abuse in the past. As suggested by service providers, women may face not only the intergenerational trauma of colonization but also the intergenerational trauma of IPV and poverty in their families. These factors affect the informal supports they can get. Several women in our sample also expressed that their abusive ex-partner had past trauma as well.

“I'm very much just trying to still deal with my childhood too. And I think my childhood is kind of... has a really big impact on my relationship and how it kind of turned out and everything too.” MB2

“I could see that throughout this relationship with this man, that he very much had a lot of trauma in that household from, you know, years and years ago when he was a child growing up. And like I could see that his family dynamic was not healthy at all. Like he was in many abusive relationships on his own before I even came into the picture.” AB12

Care Work: Animals, Pets, and Property

Research participants in Manitoba had caring responsibilities in their relationships. In addition to children, women took care of animals, pets, and property, such as an acreage or a farm. Caring for animals and pets was challenging in the context of IPV. This was expressed in our interviews in Manitoba and Saskatchewan. As mentioned before, sometimes animal abuse happened at the same time as IPV or post-separation. But women also experienced challenges when help-seeking to ensure the appropriate care for their animals. Self-care was often sidelined when having other caring responsibilities, such as taking care of a child/children.

“And then if you do... you know, I have the property, so I was thinking, well... and I mean we had pets, so I had like - no livestock, but OK I gotta get back out there and take care of them

too, and how is that going to happen? Oh my gosh, like... You know, if somebody, you know, when he... you know it's all those things like... you know, you've got acreages, so who's gonna take care of that and do all that work?" MB8

"Until, so I was forced to, you know, when livestock got out and I was trying to deal with that, and we lived on, adjacent to a very busy highway, and so there was huge risk for others to have livestock at large. I had to get the RCMP involved and they went and dealt with him. And I showed the patch through, they were legally his animals, that I was legally only responsible for my one horse that I owned." SK12

2SLGBTQ+

One woman in our sample in Manitoba had a child who identified as a "non-binary." This posed a difficulty because this made the child vulnerable to emotional abuse from their father by misgendering a child. It also made it difficult to find a suitable church in a rural community. Several service providers stressed that it can be difficult for 2SLGBTQ+ persons to access services due to a lack of preparedness of institutions and individual service providers to work with the representatives of the 2SLGBTQ+ community.

"No, I had to leave the city – so, my doctor's office is actually in [Winnipeg neighbourhood]. My lawyer is in [location in Winnipeg]. There's no lawyers around here that would take me on, and especially because - like I said - to drive somewhere an hour out of the way to see a lawyer after hours, you can't do that. So, you are losing days' pay to go see lawyers. The church group that I belonged to or that my team belonged to - where they felt safe enough to be a non-binary person because you can't be a non binary person in a rural community! They are in [Winnipeg neighbourhood] as well." MB16

"Because sometimes their relationships are – depending on the situation – the person like – their relationships may already be a secret. So, if they're experiencing this violence or harassment or these things that they don't feel they can tell anybody because they don't want to disclose that information sometimes because of their orientation or because of their fear of access to services or discriminations based off of that. I feel that a lot of people don't realize that women's shelters are accessible to anybody that identifies as a woman. Some people might feel odd about that, or may feel like they would not be welcome, so that would be something that there should definitely be more awareness about that." MBSP2

Partner's Criminal Behaviour

Two of the women in Alberta described criminal behaviour that their partners engaged in (unrelated to the violence perpetrated against the women; for example, offenses related to drugs or weapons). One woman in Manitoba described that her partner was in prison and another described that her partner's substance use contributed to him being charged with a crime, which then made her self-conscious in her small community because she shared her ex-partner's last name.

"And he went to jail a few times and I was just like trapped in the house for years." AB8

"I had to resign from my career because he – in that time frame – again using drugs and alcohol so bad. He threatened to kill two police officers. He wound up on the front of a newspaper for it. He was arrested, he smashed a bunch of property in the community he was living in. I just felt being a public figure at the time was not good. He shared my last name and it's a small area – people are going to put 2 and 2 together. So, I took a leave from my job. I got really sick, I got really scared for my life, I got really scared for my daughter's life. I really got the feeling that he was going to – the only way that it was going to end is if he killed our daughter, myself and himself – I really saw us going down this path." MB11

Infidelity and Abuse

During the abusive incidents, seven (7) women in Manitoba experienced infidelity several times either with women in the community or online. Upon finding this out women tried to leave or left the relationship successfully.

“Well, it ended when I was 62/61 [years old]. And it ended by – because he was always taking off and finding someone else, and then he’d come back home and I – you know, I guess I was raised in the old-fashioned way of - you made your bed and now you’ve got to die in it. So, the last time when he did that again, I just decided that – I was not... So, he did come home, so I left. And I left for good.” MB10

Chapter 4: Women’s Help-Seeking Experience

This chapter combines responses from survivors and service providers and focuses on the needs and the help-seeking experience of rural women who participated in our study. First, we elaborate the unique needs of rural women. Then, we describe where and how rural women seek help based on our interviews with survivors and service providers. Further, we present our analysis of how rural women access services and resources and how co-occurring issues affect their help-seeking. Finally, we present the findings on the perceptions of the help-seeking experience of rural women.

Unique Needs of Women from Rural Areas Who Experience IPV

The findings of this section are based on the analysis of the survivors’ and service providers’ interviews and FGDs in the three provinces of Alberta, Manitoba, and Saskatchewan. Service providers were asked a question about the unique needs of women in rural areas as part of the interview guide whereas women were not specifically asked this question, but the needs were expressed throughout our interviews as we discussed barriers to help-seeking and the general context of the rural areas where women resided at the time of abusive incidents. Many of the ideas expressed in this section may be repeated in the section on barriers, therefore, we have tried to focus on the unique needs that relate specifically to rurality and that are not covered in our discussion of barriers.

Access to Resources/More Formal Support Services/Awareness of Services/Outreach

Survivors and service providers stressed that there are very few resources in rural areas. In addition, rural women may not be aware of services and resources that are available to those who experience IPV. Several women expressed that they were not able to access services because these were not available rurally in their communities, they had concerns about privacy and confidentiality, or they were unable to access urban services due to residential requirements.

Service providers stressed that women rurally face numerous socio-economic challenges, such as a lack of access to housing. Therefore, there is a need for more services, more resources, better accessibility of resources, expansion of shelters, women’s resource centers, and transitional housing. Education and

employment-related support may be essential for those rural women who face socio-economic barriers. Finally, there is a greater need for education about IPV and services available for survivors of IPV.

"I know there's already a lot of efforts for awareness, but that's another thing that I find that it does push people it does click, so the outreach being open and creating awareness and a safe space that they feel that they can trust people in these services and bring like that as well. So, just an outreach for that awareness purposes and giving that opportunity for people to talk to you and get to know you, those kinds of things. So, yeah... Safe places to disclose, more information to people in rural about that they can access the services in urban settings." MBSP2

"I would say, the needs are more resources and more knowledge or more public education around what resources are available, in what areas, if any. First we need the resources, then we need the public education to tell them hey, this is here for you." SK FG2P2

"I mean, my broad blunt answer is no, I don't think these existing services meet the needs. I think we do our best and we do what we can but no, I don't think I don't think we are meeting the needs of what is needed." ABSP3

Post-Separation Support Services

In addition, women leaving abusive relationships face post-separation abuse. Therefore, for many of the women interviewed, safety continued to be a primary concern after leaving the abusive relationship. Due to the importance of privacy and confidentiality in rural areas – there is a need for greater protection and providing women opportunities to leave their home community to seek help. Custody arrangements and access to services can be defined by one's residence – women expressed that this sometimes worked against them and discouraged them from seeking help.

"I woke up in the morning and I couldn't take anymore. So, I reached out to my friend and at this point, I still didn't know I was being abused. And whatever I said to my friend, she said to me 'Your house is on fire. Grab what you can, and your only job is to get to my house'. And so, I grabbed a laundry basket full of dirty clothes. I grabbed my dog, my jewelry box, my computer. I had no plan, but I left." AB10

"Yeah, because he kept on bugging me, he kept on sending people to my house, still. And then he'll come, and then he finally came over this one time, and he told me, 'OK, well yeah, you know what? I broke up your relationship. I made that happen. Yeah I'm making them bully him. You're mine, you're my property, and I can't let you go.'" MB15

Realization of the Extent of Socio-Economic Challenges and Additional Support Structures

Service providers in Alberta, Saskatchewan, and Manitoba stressed that many challenges that women face are connected to socio-economic factors. This suggests that women require support structures that would help them address these needs. The needs are related to acquiring better access to technology and to transportation and more opportunities to become financially independent. Service providers also emphasized the varying levels of marginalization that exist rurally based on the differences between the Northern and the Southern rural areas across the three Prairie provinces.

"It's hard because they need that situation where they can have someone to reach out to. Well, they still can by phone, but it's hard. It's a challenge to do that in many homes." MBSP9

“Addressing the transportation system. So, for any of the women that are deciding between shelters – and I’d think you would even see that very much in play with your agrarian southern rural communities, because then there’s no bus service.” MBSP6

“Lack of education is another big thing. Right? Like I don’t have I don’t have a career, I don’t have an education. So they need a lot of support with that. And they need money, it costs money to get an education. Many times too, they need a lot of assistance in just day to day tasks, some function at a very high level, some, you could deem them just about dysfunctional, like they just, they can hardly sit up. Nevermind, you know, get meals on the table and keep their home clean and meet the children’s needs. And it’s not because they’re bad parents it’s because they are so impacted by what’s happened to them.” ABSP2

“To me, the only help I wanted was someone to give me enough money so I could get in the car and leave and never come back. That’s what I needed. I needed money and I needed a place to go, and without that, any of the other help, I don’t, anything else fell short because it was temporary. A shelter was temporary. Telling the police was temporary; you know, they let him out the next day, out of jail.” AB4

“Well, northern communities that would be, you can’t be, I think there’s rural Saskatchewan and then there’s northern Saskatchewan, rural Saskatchewan, it has very limited resources, but it still has maybe a little bit of connection to the bigger centers, when you get a fly in community, you can’t discreetly fly out of a community to find those resources at the end of the day.” SKFG2P1

Mental Health Resources for Survivors and Their Children

Across the three provinces service providers emphasized the importance of mental health resources. Mental health supports need to be more widely available with shorter waiting times because at this time across the three provinces the waiting time may be up to two months. Survivors pointed out that there is a need for more accessible counselling support not only for IPV survivors but also for their children. In Saskatchewan, service providers suggested that farm work adds additional stress that requires specific mental health support.

“Or waitlists being not so long. Like yeah, if a mom’s wanting to connect with mental health, it’s probably 2 months for them to be able to get in to the worker here.” MBSP1

“So, but having any services that cater to or even acknowledge their existence is very few and far in between. We don’t even have any mental health workers in that town in the hospital. We have your basic health care, maybe, if the hospital’s not on bypass that day. So, we might have that there’s no mental health, let alone mental health that would cater to anybody that’s diverse.” FG1P3

“I do answer the farm stress line when I’m there and it is, it’s a huge issue especially when you are dealing with large amounts of money, a very large amount of money for your crops to be damaged or for you to lose a tractor, I would say the mental health becomes very urgent. And it’s not like you can drive ten minutes to a hospital.” SKFG2SK2

Improving Services

Service providers also pointed out that there is a need to improve the existing services. Concerning shelters, service providers suggested that crisis shelters should be able to do outreach work and should be more accessible to women with disabilities, medical issues, such as HIV/AIDS, and 2SLGBTQ+ persons. Some shelters need repairs, more funding, and be able to provide additional support services that are essential for survivors, such as childcare support services, advocacy, and other services. There is a need for better communication between Indigenous and non-Indigenous shelters so that smooth transfers can be facilitated

across the shelters to ensure comfortability among women. Lastly, and perhaps most importantly, there is a need for transitional housing, especially in rural areas because women often face difficulties with finding housing, after they separate from their perpetrators.

"We're really fighting for - this is the first time actually in 2021, where funding opportunities have come out for - from the federal government for transitional housing. And of course, I think most of our shelters applied because they know the benefit of it. I mean - there's a limit to how long they can stay - usually a year, but during that time they're still working with them actively and they're still helping them out, and they're kind of under - well, that shelter would be kind of their caretakers, so to speak. We don't often have that." MBSP9

Legal Resources

FGD participants in Saskatchewan pointed out that it was important to make legal changes towards greater recognition of coercive control and to improve safekeeping for large animals. In Manitoba, four survivors expressed that their claims of emotional abuse and coercive control were not taken seriously due to a lack of recognition or understanding of coercive control as part of IPV. In addition, several survivors in Manitoba were not satisfied with Legal Aid support and faced barriers (explained in the section on *Barriers*). A service provider in Alberta expressed similar challenges in Alberta. Survivors in Alberta expressed the need for restorative justice approaches.

"What do they need? Legal recourse before it gets to the point of physicality, to have rights to be treated well. Like they're working on coercive control right now in the court system and they've done it in other countries and I think that kind of thing is really important because really, I mean them being the ones who have to leave the property because they left before they are physically abused or put in some kind of danger is really, not very preventative and not very helpful." SKFG2P2

"And of course, everyone said, 'Well, there's no physical evidence, so, we can't do anything about it. It's your word against his. We can't do anything about it.' And that's what a lot of the court systems are. It's one person's word against the other." MB16

"And also, when I look at the justice system impact, there was never enough of that restorative justice piece. Because for me, I think that would have helped a lot more in healing. Just that accountability piece, him being aware of like, how did you end up in this space?" AB11

"And as I'm sure many people experienced, legal aid is not free, it's not. And so for people to, you know, who have bothered to get themselves into a secure financial situation, it is now almost impossible to access legal support, because you're, you're 'too rich', quote, unquote, to, to get the legal aid for free, and you're too poor, to be even close to being able to afford the actual legal services that you would need." ABSP4

Needs of Indigenous Women

There are several issues that Indigenous women face, as explained by service providers. There may be a language barrier for Indigenous women. They may also face racism when reaching for services in non-Indigenous shelters. Often Indigenous women would want to reach more urban shelters because it may help them distance themselves from their abusers. When staying at non-Indigenous shelters, Indigenous women report that they face discrimination, which can be seen in the differential treatment they receive in mainstream shelters. A service provider in Manitoba emphasized that this is especially critical because the majority of women who stay at urban shelters are Indigenous women. Therefore, there is a need to increase the number of Indigenous-led shelters, and also to train mainstream shelters to be more aware of the Indigenous women's perspectives. Police may often discriminate against Indigenous women and disregard their requests, therefore, law enforcement members also need training both in IPV and Indigenous experiences of help-seeking.

"Because it's important -we have to - I think the workers have to be trained. Maybe even our own people. I'm not saying that our people are, you know, number one. Everybody has some info they might not know. But I mean it's about understanding our people - that's how we're looking at it. Understanding our indigenous people - you know what we've been through and how did we get to where we're at? And all those kinds of things. So that's a good thing."

MBSP9

"I think that there should be an indigenous liaison worker in every hospital and doctor like and access like in the primary care networks. I think there should be an indigenous liaison on recurring every single clinic and hospital as well as in police stations and the court systems."

ABSP1

Needs of Immigrant Women

Immigrant women often face problems with language, understanding laws and policies, accessing resources, and adjusting to the dominant Canadian culture. Service providers in Manitoba suggest that education is one of the unique needs of immigrant women who reside rurally. This includes learning the language, learning technologies, and becoming less financially dependent on their partners. The lack of relevant and appropriate mental health support may be especially challenging for refugees. In rural areas, they do not get the supports they can get in urban areas. In addition, diasporas may be small. Often immigrants do not want to seek help within their community due to privacy and confidentiality concerns; however, they also may not feel confident to reach out for help formally due to a lack of trust and understanding of how social services work. Therefore, developing relationships is of paramount importance for immigrant women.

"They need service providers who at least have an idea about culture so that they can be – you know, their cultural background could be respected. At the same time, they could be introduced to Canadian laws and practices because, of course, at the end of the day, we follow the laws, but we also have to do that in a culturally appropriate manner, right? And not just say that this is what needs to happen or you have to do this and that, right? Because I think they appreciate that. If you really acknowledge that, "I know that back home this won't be dealt the same as here, but here in Canada you have this, this, this." So, service providers who actually have some cultural understanding." MBSP

Farm Resources

Participants in both focus groups in Saskatchewan brought up the unique need for farming resources. This included further resources for mental health to help with the stress that comes from farming, including livestock. Currently, there are limited resources that understand the complexities and stressors associated with farming. The farmers' mental health line receives calls about the loss of crops, loss of equipment, and other major farming issues, which compounds and increases the risk of further violence.

"And it's a follow up with that. I mean, it's, and it's not always like, so the person may get that even from within her own support circle, like her own family, it might be his, his family that owns the farm, but their family also owns a farm. So, they understand like, this is more than just about land. It's more than just about business, like farm families. You know, when it comes to the land, that is hugely emotional. So now, her own family doesn't support her choice. So how do you deal with that? Right? Yeah," SKFG1P2

Childcare Support

Several survivors in Manitoba expressed the need for childcare support, which is often lacking rurally. One service provider in Alberta also identified this as a need. One service provider in Alberta and one service provider in Manitoba identified this as a need for women staying in shelters.

“Childcare was an issue I mean this 10 dollar a day program like I said is has been fantastic and I’m preaching that to anyone that can use it. So that’s very helpful so that they can, you know, afford to go to work even if they have multiple children.” ABSP8

“Childcare is hard, you know. I am surprised that they don’t fund a full-time worker for that. They only fund - they make sure they cover the workers’ 24 hour operation and the director and admin person. Or maybe not even admin – they don’t even have admin, some of them. But for sure, childcare is always a touch-and-go situation, because like I said before, they don’t want to - it’s on call type of thing. It’s hard to keep that person right, you know they could find something else.” MBSP9

Informal and Formal Help-Seeking Experience of Rural Women

Several service providers emphasized that generally rural women do not seek help for IPV, not only because they may be facing numerous barriers related to distance, isolation, a lack of services, various caring and other responsibilities, and a lack of knowledge and information, but also due to socio-economic challenges that women face, such as a lack of employment, a lack of financial independence, a lack of housing, and a lack of education. In Saskatchewan, some participants preferred not to seek help from service providers.

Some of our survivor research participants agreed that rural women generally do not seek help for IPV. Those women who seek help, however, usually seek help from both formal and informal sources of support. Both service providers and survivors pointed out that women’s help-seeking was defined by the opportunities they saw, information and knowledge they had at the time, support networks they had access to (both formal and informal), and other factors that created conditions that were perceived as needed or favourable.

Informal Help-Seeking

Informally, our research participants across the three provinces sought help from family and friends, employers/colleagues, and cultural agents, such as a church, elders or through participation in ceremonies and may also join community-based supports, such as online seminars and support groups. Pets and livestock may not be a form of help seeking in the traditional understanding, however for six participants in Saskatchewan, these animals acted as a form of support while participants were in their relationships. For two of these participants these pets also acted as a form of support and comfort for their children. Cultural supports both in Manitoba and Saskatchewan were important for participants who identified as Indigenous.

Formal Help-Seeking

The support services that women contacted differed across the three provinces. The table below shows the support services that women contacted in the process of their help-seeking. This data is based on the data from survivors and service providers.

Table 1: Formal help-seeking in Alberta, Saskatchewan, and Manitoba

Alberta	Saskatchewan	Manitoba
Crisis lines (phone) Doctors/Nurses (Family doctor, Emergency room doctors and Nurses) Legal services/Lawyers/Court system	Ambulance Crisis line Doctors Lawyers Mental health professionals Medical social worker	CFS Crisis Stabilization Unit Crisis lines (phone) Doctors and Nurses Employment Assistance Program (EAP)

Mental health professionals RCMP/911 Victims Services/Victims Assistance Women's shelters	RCMP/Police Victim Services Women's shelters	EIA and Welfare Immigration Services and sponsorships abuse hotline Legal Aid Nutritionist Immigration Services and sponsorships abuse hotline Lawyer/ Court system Manitoba Housing and Cluster Housing Mental health professionals RCMP/police/911 Victim Services Visitation Centre Women's shelters
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Experience of Rural Women Accessing Services/Resources

Across the provinces, women sought help in various ways. *In Alberta*, women either contacted the services directly, disclosed their experience of abuse to their informal sources of support, were referred to support by other service providers or accessed formal support with the support of an informal source of support.

In Alberta, several of the women interviewed shared positive stories of accessing both formal and informal sources of support while seeking help for the abuse they experienced. This included positive experiences with police, doctors, nurses, counsellors, pastors, friends and family who were instrumental in supporting the women to escape the violent relationship and seek help to begin to heal and rebuild their lives.

"Victim assistance is pretty good but you call them, they come right to your door. Right? They check everything out, they talk to ya. And then when they're gonna leave they make sure all your doors and windows and all that are locked." AB3

Five of the women interviewed described accessing services at Women's Shelters (four for emergency housing and one for counselling/support groups). Several women in Alberta accessed legal services and the court. Most of the women interviewed accessed counselling services (both group and individual therapy services, and services through the public health care system as well as private counselling practices) to seek help in addressing the impacts of the abuse they had experienced.

"I started doing like one-on-one sessions with the domestic violence coordinator. They kind of recommended that I do it. They were like 'Just try it'. So, it was more like focused therapy. Whereas my therapist was just more general and I could only see her every six weeks to two months based on their schedule. So, I needed something to like focus me because I was still, this was all happening in April, and he was still in my life until October. So, they kind of, obviously they thought better than I did, and they knew what was going to happen eventually anyway. So, they were trying to like prep me, if that makes sense; make me aware that this person was an abuser; look what they do; this is their tactic. Educate me; that's what they were trying to do, so that I could make a decision to remove my abuser on my own." AB9

Several of the women interviewed described how informal sources of support (friends, family, co-workers, pastor) assisted them to access resources and services in their journey to seeking help and safety.

For example, one woman described how a co-worker serendipitously helped her to escape her abusive partner when she arrived at work after an abusive incident and was no longer able to hide the abuse. Recognizing the seriousness of the incident, the co-worker was able to support this woman to leave the abuse and access safety. Additionally, another woman described how a church pastor accompanied her to the police to report the abuse she was experiencing and also helped her to access safe housing after an abuse incident which resulted in her needing to flee her home at night. A number of the women interviewed explained how friends and family supported them to access formal support services by providing transportation or accompanying them to services for example.

In Manitoba, 15 research participants left their home communities to escape abusive relationships/trauma, to be close to their family for informal support, to ensure custody of their children, and/or to access supports that were located far from where they resided. One woman who did not leave her home community stayed in the area of residence due to shared custody that required her to stay in the school catchment area and one woman preferred to stay in her home area due to being rooted in her community. Most women migrated to access services or had to travel to access informal services (if these were available) and formal services, such as lawyers and court, which were located far in several instances. Sometimes due to residential requirements, women had to travel far to access court and other services because geographically they were the responsibility of a different jurisdiction, despite service in a major city being closer to their place of residence.

“And then that’s what I keep on thinking about, now that I’ve finally left [place name], he has no impact over here. He has maybe one or two people. But then those are just one or two. So, I was like, he’s not going to be able to really find me in Winnipeg. And these ladies here keep assuring me that I’m ok.” MB15

Rural women who accessed shelter reached it by calling the crisis line, telling the police that they needed to be taken to a shelter, or consulting with friends and family. Some women sought help from their informal networks and/or sought formal help after leaving the abusive relationship. Several research participants pointed out that rural women who experience IPV rarely seek help for abuse and/or they had no help in the area where they lived. Some women sought help from acquaintances in their networks. For example, one of our research participants shared her story with someone from her church and she was offered to stay at her place for free until she recovered and found her place. For many women, however, both formal and informal supports were not accessible due to a lack of services, a lack of means to access help, difficulties navigating the system (even when they were highly educated and even worked in crisis shelters before) and other barriers, such as normalization of abuse (we discuss major barriers/challenges extensively in *Chapter 5* of our report).

“No, I found them on my own. I think it had to do lots with my ability and my experience with my career in [occupation]. I knew there was a crisis shelter, right? I knew to call the police. I knew about Legal Aid. But it still took me a lot of groundwork, and it did take some referrals from other organizations to let me know about a few things.” MB11

Several research participants in Manitoba pointed out the importance of knowing how to navigate the system and developing their strategies. Several women who sought help and participated in our study had previous knowledge about IPV and family violence, friends who understood IPV, or had a level of education and access to capital (social or financial) that enabled them to search online for resources. Other women who lacked the resources accessed help through the involvement with CFS, due to the danger that IPV posed to their physical safety, they understood that they needed to stop the abuse, they have “had enough of it” (Manitoba), or due to concerns for their children. They often developed strategies and sought information on their own using the limited resources they had at the time. These women often sought help later after leaving the abusive relationship.

“[...] Actually, like I said, there’s a group of women that want to start addressing that in the community. It’s not only the family violence, but there’s also really deep issues that are surfacing. We’re kind of in a – I guess that’s why they maybe contacted me – I guess they

knew that I had reached a stage of my life where – and because I did what a lot of the women in that community don't do – is to leave.” MB10

In Saskatchewan, four participants did not access services or resources while in their relationship. Those participants who accessed resources and services had both positive and negative experiences with service providers. Like Manitoba, women travelled to access services, such as lawyers or shelters.

“...there's no lawyers in town here where you can go ask them for help or what are your options. I had to travel to [place], I went as far as [place] too, reaching out, trying to find somebody that would help me.” SK1

In the process of help-seeking, women experienced long waiting lists:

“I was just stuck. So the fact that they called me, like I was there within an hour. I was like ‘yep I’ll be there.’” SK11

Rural women in Saskatchewan also called to access services. One participant, for example, called for a legal consultation to learn about her rights and what she was entitled to. Seven participants had interactions with the police during their relationship. Of these seven, five participants called to access their services.

The experience of participants with the police was both positive and overwhelmingly negative. There were two participants with positive experience with police in Saskatchewan. Thus, participant one found they had a quick response time when she called them and also provided her with the information needed regarding the law and advised her to change her locks.

“There was a time I had to use the RCMP cause it got so bad, I went to, I went to the cops and I made a statement and I told them this is what I’m living an I am scared for my safety, my kids safety, and cause he would leave for geez, it would be weeks, and then he still had the keys to our house and then he would come in and you know, you can fake sleep.” SK1

Negative experiences of our participants with police included not being taken seriously, not being believed, inaction from RCMP to reports and audio proof of emotional abuse, and inability of RCMP to act.

“The police were called and actually unfortunately, that’s a whole other system that I found does not understand what is reactive abusive and in a way, like, enabled the situation so I never trusted like the cop like police to actually protect me.” SK13

Two participants said they called victim services. One participant thought it was nice that victim services checked in, she found them unhelpful.

“dealing with victim services wasn’t really helpful. Like I know they’re there to help you and support you but they didn’t have any, they had no way of helping me being a rural person. And they checked in every once in a while, which is good, but it didn’t help, they had no way to help, they didn’t have way to come out and help with counseling or, basically they said to me ‘we can’t really help you but we’re here for support if you need.’” SK3

One participant accessed the crisis line to try and seek help, however, she was informed that they were unable to help her.

“One time I tried calling the crisis line to talk about it. When it happened with the boss and they're like, what was it still ongoing? Like no, this was five years ago? What's the problem? Like? Well, I'm dealing with it now until about five years ago.” SK6

Nine participants accessed mental health care professions, either in person or by telephone. These professionals include counsellors, psychiatrists, psychologists, and therapists. One particular concern with accessing mental health professionals was connected to the concerns about privacy and confidentiality in a small rural community.

“because we’re in such a small community and I picked somebody outside of my community because everyone knows everybody here, you know?” SK14

Co-occurring Issues and Their Impact on Help-Seeking

Co-occurring issues impacted women’s help-seeking in several ways. We discuss the co-occurring issues that were mentioned as impacting women’s help-seeking.

Substance Use, Stigma, and Difficulty to Leave Abusive Relationship

In Manitoba, one research participant expressed that she faced stigma due to substance use. Another woman mentioned that she faced stigma due to her mental health.

“And because I’m a recovering meth head, they kind of look the other way and think, ‘oh, she’s just methed out.’” MB15

One of the women interviewed in Alberta described how her abusive ex-partner furthered her addiction by providing drugs and that influenced her ability to leave the relationship and seek help for the abuse she was experiencing.

“Well, I had all of those (laughs). Well, I mean, the pain pills sure became a problem, of which they aren’t now. But, that was an issue because I, yeah. So, I would say definitely, I struggled with all those things because physically with, you know, the MS, yeah and, so yeah to all of that I would say. And, it all just gradually, it all just gradually became a problem. So then, so then physically, my daughter said to me, she was young, she goes “why don’t you leave?” and I said “I can’t” because I would have to leave my son behind because I physically could not take care of him when my MS got so bad, so yeah. But I don’t know if that has anything to do with rural but I sure struggled with all of those things and there didn’t seem like there was any help or any escape. Plus, I didn’t want to tell anyone.” AB4

Past Trauma

Several research participants in Alberta and Manitoba referred to their childhood trauma concerning their experience of IPV and stressed the importance of this awareness as they started their healing journey. They also pointed out that their abusive ex-partners also endured adversity in their own childhood and therefore faced mental health issues and/or trauma.

“And also, the hard part for me was, when I remember understanding that this dynamic did not start with him. It started in my childhood; that knowing that the silent treatment was something I endured as a child; that the adverse childhood experiences or CPTSD is created in childhood, and that your nervous system will eventually break or you will die; one of the two or somewhere in between.” AB10

Health Condition

In Alberta, for one of the women interviewed, her experiences with a chronic health condition impacted her ability to care for her young child independently, which, in turn, influenced her decision whether to leave the abusive relationship and seek help or not. One participant in Manitoba with a disability faced shame, and a fear of disclosure because she hid her disability from her community in the process of help-seeking and when dealing with the service providers.

“Like, it was so embarrassing going to the welfare place because like I’ve stated, everyone knows me as a very strong independent woman. And then to go to the welfare place where everybody knows [emphasis] you and they don’t believe. I’ve always hidden my disability. They didn’t know financially how hard I’ve been trying all this time and how I made this safety net for me. So, there, too, the embarrassment! And, of course, you know, the welfare place has to be right across from the coffeeshop. In a small town. So, like, and even the courthouse, you know, it’s a small town! Oh yeah, terribly embarrassing!” MB7

Mental Health

The impact on mental well-being (fear and trauma) and exhaustion from coping with the abuse were also identified as impacting women’s ability to seek help. In Manitoba, one Indigenous woman stressed the importance of addressing the intergenerational trauma of colonization that is felt not only by women and men as individuals but also at the community level. In addition to this, two service providers in Manitoba pointed at the intergenerational nature of IPV and/or poverty.

“Well, you know, I think sometimes it’s all connected – because I was also a survivor of the residential schools. I think my self-esteem was very, very low – because I experienced some that kind of abuse as a child for 2 years at that young age. Like it was not like with my family – like with my parents, my mom was the boss in our family. My dad did what my mom said – we had a pretty good family life. And it just so happened that I ended up like – like when they say opposites attract, I guess yeah, because I came from a – like the family life that we had, and then I married into one of the worst, like violent – the drinking, the violence – the family I married into, it was like the complete opposite. So, I believe that it had to do with the unresolved – and I worked on that also – the trauma from the past. So, I believe that there was a lot of unresolved issues in the communities, and when they don’t deal with them, they end up in the same – it’s a generational thing. It carries on. For some families – from one generation to the next generation, so. That could stop a whole community from fruiting and growing and like – a successful community from, because of all of the stuff that they don’t want to deal with. And I believe it’s more in rural communities – because the resources aren’t there.” MB10

Care Work: Animals and Pets

In Saskatchewan, service providers within both focus groups noticed women have concerns regarding their livestock when they come to shelters as this can be a form of income.

“Lots of times, there’s financial issues when people if they’re living on a farm. I’ve had more than one case where a woman came to shelter and owned she owned livestock cattle. And she found out that within days all of those cattle which were hers, she or money in her name, were sold by the partner and he kept the money.” FG1SK5

This is similar to Manitoba research participants. Four research participants had pets, and this made help-seeking more challenging. Having small children also made it more difficult to access shelter and take proper care of the children when faced with mental health challenges.

“Yes, because the woman at the shelter, she said “Oh, sorry, no animals.” So, I actually couldn’t leave him as fast as I wanted. Because I called the Animal Welfare Agency. And they are like, “Oh, we are full.” Or, “No, you have to surrender them.” So, I begged him – I was already living in the shelter, I was gone – but I begged him to watch the cats for a couple of days. I was able to find the space. I handled them but I had to pay. So, I told the owner what happened, and he gave me at a half-price.” MB17

In addition, common property and caring for property also made it more difficult to seek help for several women in Manitoba.

Rural Women’s Perceptions of the Process of Help-Seeking and the Response of Service Providers

As mentioned before, across all three provinces, not all women were able to seek formal help to leave the abusive relationships. The interview guide included questions about what has been helpful or not, and also, whether the help-seeking was a positive or negative experience overall. Thus, the analysis here is based on the responses of women to these questions. Across all provinces, the women interviewed provided a range of perspectives, both positive and negative, regarding their experiences with seeking help and service provider responses.

Counsellors

In Manitoba, women found counsellors helpful. It was important to have a choice, especially when it came to counsellors/psychiatrists. Several women in Saskatchewan and Alberta also had a positive experience with counsellors. Challenges across the three provinces related to accessing counselling services included

- cost (a lack of financial resources limited access to the type of counselling or specific counsellors the women would have preferred to access),
- availability (location/distance as well as the counsellor’s schedule limited access for some women),
- as well as the need for access to therapies and counsellors trained to meet the specific needs of women impacted by IPV (for example, one woman in Alberta described not being believed by a counsellor when she disclosed that she was experiencing IPV),
- privacy and confidentiality were concerns when accessing mental health supports in Manitoba and Saskatchewan.

“Um, the counsellor was fantastic. She exceeded my expectations. People including our pastor - very negative. Um, I wasn’t believed. My husband is really charming. And they just didn’t believe that he was capable of abuse. They didn’t think it was abuse.” MB4

“I think that the public stuff that they, the public services that they offer for addictions and mental health is ridiculous, because it’s just cookie cutter. The therapy that you get is the same therapy that the person in the next session is getting, but we’re not all the same. So and even though rurally, it’s available, they’re not helpful at all.” AB12

“For me, because I already had somebody in place, it wasn’t that difficult for me, but I know if I didn’t have who I had, it would be very difficult, because the only services that we have available in [place name] is through the hospital like through public health and the way that they do therapy is very robotic, it’s, there’s no emotion or I didn’t feel comfortable opening up to because who I was talking to they were constantly typing into a computer and not even

looking me in the eye or it was, it wasn't warm- at all, like, to talk to a therapist you want to have that, that warmth and that trust and then, but in a hospital setting it's, it's really hard to do and because we're in a small town, everybody knows everybody and you're really, really afraid to talk. Because you're afraid well who do they know, or like are they going to tell somebody, which happens here because some of the nurses aren't afraid of telling other people's stories." SK14

"There is no one to talk to because there, too, in a small community even if you did see some counsellor or something, what's the chance of them, you know, talking to someone else that you know..." MB7

Doctors/Nurses/Health Units

In Manitoba, when women disclosed the abuse to doctors, doctors were generally helpful, however, few research participants disclosed their abuse to doctors. Access to doctors was not always available in Manitoba and Saskatchewan. In Alberta, one of the women interviewed found assistance from doctors (an emergency room doctor and nurse as well as her family doctor) helpful because the doctor helped her to understand that she was experiencing IPV and assisted in accessing services and safety. In Saskatchewan, suitable healthcare was not always available to our research participants. One research participant was able to access a rotating doctor, however, the doctor did not want to hear about her experience of abuse.

"And so, this emergency psychiatrist was asking me questions and he said "You know you're a victim of domestic violence" and I, that's the first time I even knew that. I knew something was wrong but I didn't understand. I kept thinking it was me, if only I tried harder. And so, he said to me "Do you want help?" and I said "Ok" and he, and I said "But what can you do?" and he said "Well, we could find a shelter for you" and I said "Well I'm not...", my son was still back at the house. Well anyways, this doctor arranged for RCMP escort so I could, my sister could drive me all the way back and I could get my son, and then they arranged to get a shelter, I think it was in Sherwood Park, that's the only place that there was a spot. Anyway, that's the first time I told anyone, and it wasn't even on purpose, if you know what I mean. It was just his questioning and him telling me what was happening to me. And so, the RCMP were good, very helpful with the escort thing. And, but this doctor was amazing because somehow my husband had found out where I was and, I don't know, and came to the hospital and so this doctor said "I'll stall him so you can, your sister can drive you back, you know, home and you can get your son before your husband can get there". AB4

"Well, at that time I couldn't get a doctor. So, I went without a doctor for a while, I forget for how long." MB7

"They're not being a doctor. There wasn't a mental health person. There was no one talked about it, they didn't want to hear about it." SK6

Legal Aid/Legal Services/Legal System

In Manitoba, three research participants sought help from Legal Aid; two women had a negative experience with Legal Aid. Several research participants who accessed lawyers' assistance found these helpful but generally, women commented that these are expensive. The experience with the legal system was extremely negative for all the research participants who accessed court.

In Saskatchewan, legal services have been positive and negative for different participants. Some of our research participants found legal services helpful because lawyers explained their rights and entitlements and helped with full custody. In this case, where the research participant gained full custody, she felt that the money she had spent on the lawyer was worth the cost. Other women in Saskatchewan, however, did not find legal service helpful because lawyers did not understand the dynamics of IPV, did not understand the specifics

of dealing with a farm separation, and the family law system itself was not able to protect those experiencing IPV. The legal system similar to Manitoba was a negative experience.

Five of the women interviewed in Alberta expressed frustration with the justice/court system. Women expressed the perception that the safety of themselves and their children was not adequately prioritized or protected when accessing court or by-court orders. Additionally, the women interviewed explained that court processes could be extremely time-consuming and costly, often requiring multiple appearances which were inconvenient and draining for the women emotionally, physically, and financially. It was also expressed that the lawyers the women had access to may not have had understanding or training related to IPV which resulted in insensitive or ineffective services.

“Telling my lawyer, that was hopeless, telling him was hopeless in a way. He believed it but he was... I do hope there are lawyers now that understand more about this, but he had pretty much only dealt with normal divorces if you want to call it that, and he said to me, we were going to court for custody and for the divorce, he said “Oh, I don’t want to bring up any of that. It just annoys the judge”. And so, I was just stunned. I was like “What do you mean? This is the...”. Yeah, that, yeah, very scary going for custody when your own lawyer says it will annoy the judge if you talk about the whole history of domestic violence; didn’t want to hear it.” AB4

“Legal Aid was horrible, to me, when I thought I could just continue on and get Legal Aid. They wanted to put a lien on my property, they wanted to do all kinds of things, based on the income I had last year, not based on the current situation I was facing becoming an income assistant recipient. So, I found Legal Aid completely [emphasis added] useless.” MB11

“There needs to be, there should be lawyers who are set up to deal with women who are in abusive relationships who are rural. Because like, my lawyer, had no idea what all was involved. About the land, and the property, and the animals, and the equipment, she had no idea. She had no idea what impact that would be to leave, to separate. She knew the law, ‘oh that horse trailer, it’s yours.’ Yeah, but what impact is that going to have. It seems really weird but more knowledge for somebody or for lawyers who these women can call and talk to and could say ‘if you leave, this is what’s going to happen. This is what you are facing.’” SK3

Shelter

Shelters were the most helpful resource for women. Nine of our research participants in Manitoba accessed the shelter. Five of the women in Alberta interviewed described accessing services at shelters (four for emergency housing and one for counselling/support groups). Many of the women in Manitoba expressed that if they had not accessed the shelter, they did not know what would have happened to them. One of the most important supports provided by the shelter across the two provinces was providing necessities - women felt that when they reached shelter they did not have to worry about their basic needs, such as housing, food, and water. They also gained access and a better understanding of resources, along with safety planning. In the context of Manitoba, it is noticeable that women who accessed shelters were more likely to access Manitoba Housing and second-stage housing compared with women who did not access a crisis shelter. Crisis shelters helped women with a protection order and other things, such as accessing medical help. Finally, counsellors at shelters have been a powerful first help following women’s escape. Women in Alberta expressed that building community and social support were important aspects of accessing services at a women’s shelter.

“So, my 100% I owe I feel like my life to is [shelter name] and they have been there for me. They have been there completely, they have gone above and beyond what I would have ever even expected.” MB3=

“So, yeah, creating a safe space to tell my story is what the women’s shelter did...” AB10

However, in the process of their help-seeking, women who accessed a crisis shelter faced challenges accessing, staying at shelters, and finding stable housing following their immediate help-seeking.

Challenges accessing shelter:

- One research participant experienced bias when accessing shelter due to her perpetrator's personal connections to the shelter.
- Several research participants found it difficult to get a hold of crisis shelters.
- Several research participants were told shelters were full and therefore, no spots available for them. Women in Alberta had concerns about space availability in shelters that then impacted their help-seeking decisions.
- Shelters require that crisis calls come directly from survivors – one research participant tried to access shelter through her family member, but she was refused on the grounds that it should be the woman herself calling – this was difficult because the survivor did not have access to a phone.
- Research participants who accessed the same shelter multiple times felt uncomfortable reaccessing the shelter.
- Research participants with pets could not access the shelter and had to search for a shelter for their pets.
- Women expressed concerns related to the distance to the nearest shelter.

"Yes, that definitely was. They were – just right from when we walked in and everything – they were great [laughs]. I had left [date] for the final time. I had left once before, in [date] and I had to call the [name of place] shelter that day and they were full. So, I just pretty much packed up my kids' stuff and got them out of school and just started driving, and for a few days just staying with family members because I didn't know where to go." MB1

"So like for me, a woman like that, like, let's just say I had to pack up all my shit and flee [Name]'s in the middle of the night, the closest women's shelter I would have been able to access was probably an hour away from me. So I would have had to drive an hour, and it probably would have been full anyway." AB12

Challenges staying at a shelter:

- Research participants did not always feel welcome at shelters and were asked about when they were going to leave – this made them feel unsafe at shelters.
- Research participants who accessed shelter several times previously felt judged for not leaving the abusive relationship and misusing the resource.
- Shortage of staff and lack of financial resources made it difficult for women to stay longer at some shelters, especially in Northern areas.
- Research participants with children faced ambiguous policies around childcare – some women did not have childcare while others did.
- Research participants felt they experienced limited individual support and would have wanted to interact with staff who are more attentive, may respond to the diverse needs of survivors, and engage them in conversations.
- The general environment of shelters was stressful for some women.
- Immigrant women faced a lack of information about issues that immigrant women face.
- Internal dynamics in the shelter among the women who seek help were also stressful for several research participants.
- One woman in Alberta found a lack of privacy and independence as a challenging aspect of her experiences staying at a shelter.

"When it comes to people coming to a shelter, actually needing the help when they first get there. Instead of just, "here's your room, here's the food." It would help us if they would talk more with us instead of just letting us sit with our own thoughts, cause most of the time that's when you want to just leave. [...] Yeah, or just feeling more alone when you already feel alone. And it starts guilt tripping you into thinking you've done the wrong thing." MB15

RCMP/Police

Our research participants had varying experiences with the RCMP/police in Manitoba. Several research participants indicated that RCMP/Police helped them to access a nearby shelter. This was helpful when the shelters had spots available. If there were no spots available, they would drop them off at their relatives. One research participant expressed that the compassion and the positive response she received from the police officer were crucial to her help-seeking experience. Police arrested one perpetrator, gave warnings for violating a PO to another perpetrator, and police warned one woman about needing to report to CFS. In Alberta, women reported both positive and negative experiences related to contacting the police/RCMP for help. While four women reported experiences in which the police/RCMP responded quickly and effectively to their requests for help and protection, six of the women described experiences in which the police/RCMP did not respond in a timely or effective manner to their calls for help. In four of the interviews, women explained that distance from the nearest RCMP detachment and/or the fact that the RCMP in their rural community covered large geographic areas impacted the timeliness of police response. Six women described experiences in which they perceived those police officers did not take their safety concerns seriously. In Saskatchewan, our research participants expressed both negative and positive experiences with the police. The positive experiences included prompt responses and empathic advice, while negative experiences related to age discrimination as well as a lack of belief.

“And the police sat down with me and took my statement and my story, and took a picture of my face and everything. And I have to say that if I did not receive the compassion and sympathy from that police officer [voice breaks], I don't think I would have been able to carry on. I think I would have just brushed it all under the rug and gone back. I don't think I would have... He was just amazing, and I ended up a couple months later writing a letter to his supervisor, just explaining how incredibly grateful I was that he was the officer on duty because he was so... he just said to me, I'm taking care of this now, you know, it's out of your control, he can't do this anymore, we'll take care of you, and I don't think... [crying] I don't think if... he really was the one that made the difference.” MB8

“I've had police here several times over the last couple of years, so, from the rural police department that I deal with, for the most part, I found it helpful. The only time I found them not working to what I would say was the best of their abilities was any statutory holiday, and for instance, I reported a breach of his EPO on Christmas Eve on 2020, and the police officer basically said 'Well what do you want me to do about it?' and that was the end of it.” AB5

“Well, the one thing I did find super frustrating, well. Number one, the RCMP are spread super thin and they have a massive area and so you know like he said 'there's no way, [name] there is no way I can get here' and he actually gave me some advice and I'm not going to share that because it was between him and I but he shared some advice on what to do cause he said 'I wouldn't get here in time.’” SK3

As mentioned briefly before, there were numerous challenges that survivors faced when accessing help from police across the three provinces:

- Personal bias from police because a police officer sided with the perpetrator, knew the perpetrator, the perpetrator was in the position of power, or was a male.
- One research participant in Manitoba experienced ableism from a police officer – she was stigmatized for having mental health issues. One research participant in Saskatchewan experienced ageism.
- Several research participants described the sexism that they experienced from police officers in Alberta and Manitoba.
- Several research participants described the racism they faced when seeking help from the police.
- Several research participants experienced neglect of IPV and a lack of understanding of IPV across the three provinces.
- Several research participants were blamed for seeking help, abuse was normalized, and/or their calls were ignored because they sought help several times (these were often racialized (immigrant/Indigenous) women) in Alberta and Manitoba.

- Several research participants were concerned and/or experienced a slow response from the police.
- Police often asked for proof of abuse and even when this was present for some women, they were unresponsive across the three provinces.

"I mean, and there's so much distance, and honestly like... I mean when we called the police, it took them an hour to get there. So I mean, I don't know what the call times are like in an urban setting, but you know, for an hour you're sitting there, like what the heck is going on." MB8

"The police kind-of victim blaming. The police said, 'If you defend yourself, you're just as guilty', which is infuriating. I think that's – and I mean, I understand where he's coming from and there's a lot of red tape there, and he even said, 'It sucks but unless we walk into a house and the woman is like, unconscious on the ground and there's blood on her husband's hands', there's not much they can do. Like, how is that possible?" AB1

"But the cops thought that I was just mad and out to get someone. And they're like, yeah, no. Why? Why would you try to do that? Or was [name] dad I had people telling me you know what, you need to go to the cops, you need to say this is what you need to do. I was very confident. Very okay, like, I'm gonna go do this. Everything. And so I went and I did it. And the cops are like, you don't look like you've been abused. Because you're a little bit too confident looking. Usually people who've been abused have a certain persona, you don't fit it. So we can't believe you. Yeah." SK6

Victim Services

Two women in Manitoba sought support from Victim Services in relation to the abuse they experienced and four others tried. In Alberta, five of the women interviewed sought help through Victim Services. The women interviewed described both positive and negative experiences with accessing support through Victim Services.

"There's also distance there too but... victims services, it was all phone based so you never saw or talked to a human being other than over the phone so it was just, you felt like you were miles away from anything." AB6

"Victims Services was just kind of to like let me know what resources were in the community, and also they kind of helped me with the court stuff because I had never been to court before in my life and I didn't know what was going to happen and what to do, where to go." AB9

"As for seeking more help, I have also talked to Victim Services and they say they can help me but only if I press charges and he gets arrested." MB3

Other Services

In Manitoba, women accessed crisis lines, and non-profit programming (foodbank and other support programs run by non-profit organizations). One research participant accessed a stabilization unit, and this was helpful. Manitoba Housing was a positive experience for one research participant who accessed it and she had support from a crisis shelter but one woman could not access Manitoba Housing. Five research participants in Manitoba accessed/tried to access welfare offices and for one woman this was a positive experience, however, for two women this was negative. They faced judgmental attitudes and had concerns about privacy and confidentiality. Two women did not receive the help they needed – one woman did not have an address (was homeless and returning from out of province) and one woman did not qualify. Five women have worked with CFS: for two women this was a positive experience and for three women this was either negative or a combination of positive and negative experiences. One research participant received five days off work due to the EAP and she found this was important, however, she thought that leaving an abusive relationship has a

huge emotional impact and survivors need time to manage the logistics of finding a new house, a daycare, and other things; therefore, survivors need more time off work.

“I work with [place of work], so thankfully I was allotted the five days to use for the... you know, the five days for domestic violence. Which in my opinion is not enough time, but I mean, I would take it. But I ended up having to take off probably a month or two on combined stress and medical leave because... well I couldn't do it. I got sick and I couldn't do it [laughs].” MB8

One research participant who faced immigration-related issues in Manitoba found the immigration services unhelpful. She sought help from them for her study permit that she lost due to her experience with IPV. Immigration services did not have the knowledge of the Temporary Permanent Residence (TRP) for immigrant women facing IPV. She learnt about this option that could have worked in her situation only when she accessed the crisis shelter, which connected her to a local parliamentarian to seek support.

“So, even the immigration centre in Winnipeg that I went to when I was homeless there, if they had that information that I didn't have to go reconcile with my husband. I wouldn't have gone to [place name] again to see him and be abused there, had I known that there was another way for me to stay legally in Canada without having to go back to my abuser.” MB14

In Alberta, two of the women interviewed described contacting crisis phone lines and both expressed challenges related to perceiving that their concerns were not taken seriously and that the support offered was generic and lacked a trauma-informed approach.

One participant found the Saskatchewan SPCA (a non-profit organization for animal care) very helpful and understanding when her former partner continuously called to report her for animal mistreatment.

“oh well I guess I talked to him too about it, explained to him what was going on and why they were getting so many calls about neglect and animal abuse at my place and, he wrote it up and I got a recommendation, well not a recommendation but a write up to show the courts that I am looking after my animals and, kind of a leave her the hell alone type of thing. So, yeah, that's the only thing” SK3

Chapter 5: Barriers, Gaps and Challenges to Seeking Help: Perspectives of Rural Women

In this chapter, we discuss the barriers, gaps, and challenges to seeking help in rural areas of the three provinces. The barriers described here were broadly discussed by our research participants across the three provinces. If a theme was not identified in a particular province, you will not see relevant quotes from that province.

Abuse-Related Barriers

Women described abuse-related circumstances that were a barrier to their help-seeking or leaving the abusive relationship. This highlights the finding that abuse can be a tremendous barrier for many women to seek help.

Coercive control and isolation: As mentioned before, isolation and coercive control was a form of abuse that women experienced in their abusive intimate relationships. Coercive control and isolation also played key roles in preventing women to seek help for the abuse they experienced. Several women were socially isolated from their family and friends due to the abuse.

“I couldn't seek out support group anywhere without him knowing about it.” MB16

Being in the position of power: Some abusers may use their social networks in the community and male privilege (which allowed them to smooth-talk and present their version of the story more convincingly) to prevent women from help-seeking.

“He said at one point when we were still together. He said “Oh, I have a lot of friends in the police, you know.” To intimidate me, right? It was tough.” MB17

“Yeah I could say so. Me and he we battled in court for a total of about six and a half years. And the same thing, I couldn't go to the mental health place here because he worked he was the cook down in the basement and he knew everyone there so I couldn't even access for my kids to see anyone to talk to them.” SK1

Abuser's racism, sexism, and ableism may limit women's ability to seek help: Abusers did not only employ their and their family's social power in the community, but also racist, sexist, and religious beliefs and prejudices of the community to isolate women and prevent her from help-seeking. One of the research participants felt reluctant to seek help from the police due to her abuser demonizing and racializing her in front of the police as she immigrated from another country. Several women pointed out sexism and religious beliefs being used by abusers to also isolate and prevent women from help-seeking.

“The way he could present his story and become a victim and people believed him, the amount of tears he would use. He would carry a shop towel around and when he went to talk to my brother and my brother-in-law, you know, his tears were so convincing and they, you know, my own siblings were challenging me [...]” MB3

Fear of retaliation: Many research participants faced an actual retaliation upon help-seeking or feared retaliation, including a fear of the use of firearms when they decided to seek help or leave the abusive relationship. One of the research participants pointed out that she did not seek help because of the fear of retaliation because her partner would not have tolerated that kind of humiliation (MB3).

“Yes, so my ex-partner has access to guns, knives, and tasers now. He's all about ordering stuff from over the internet and getting it from the States – and he brags about this. So, I am very fearful of that still.” MB11

“And, yeah, I don't think... he did once hold a gun to his own head and threaten to kill himself, which I suppose swayed my decision to seek help because then I was convinced I was the perpetrator and I was doing this to him.” AB8

“Fear of retaliation was huge. He would actually, he was actually a big like, gun advocate. He had like, I called it an arsenal, he had over thirty guns in the house, one of which at one point was actually put into my mouth and like I was threatened with it. But that was before we had broken up but he would go up, at the house I ended up renting, and pound, and he would show up and sit outside at like two in the morning and sit outside with his guns. I ended up, it was terrifying.” SK10

Contextual Barriers

We categorized limitations and barriers related to the rural context and personal circumstances as contextual barriers. We discuss limited access to technology, distance/living in a remote area, isolation, racism that may be more pronounced rurally, local politics, and pet/animal care.

Limited access to technology: Several research participants pointed out that it is not always possible to access cell service rurally to be able to even call 911. They also experienced slow internet when they needed to search for information about help-seeking in the middle of fleeing a dangerous situation. Some women could not afford a cell phone data and/or data plan. Other women were not allowed to have cell phones by their abusers. Some of the women did not know how to use technology or their technology use was monitored by their abuser. One research participant did not have a local number, only a foreign number, this is why she relied on others to call 911. One of the research participant's abusers took her phone and she tried to reach a shelter through her sister, but the shelter asked her to call directly, and she could not.

"Satellite internet is the worst. A cloudy day could be the difference between, you know, like, getting on a Skype call or not; going MIA for two days while it rains kind of thing." AB8

"At the same time, in [month], before I left him, his abuse was starting to get very physical. That I was afraid for my life, basically. And I didn't have the ability to call 911." MB14

Distance/living in a remote area: Research participants found it difficult to reach services. Many of the resources were based in large population centres. This either prevented women from help-seeking or made them travel long distances and led to extra expenses. Women found it difficult to access lawyers, police, shelters, counsellors, courts, and other resources. Several research participants pointed out that it took police an hour to reach their place when they called them. Those women who did not have access to transportation found it difficult to access help. The isolation provided by remote localities facilitated the abuse perpetrated against the women, heightened risks to safety and fear for the women, and impacted their views on the accessibility of help and/or their ability to seek help.

"It was definitely expensive because I had to keep traveling for court. I had to travel to talk to a counsellor. I had to travel to talk to a crisis worker. I had to travel to file EI or for income assistance. I had to go travel to go see a worker – anytime I went to go access any kind of help – even RCMP to go give a statement or whatever, I had to travel." MB11

"He locked me out of the house in the middle of the winter. There was no resourcing close by. The fact that the police would take 20 minutes to get there was never an option. Nobody heard it. Nobody saw it." AB10

Isolation: Research participants pointed out that it was difficult to seek help because often their houses were quite isolated from other people in the community. If women worked, it was difficult for them to go to places on a lunch break, for example, because places, where they could have sought help, were far from their place of work so they did not have enough time to travel and seek help. Isolation also meant that their abusive partners could track them and stalk them more easily. One of the women, for example, explained that there was only one way out of the community where she resided at the time of help-seeking, and this meant that the abuser could easily monitor when she was driving out and back into the community. Women also pointed out that living rurally does not allow for safe ways to recover from abuse and claim one's personal space. There are no safe places to go for walks, to exercise, for leisure, to invite friends, or nowhere to hide and be safe. Some women were socially isolated.

"I think if we have lived you know closer to the people and they kind of heard the violence, you know. It might help, right?" MB4

“Yes, I mean, I mean, you just didn’t, you didn’t, I mean I couldn’t trust anybody cause I mean. And so, and when you’re isolated, who do you go to?” AB2

“Just the location for sure, just being away from services away from support being isolated even in a crisis situation, or at times when things were heightened you know, there was there’s nothing around right? Like there were neighbors but we didn’t really know them like you know. Even I remember like our cell phone service in that area, even though it was only [time] out of the city. We would drop calls all the time. And I would even have work teleconferences sometimes, like out there, and things would drop. So like just a complete disconnection.” SK5

Lack of privacy and confidentiality, stigma, and shame: The majority of our research participants expressed concerns about privacy and confidentiality as a barrier. Rural communities tend to be small-numbered and close-knit. This lack of privacy and confidentiality made women embarrassed to seek help. Our research participants felt ashamed of IPV and discouraged from disclosing the abuse to friends, family, and service providers. This was especially difficult considering that they lived in small communities with minimal guarantees of privacy and confidentiality. Often, women also experienced self-blame and this added to the feeling of shame that they felt. In addition, they also experience stigma, and this had serious repercussions for women. Some have lost jobs, found it difficult to become employed again, lost friendships and family relationships, lost business, and reputation in the community to be able to continue doing business, lost their livelihood, and, their self-image or a piece of their pride as women.

“So, that was kind of the biggest hurdle, was because, and small town, [location] has like two hundred people in it, maybe. So, everyone knows everyone else. But that kind of stuff, I kept to myself, right? Because I didn’t want to make him look bad.” AB8

“And plus, like in the shelter here too, I and this is like this in [place name], I grew up here. And the only downfall about it is there’s some girls that I used to go to school with and now they work here and I’m just having a difficult time like kind of talking to them because I don’t know if they’re going to go out and tell them all ‘[NAME] is in there.’ You know, like, that’s the only fear that I’m having right now.” MB2

“That’s okay, ya just the fact that everybody knows everybody and everybody likes to put their nose in your business. And because I hid it for so long that you’re afraid people are going to think you’re lying, because you’re, well because I was so ashamed of, of who I had let him make me become.” SK14

Local politics: Several women in Manitoba expressed that they felt that their partner’s having a position of authority in the community affected and served as a barrier to their help-seeking. One woman’s partner was a well-off local businessman and another woman’s partner was a distinguished member of a community where the church played an important role. One Indigenous woman in Saskatchewan faced a barrier because she was not a Band member, and her perpetrator was.

“Oh, I should actually mention that my dad is also a [occupation], so the backlash was even stronger because I am a [occupation] kid. So, yeah... But if I lived in Winnipeg with a bunch of strangers nobody knows, yeah, maybe you don’t... You know, people may say well, then, you don’t actually get support, you don’t figure, community doesn’t know you. But if your community knows you and they’re against you that hurts a hell of a lot more than strangers that just don’t care.” MB3

“By law, on reserve, it’s the members house, the band members house. You can’t fight it, so you know, if I wanted to, I needed to remove myself from the situation, like I tried to stay there, I don’t know. I tried. But it was not possible because it was his community. Especially without supports, ya.” SK11

Pets and animals: Several research participants in Manitoba had pets. They found it difficult to access help-seeking due to having pets. One research participant could not access a shelter due to having a pet. Other women had to look for other ways to keep their pets safe. Six participants in Saskatchewan talked to how the safety of their animals (including livestock) was a barrier to leaving because they feared for their animals' safety due to threats expressed by their abusive ex-partner, inability to transport their animals, and difficulties with finding shelter for their animals when leaving the abusive relationships.

"Yes, because the woman at the shelter, she said "Oh, sorry, no animals." So, I actually couldn't leave him as fast as I wanted. Because I called the Animal Welfare Agency. And they are like, "Oh, we are full." Or, "No, you have to surrender them." So, I begged him – I was already living in the shelter, I was gone – but I begged him to watch the cats for a couple of days. I was able to find the space. I handled them but I had to pay. So, I told the owner what happened, and he gave me at a half-price." MB17

"I'm trying to get my animals off the property so that they don't get shot. He ended up killing my duck, which is a whole other thing, he ended up eating him for thanksgiving. That was super cool. Ya." SK10

"So there was that situation I had to deal with but there was nowhere for me to go with horses, dogs, cats, all the animals that I had. And if I had walked out, they would have all been dead. So, I actually did contact a friend of mine and who did board horses as well and said 'look, can I come and bring a few of my horses?' I knew she had a place, with a loft above the barn that she rented out to people. So I asked 'can I rent it and bring some of my horses and I will work it off or do whatever?' and she goes 'No, I don't want to get involved.' So, I did reach out but I had nowhere to go. Nowhere that could accommodate me and all my animals. And there was no way I was leaving them, cause I knew I would never get them back." SK3

Racism may be more pronounced rurally: Several racialized women, both immigrant and Indigenous, expressed that racism may be more expressed rurally than in urban areas. They had experienced racism when help-seeking from service providers and suggested that this can be a barrier when one seeks help or attempts to access available support services for IPV.

"Yeah. The lack of resources and lack of culture... it's very like white or Native in rural Canada, like it's very segregated. It's always like "Oh, white people," or like "Oh, Native people," between the two, whereas cities are way more integrated because they have refugees and immigrants – where like people's views in cities are more changed and more accepting. In rural communities you're still carrying a lot of old racism happening." MB12

Cultural Barriers

Cultural barriers are related to common cultural beliefs that may be found universally but also some unique cultural beliefs and assumptions that may be a characteristic of rural communities to which our research participants belonged at the time of abusive incidents. In cultural barriers, we discuss the role of church or religion, lack of belief, victim-blaming, the culture of silence, rural independence, stigma and shame, and other factors that may be related to the cultural beliefs of the communities where women resided at the time of abusive incidents.

Church/religion: Often women would approach the church to seek help, however, the church would be more interested in keeping women in the relationship and forgiving the abuser, rather than seeking help from other formal support services. Church promoted such beliefs as the stigmatization of divorce, belief in church-based marriage, and others that also discouraged women from help-seeking.

"Yes, that's a little bit a pet peeve of mine now. [laughs] Yeah.. You know, I have a good faith community but some of it is a little bit of work. And, some people are more concerned that you are not getting a divorce then that you are not getting hurt. And, it's hard to convince

people who believe so strongly against divorce that actually hurting another individual is worse [laughs]. Um, and I was, I was really... I was actually really upset about it because I thought how dare they think that we are less valuable than our marriage is. So ... It was... It was very hard for me. And, some of those people are people I was very close to and that made it even harder.” MB4

“Yeah, and I grew up on an acreage and my mother was super religious, and her family were super religious. So, you know, when my father was screaming at my mother or punching holes in the wall, I would maybe call one of my aunts and be like ‘We need help’ and she’s like ‘Oh just pray about it’. And I’m like ‘Are you out of your mind?’. You know, it’s kind of ‘Oh god will handle it’ and that’s pretty common in a lot of rural areas because there’s a lot of Christianity and there’s like a million churches in every small town that I’ve lived in, and people would rather just put their head down and be like ‘Oh, I prayed about it’ rather than do anything about it. Whereas I find in the city, there’s more diversity, if you know what I mean?” AB9

“Like I, I’m probably largely because that particular community is a very religious one. But like, if I brought it up in there, I was usually met with, like, Bible verses about how divorce is evil. And like, their version of help was telling me to say, rather than actually, heaven forbid, challenging a man for doing the wrong thing. I wouldn’t say I actually got any help, when help seeking in the rural areas, right.” SK7

Lack of belief: Research participants expressed that a lack of belief was one of the major barriers to help-seeking. Some women disclosed the abuse to their family, friends, and service providers, such as the police. Women sometimes shared these stories with others despite the fear of losing their privacy and confidentiality. However, they faced a lack of belief not only from their informal sources of support but also from service providers. A lack of belief made many of our research participants lose trust in both formal and informal supports.

“So, it’s my word against his – just like any sexual assault, unless there’s charges proven. That is so hard for women and anyone in a domestic violence or abuse situation.” MB11

“Same issues again with applying for the restraining orders and stuff because I was calling police when he was there and they’d get there after he left; things like that. It was “Well, we didn’t see him, therefore it’s not happening” and a lot of “Well, you know, next time you need to get us sooner”. Well, I can’t make you come any faster when I phone you. Then, like, when the window was broken, police told me it was a dog that broke the window. I didn’t have a dog. I had two indoor cats. If an animal broke the window, it’s not my tiny cat doing it. Same with when my tires were slashed, again they’re like “Well you can’t prove it was him”. But he was there that night; the next morning, all my tires are slashed. Called the police that night. They didn’t come. Next morning, tires are slashed; “Well you have no proof it was him”. It just became a whole lot of that.” AB6

“And then when you have like a police telling you, that’s not what abuse is or that’s not fair do that do that, on and on and eventually got to the point where I didn’t, where I never sought help again, right?” SK6

Normalization of abuse/culture of silence: Many of the research participants expressed that women in rural communities experience IPV, however, they rarely seek help because there is a normalization of abuse and a culture of silence. Research participants stressed that communities avoid acknowledging that IPV happens in rural areas.

“Seeking help? Well, because smaller communities have this, they seem to have this – I don’t know what you would call it... It’s like they know the problem, it’s there. It’s like something that’s a code of silence, or you sweep it under the rug – or it kind of becomes a

norm. Mhm. I'm sure there's other women that feel that same way that came from smaller communities." MB10

"Kind of around here, I find people turn a blind eye. People ignore violence. People ignore if they hear their neighbour screaming. Like, people just want to be left alone around here. They're very private. So, I think, and it's kind of common to be honest. Like, that's what I mean, that's why I want to talk about it because it's a lot more common than it should, so it's like 'Oh, it's just the neighbours fighting. What else is new?', you know." AB9

"But no, there wasn't. There wasn't any need to get help. Because there was nothing wrong. And even though I, I talk, I talk and talk and talk nobody ever said to me that what was going on was that was wrong. Because I think back then especially, it wasn't as big of a deal" SK6

Rural independence: One research participant in Manitoba suggested that rural people had to learn to be independent because "help takes time" when one resides rurally (MB8). This is something, however, that made them also wary to seek help. For example, one woman in Manitoba did not feel that she needed to access a shelter because she was rooted in her land and had her own home. Another woman in Alberta discussed rural mentality in relation to patriarchal values.

"I never ever in my wildest dreams that I would need a protection order cos I am that type of woman. It is ... It's just unbelievable that I [emphasis] would need a protection order because I can handle myself. I am not a small, weak, little woman. And, so, it was so terribly embarrassing." MB7

"The whole mentality in rural area that I have found is you don't contact the police unless there is blood spilled out everywhere, unless there is stabbing, basically." MB14

Sexism/patriarchy/misogyny: Our research participants pointed at the sexism and patriarchal values they experienced in the process of help-seeking. They connected some of the barriers they faced to the sexism of their partners but also of male service providers. For example, several research participants expressed that their abusive ex-partners were more likely to be believed than them. One research participant pointed out that due to being a divorced woman, she found it difficult to access financial help/loans from her bank (and that divorced men do not face the same type of scrutiny when applying for a loan).

"Yeah, I definitely felt that, and especially being a woman too, you're trying to get financial help, right? In these times. I found that was also very misogynistic. Going to the bank after a divorce, or having your life savings cleaned out for legal fees, it's almost like the bank – the bank didn't even want to consider my potential earning, or my past earnings as any kind of merit. I still to this day am not – I don't get considered very easily by the bank for a loan or anything like that. It's my fiancé who has to help in that terms. Even though I was the breadwinner in my marriage, and I've been a professional, I've never filed bankruptcy, I don't have any outstanding debt to this day. But once you get that big D for divorce, you're judged. But yet a man can get divorced 2 or 3 times, and he'll always get credit. It just blows my mind." MB11

"But like, it's, I don't, I think you can provide all the options and like resources in the world, but having, you know, five hundred numbers you could call instead of two doesn't make it any easier to make that call. You know, I could anonymously text like a crisis line or a, you know, whatever line but that's still talking about it. And I know great strides have been made, you know, with having open, like, under the blue sky of day, discussions about this kind of stuff but it is very much, and especially like a rural mentality, right? It's like the long suffering wife, kind of thing, you know? It's harder to break that patriarchal mentality when you have no peers I guess, if that makes sense?" AB8

Victim-blaming: Research participants feared to talk because they were afraid to be blamed for opening up about the IPV because when women disclosed the abuse, sometimes the abuser was defended by those community members to whom women disclosed, and women were asked to forgive the abuser (especially in religious communities). Women were also blamed for not being married when they were in a relationship and were questioned why they didn't seek help sooner. The outsiders did not think that the abuser was capable of abuse.

"People think that you are the problem. You have a very young child together. He is all good with people around me. You see? So, even though you tell others you are not ok, they would even actually doubt me. You know?" MB18

"But then learning that and then waking up one day and realizing oh, my son's dad was abusive. And replacing blame, or, you know, you go to a cop and say, hey, a guy did this to me. And they're like, well, why, why are you trying to ruin some guy's life. You probably wanted it. There's, it makes it hard to accept that. Right because then you're like doing anything oh well, it wasn't anything wrong. I'm just being melodramatic and just being overdramatic. And then, you know, somebody years later in your life was like, no the system failed. And everyone around me failed and everyone, nobody, nobody said anything. Nobody helped" SK6

Being from the community/being new in the community: Being from the community as well as being new in the community brought distinct barriers for our research participants. Thus, being from the community made it more difficult for women to leave the community to seek help, more vulnerable to community pressure due to the close-knit nature of these rural communities and limited alternatives available to our research participants. Being new in the community also made it challenging for women to seek help. They often did not have the necessary networks to seek help from, they did not understand the geography of the place where they lived, their children felt unaccustomed in a new place that they had to come to in the process of help-seeking, and they had to adjust if they migrated to a different town due to IPV, and they may also face residence-related challenges, such as inability to access healthcare due to provincial regulations of local health authorities.

"You know, these close-knit communities – the Mennonite, the Amish or whatever – that are close, sometimes I believe First Nations communities are kind of in that same boat – same attitude, same whatever. Yeah. So, that's where – I had to make that break from them also to regain my – and get on my feet. And I'm okay, you know?" MB10

"I feel like the new to the community was a big thing, since he had lived there for four years and I lived there for three or four years after his initial four. So he had this reputation, he already had this like, people knew who he was, so if I was to say something it was like 'oh but I know [name] he's nice, like he's a gentle giant' so it was like, ok, am I making this up? So I feel like because he had such a reputation and because I was so new to town that no body knew who I was that that was definitely an impact as well." SK10

Socio-Economic Barriers: Employment, Financial Insecurity, Housing, and Transportation

There are several socio-economic barriers that women experienced when help-seeking or leaving the abusive relationships. These barriers related to employment, financial insecurity or poverty, a lack of transportation, and a fear of losing housing/homelessness. We discuss each of these themes below.

Employment: Research participants faced barriers related to their workplace. Women faced stigma at work for experiencing IPV. Some lost their jobs and later found difficult to find jobs because if one loses a job in rural community, it is difficult to keep one's privacy about reasons for becoming unemployed, especially when one gets fired. In addition, women pointed out that there is usually minimum amount of work available rurally even for men. Women who remained employed felt insecure about their emotional state. For example, one of the

women received five days off work due to IPV, but she felt this time was not enough and she had to take an unpaid leave from work.

“You’re going to get employers that are like, “Oh, this person maybe isn’t in the right frame of mind to come to a job every day,” or “We don’t want to deal with this person’s drama,” all kinds of things, and all of a sudden becomes a barrier to employment. I found more often than not, the doors being closed on me, rather than opened for me. So, that’s another real barrier because if you can’t find employment, you’re on social assistance, you are dependent on the system, and then people give up. People start to lose hope, and there were times I’ll admit that myself, my mental health, I was drained. I just saw no way out of this.” MB11

Financial insecurity/poverty: Many women lost their savings to seek help and considered that help-seeking is costly. They pointed out transportation costs, costs of hiring lawyers, and loss of property as important considerations. Some women lost significant amount of funds on help-seeking. One participant in Manitoba and one participant in Saskatchewan were not able to divorce their abusive partner because of the lack of financial means to do so.

“So, I also was seeing a counsellor in Winnipeg, a very specialized [name of the doctor] his name is who deals with PTSD. And he was amazing. But my ex paid child support for four months and that was almost 2 years ago and then he stopped. And, so that was my extra income so I had to stop seeing a psychiatrist 'cause they charge \$250 an hour and I simply didn’t have the money to continue.” MB3

“So, but financially, definitely that made it difficult and I wasn’t going to leave without my son. So, and being isolated, that just makes everything feel even harder because it’s so hard to go in a way, and where am I going to go? Yeah. So, I don’t really know if I’m answering the question. It made it difficult to disclose but also difficult to even, even think of, ok, so what, so if I tell someone, then where, then really where am I going to go? What am I going to do? I don’t have the resources. I don’t even know where help is.” AB4

“It was like a very difficult thing, and I couldn’t afford a private lawyer to help me is very challenging. And [name], just my ex was like, not engaging in any discussion about like, any kind of fruitful discussion about what to do with the house. So like, losing all my money with difficult and then just really like having to, like two kids who are totally reliant on me and, and really kind of like, coming down off of like, maybe like a high or like, like, just the up and down of the relationship and like, it was emotionally very draining.” SK13

Lack of transportation: Women who had access to transportation commented that accessing help (lawyers, visitation site/parenting services for children, etc.) required travel to cities. This added to their monthly expenses. Many of our research participants also did not have access to transportation. Participants noted that there was a lack of intercity busses, public transportation, and reliable taxis when they needed to seek help. Some women’s use of vehicles was limited or prohibited as part of the abuse.

“And not only that, if you don’t have a vehicle, how are you supposed to get over there? At least in the city you can call a taxi, you can go hop on a bus, you can do whatever to get out. You can’t do anything here!” MB16

“There’s no public transit where I live so if he ever had my keys, there was nowhere I could go.” AB6

“He wouldn’t let me drive and then my driver’s license expired, and he had the one car, and he took it out all the time. And like, I couldn’t. I could start walking but, you know, what good is that going to do? Coyotes would get me the second it turned dark.” AB8

“And even moving out was really hard to right. So it was back when like the FTC bus was still running. And so I would have to like get a drive from get a ride from where I was to to [place] to get on the bus to go anywhere else. Because nobody could come and get me either. And

then not having any money. Because the whole first year, I didn't have a job because I couldn't get a job. So I had no way of, ya I was pretty stuck.” SK6

Fear of losing housing/homelessness: Many research participants faced challenges with housing, including fear of losing housing and homelessness. Some women lost their rental contract due to financial difficulties they faced in the process of help-seeking, lost their property (e.g., furniture), lost their funds, and then found it difficult to find a housing because they had no more savings or income, and experienced homelessness.

“I couldn't get my house. I live actually in a house trailer. I don't even live in a house. I don't live in an apartment. I live in a house trailer. And, I only could get a 3 bedroom. I have three kids plus myself, so the two girls had to share a room. They hated it. But it was the only thing that I could afford in the area and even then I have a hard time. It's not a great house, it's not a great place. It has its issues. I have underneath boil water advisories, so there's all that going on and then. It's ridiculous here. I had to have co-signers from my place because I didn't have enough money.” MB16

“I lived in the streets because it was better than whatever was going on with me then.” MB14

“I just happen to get an opportunity where there was an opening for an apartment that was affordable. It was two bedrooms, and they took dogs and I had a dog. And it was near my mom's house. And I just, I just took the opportunity. Like, I wasn't really looking, but because I didn't feel like I had the capacity to like, figure everything out. But when the opportunity came, I just took it and I didn't really, I was worried about everything at the farm. But I, I don't know, it just was just kind of like an impulse. I didn't really have a lot of time to think I just took the apartment. And then I had to think about how I was going to, like afford it and pay for everything.” SK13

“But I have to say, in order for me to leave, I needed to leave my source of being fed, my source of being housed, my revenue income, my relationship. Yeah, like I had to... yeah, it was definitely a barrier but not conscious at the time.” AB10

Emotional/Psychological Barriers

Help-seeking is often challenging for women. Many of our research participants expressed that they faced various emotions in the process of leaving abusive relationships and help-seeking that sometimes prevented them from accessing formal help. They felt fear to be not believed and judged. They often empathized with the abuser and justified abuse or minimized it. They compared their experience with other women's experience in a similar situation and minimized their own experience vis-à-vis other women's experiences, especially if they realized they were in a stronger social standing compared with other women who experienced abuse. They blamed themselves for abuse or doubted their own experience of abuse. They questioned whether they would be believed by the service providers. They felt fear of uncertainty if they sought help.

“It was honestly, it was really terrifying like it was really scary having to actually come out and ask for help.” MB2

“And having to run, I do not think I have moved on and I don't know, also the timing and [inaudible] and thinking, maybe it's just a phase, and at times you even blame yourself because, he made me more guilty. At times I would even find myself full of anxiety.” SK9

Relationship-Related Barriers

Women faced challenges that were connected to the nature of their relationship, shared children, and/or common property. Co-parenting sometimes meant that the abuse continued. Several women shared a property with their abusive ex-partner. One of the research participants in Manitoba could not access legal aid because she was afraid that due to a shared property, their abuser could learn about her application to legal aid. One research participant in Saskatchewan had concerns for partner's reputation.

"Yeah, well, you know, one of the biggest things ... because it was six months when he, the first time he was abusive, and we were living in a totally different province away from home. So, we had just bought a house and it was all in my name. I really felt trapped. I was like I can't even leave, you know. And here we are - in a brand new place. And I couldn't leave the house. So, I just had to kick him out and I just didn't have the strength to do that. Because I don't think he would have left." MB4

"Actually. What it mostly was, was I didn't want people to think badly of him. Like I wanted my family and my friends to like him 'cause I wanted to have a relationship with him. Which I know is ridiculous, like why would you, but you know I was kind of protecting him by not telling a lot of people about what was going on. Or anybody about it." SK2

Structural Barriers

Several research participants in Manitoba faced barriers that we have conceptualized as structural in the process of help-seeking. This includes disability or ableism, immigration status, and racism.

Disability/Ableism: In the process of help-seeking women with disability found it more difficult to access help. Women living with a disability felt discriminated against due to their disability. They pointed out that ableism may be more pronounced in rural areas.

"Well, when I was talking about being the domestic abuse victim, instead of listening to me, they called me "troubled". Like, 'Oh, you are making it up because you are troubled. You must have a mental disorder' or something. Well, I am a domestic abuse victim, I have a PTSD, that does not make me "troubled". That makes me in trouble! In trouble in a troubling situation! But does not make me a "troubled" person 'cause that's a very negative - it's a word with a very negative connotation, a very negative stereotype, that I've seen in rural areas be used to pretty much discriminate against people with other mental disorders, like, whether it is, like, psychiatric disorders, bipolar or schizophrenia or anything of the sort." MB14

"Yes, very much so. I tried to even tell the officer, you know, [inaudible] of a person with my disability. But he didn't think anything of it. And, you know, with the court, they ordered him not to have contact with my neighbours and friends and stuff and he just did it. And the court would not even allow me to tell them that he was doing these things after he was ordered not to." MB7

Immigration status: A research participant with a lack of status experienced discrimination when help-seeking from formal and informal sources of help. Male friends tried to take advantage of her vulnerable status in Canada. She faced spiritual abuse from staff at Church-based shelters and at the crisis shelter, she faced discrimination from other women who stayed at the shelter. Her unclear status in Canada also made it difficult to access healthcare, welfare, and other benefits that are often available to those with a legal status in Canada. This lack of clarity of her position also made it difficult for service providers to help her due to a lack of information and resources about helping immigrant women with no legal status in Canada.

"Well, I suppose one of the current challenges I have is feeling that I belong in a women's shelter. That I deserve the resources being here, because, well, I am a foreigner. And it

shows in my accent, it shows in my image. So, most of the other women that come to the shelter. They also treat me at some point treat me like I don't belong here, like, I shouldn't be here." MB14

Racism: In Manitoba, racialized immigrant and Indigenous women faced racism in the process of help-seeking. A participant in Saskatchewan faced discrimination when she was trying to find housing off reserve while she was staying in the shelter.

"Yes, well... it was very well hidden, but it was there. People seem to always want to ask you right away if you're Indigenous. And if you're Indigenous then all of a sudden, it's like they want to shuffle you to somebody else to go with." MB11

"Oh heck yes! So, finding a place, that was my main thing! I couldn't find a place because I was native! I didn't have the requirements you know, for a job, and they wouldn't not accept social assistance. They would straight up tell me 'no social assistance' and it's illegal to discriminate but even in ads, that was a huge thing. If I didn't even have that place to stay for twenty-one days, like what would I have done, you know. I had already stayed there for a couple months trying to live, and that didn't work and then it was hard, like almost impossible. Because you need money for almost anything, if you don't have money, what are you supposed to do" SK11

Service-Related Barriers

Our participants across the three provinces faced numerous service-related barriers that are summarized below. These related to various aspects of the help-seeking process, such as the lack of services/resources, a lack of information/outreach, challenges related to supervised visits, legal services, and many others that relate directly to the services that our participants accessed or tried to access.

Accessibility of services: Most research participants pointed out that there was a shortage, or a lack of services and it was difficult to reach services due to distance, isolation, lack of transportation and other barriers. Women pointed out that it takes financial resources and energy to seek help in rural areas. They also indicated that having a choice is also important because sometimes they may not necessarily find the counsellors at a nearby clinic suitable. Thus, resources were very limited in rural areas where women resided. When resources were available, they were not sufficiently trained, and the local politics/culture still interfered with the service delivery.

"I just found there was no information, there's no places to go that were, sort of, there's nothing around me for support. Like, aside from going to the RCMP, there's really nowhere else you could go to get help." AB6

"I think I think I've touched on it a lot, but there's very, very little access to any type of help out here. You're very isolated. There's little to no resources, you can't access the resources in a timely manner, to drive anywhere to get the resources. It's absolutely terrible. There's nothing here. And then when you do face challenges here, you're brushed off." MB16

Lack of information/difficulty recognizing abuse: Many of our research participants were not exposed to information about IPV and gender-based violence previously and therefore, they did not know where and how to seek help. For example, for two of the women in Alberta, it was not until formal sources of support (a doctor and a counsellor) identified that they were victims of IPV that they began to understand that aspect of their relationship.

"Your exposure to these facilities is quite low. So, you feel like that you don't have help out there." MB18

"So, my ex partner, he, the violence, I didn't even realize it was IPV until, you know, way after, which is usually when because, you know, we don't learn about that shit. So, it's hard to understand anything about relationships until you're in it." AB12

“And it’s isolated so things aren’t talked about and so you don’t really know where to go, or how to get there sometimes.” SK2

Custody, co-parenting, and supervised visitation: There were several issues that research participants faced, especially those with young children. The first barrier to leaving and seeking help was managing co-parenting and custody. Several of the abusers got the supervised visitation order. One of our research participants had to travel to Winnipeg for this and another research participant had to supervise visits with her abuser. A research participant in Manitoba had to leave the province to avoid the birth alert and custody battles with her abuser, especially because she experienced threats of apprehension in relation to her yet to be born child.

And, more times than not when there’s children involved, almost all of the women in rural Manitoba have to supervise the visits with their abuser... Because we don’t have mediation services, we don’t have services available here where we can get a third party to go on the supervised visit, and you don’t want to get CFS involved. MB11

Fear of child apprehension/Fear of CFS: In Manitoba and Alberta, several research participants who had young children were afraid of Child and Family Services (CFS) or were threatened to be reported to CFS by their abusers. Fear of child apprehension was a barrier to seeking help formally for the abuse women experienced.

“Because we don’t have mediation services, we don’t have services available here where we can get a third party to go on the supervised visit, and you don’t want to get CFS involved. My lawyer told me that right from the get go, she said “Whatever you do, do not get CFS involved in your business, because once they’re involved, they’ll never go away. It can give your partner an open door to put in false claims, and always have them at your door step.” So, what’s supposed to be a help to you can actually be a hinderance.” MB11

“I did fear that the children would be taken from me but that was mostly in the relationship and by the threat by him.” AB1

Lack of access to childcare: Women across the three provinces noted that they faced difficulties finding childcare and/or with the costs of childcare both in the process of seeking help and afterwards.

“Well, it was far, and at the time – the office was in [place name], and at the time I was staying out with my parents in [place name] which is by [place name], so I had to drive like an hour. And then childcare, I had to find childcare. [...]. I think my parents might have watched her.” MB8

“Free daycares help. I guess if there was somewhere, if there was somewhere that [name] could have, I could have gotten a job. Everything would have been okay. But there wasn’t. It took me, I entered university at twenty-five. I think, I’ve been in abusive relationships on and off with different peoples since I was about fifteen, I became a mother at 16. And the cost of daycare makes it so hard.” SK6

Lack of counselling services: Research participants faced several barriers in accessing counsellors. Women who had counselling supports in their area found these to be expensive, difficult to access due to distance, long waiting lists and being booked up. They also could access limited amount of sessions on insurance or victim services and did not have a choice to select from. In addition, several research participants in Manitoba and Alberta have expressed willingness to seek counselling and therapy for their children to process their exposure to violence, however, they could not find suitable counsellors, these were expensive, or had a long waiting list.

“And to find a child... like to find a play therapist was not like... I didn’t even find one.” MB8

“So the help I’m seeking now is for my children to help them, to help them deal with the type of person that my husband is because he doesn’t see anything wrong with the way that he does things. And finding help for a child is twice as hard as finding help for myself.” AB7

“Out here we don’t have a... First of all, the money is involved right? We don’t have a large selection. We have Christian counselling out here. Nothing [emphasis] against Christian counselling but sometimes they just don’t get to the root of the problem.” MB7

Approach to service provision: Research participants faced several barriers when seeking help from service providers.

- One of the challenges mentioned often was related to the lack of coordinated approaches. To seek help, women had to go from one office to the other and tell their stories over and over to get the help they required or they had to file similar documents to different institutions. For example, one research participant to get a general court order (which included clauses related to her safety) went through a court process. When she needed a protection order, the court could not police-protect her court order. She was told that the protection order needed to go through the police for it to be police-protected.
- It was especially difficult for women who did not have access to education and housing and lacked informal support. They argued that following help-seeking, they often did not have ways to rebuild their lives and therefore, they felt there were no options for them other than go back to their perpetrator. This was also pointed out by several service providers.
- In addition to this, women also had residential requirements they had to fulfill to access services, and this limited the services they could receive in an urban area or in a different province. Several women were told that because their place of residence is a rural area, they cannot access services available in the urban area.
- Immigrant women and Indigenous women faced cultural barriers in accessing services due to a lack of culturally-safe approaches, anti-racism, and awareness about the special needs of women (for example, related to immigration) who came from non-mainstream backgrounds.
- Several women faced a lack of understanding of IPV from service providers, such as welfare offices, police, and courts. They did not understand psychological/emotional abuse/coercive control and required proof of physical abuse, which women could not provide.

“And then when I do talk to him, then they’re just like, “Well, we can’t do anything about it because it’s not in a court order.” Well then, the judge says, “I can’t put it in a court order because it’s a police matter.” And, it’s like, “You have to file something else differently,” and I was like, “You know, you guys, you don’t make it easy for people that are leaving abusive relationships.” Because you’re seeing the abuse, you’re hearing the abuse. I gave the judge all the emails, all the context of everything, video proof that he was at my house and the judge still said, “Well, yeah, you have to communicate with him, and you have to have consent before going to her house.” And I said I want police protect it and the judge said, “No, we can’t, you have to file another motion to get it.” So, I have to do this again and talk about all the abuse again to somebody else. Put it through the court system again, just to try to get something else.” MB16

“It made me more depressed, not having the, I suppose, cultural sensitivity. And yeah... ‘cause there aren’t a lot of immigrants in [place name] or in [place name] themselves. So, it’s hard to get that immigration or cultural angle.” MB14

Court as a continuation of abuse: Several research participants saw the court process as part of the abuse. Research participants who experienced a court process were traumatized by it and preferred to avoid it when possible.

“Found myself in and out of court trying to defend a protection order – but the worst part was he self-represented. It was like the court had leniency on him for that. And, here’s me with a lawyer, depleting the very little funds that I had as a single mom.” MB11

“What most people think the court system would do, and most, a lot of people, when you tell them about what happens in family court with domestic violence, they don’t believe you, they truly think that the courts are there to protect victims of domestic violence and children, but that’s actually quite the opposite. And a lot of women and victims of domestic violence, who end up in family courts spend years trying to protect their children. And it takes often takes a long fucking time for them to actually finally be protected from the abuser. And I see a lot of times that courts are actually used as a way to continue to abuse victims.” SK13

Lack of understanding of coercive control: Research participants experienced difficulties in getting a protection order and an acknowledgment of emotional abuse and coercive control as IPV.

“And of course, everyone said, “Well, there’s no physical evidence, so, we can’t do anything about it. It’s your word against his. We can’t do anything about it.” And that’s what a lot of the court systems are. It’s one person’s word against the other.” MB16

Inefficiency of Protection Order: Several research participants had a protection order in place, however, all of them argued that these were inefficient because protection orders are not enforced. The research participants could not do anything about these breaches other than report and when they reported the breaches, there was often nothing that could be done.

“Or, when I got my protection order, that was the first part. 9 times out of 10 when the police were called, I had my protection order in my hand. I clearly stated how he violated that – whether it be a phone call threatening me, or showing up at my property – and they told me it was open to interpretation. So, I don’t think you get that kind of run-around in the city. You definitely get that here in rural Manitoba.” MB11

Barriers accessing legal services: Several research participants sought help from lawyers. One research participants pointed out that there are no family law lawyers in rural areas and one has to travel to Winnipeg to find a lawyer specialized in family law. Lawyers’ services are expensive and many women who sought help from lawyers were in debt or have spent their savings on legal help. One woman in Manitoba and one woman in Saskatchewan were not able to file for a divorce because she could not afford to pay for legal fees. Some of the perpetrators self-represented and this made it difficult for women who were the ones paying for lawyers. There was one research participant who self-represented and she was not allowed to present her story due to a lack of a legal representation. Several women could not access legal aid. One of them could not access because of the prolonged process and another woman was asked to put a lien against her house to be able to get a legal aid.

“I would say expensive simply because – right off the hop – I just like went on welfare and then, like I said, there’s no legal aid lawyers really in this area that do family law so then you have to go into the city. So, that was a bit of a cost. But, necessary all the more.” MB1

“It was like a very difficult thing, and I couldn’t afford a private lawyer to help me is very challenging. And [name], just my ex was like, not engaging in any discussion about like, any kind of fruitful discussion about what to do with the house. So like, losing all my money with difficult and then just really like having to, like two kids who are totally reliant on me and, and really kind of like, coming down off of like, maybe like a high or like, like, just the up and down of the relationship and like, it was emotionally very draining.” SK13

Fear of consequences: Research participants did not want to report the abusers because they shared children with the abuser, they received financial support from their spouse, were not ready to press charges, did not want to see their abuser arrested and put in jail, and were afraid of the backlash; this posed a barrier to them because to access Victim Services and/or PTSD counselling funding they had to report their abuser to the police and have him charged.

“What I did is if I did go to report, then I would take it back. So, you know what I mean? Like I’m the one – because they give you that option – if you’re going to charge a person or not,

and then if you say you are. But then you can also say 'Well, I decided not to.' So, I think I'm the one that made it negative for myself – maybe it would have been pursued. But I guess – always in the back of my mind – I used to think well, because he's the father of my children, you know? So, it was kind of like – a struggle, I guess. I don't know, I don't know how you would say." MB10

Chapter 6: Intervention

Services Available to Rural Women

This chapter is based on the findings in the service provider interviews. Service providers across the three provinces suggest that there is a very limited variety of services available rurally. The availability of services depends on the geographic location of the rural community.

Manitoba

Service providers in Manitoba explained that there were very few services available rurally.

"But when rural areas from smaller towns, I don't think there are services that specifically can help out. [...] But I don't think there are to be honest. Like in [place name], I don't see anything or any organizations there that can help out, like specifically for those who are experiencing violence." MBSP8

In Manitoba, two services that were most often mentioned in relation to rural communities were CFS and AFM. The main way through which CFS accesses community members is through their contacts at schools. Therefore many rural women's first contact is likely to be CFS. At the same time, involvement with CFS is often undesirable for rural women (as we indicated in Chapter 5 on *Barriers*).

"And we do find that CFS is often one of the... not only, but one of the main services in the rural area. Like [it is] just everywhere, right? So lots of times there are other options if families are in Brandon or in bigger centres, that we just don't have options or resources to - access to. So, lots of families that yeah, we're kind of it, and, like, [CFS is] the only people going into that home, or the only kind of social workers or professionals involved." MBSP1

In addition to these services, service providers mentioned mental health workers and the police. Service providers pointed out that police response can be slow. There is a long waiting list to access mental health workers.

"And our mental health workers and our AFM – are you familiar with AFM services? They do come out to the rural areas, so that's good, it's just like a two month wait list to get into the mental health worker in [place name], right?" MBSP1

In terms of health facilities, several service providers mentioned that health units, doctors, hospitals, and health nurses as a service that is available rurally and that women and service providers may contact.

“It is just one of the other ones I’d say Child and Family, the Health Unit, the school, maybe social assistance. Any one of those can influence them. Or they might talk to them about it, and they might seek help.” MBSP9

Shelters are available rurally in several areas, however, there are also rural areas that are not covered by these shelters. So, it may be difficult for women who live farther away (30 minutes and beyond) from regional centres to reach these crisis shelters. In addition, rural shelters in Manitoba suggested that they also receive requests from urban crisis shelters to host their clients. This puts pressure on these shelters because they are not familiar with the population characteristics and are often unprepared to serve clients from urban areas who may face issues atypical for rural areas.

“Not fully. I mean, I think that our shelter does a really good job in trying to be relevant for all of the populations that we would see out here. But I don’t think that we are fully meeting what’s needed. Partly because we are often overwhelmed with overflow from city shelters that are: A) taking spaces away from local people, B) are often even higher needs.” MBSP10

In addition to this, transitional housing is also an important resource, especially for those women who lack informal support, financial means, or skills to become financially self-sufficient after leaving the abusive relationship. However, in rural areas, transitional housing is rarely available. It is often difficult to find housing in rural areas if one would like to leave an abusive relationship. This means that transitional housing or second-stage shelters are critical and need to be expanded rurally.

“We’re really fighting for - this is the first time actually in 2021, where funding opportunities have come out for - from the federal government for transitional housing. And of course, I think most of our shelters applied because they know the benefit of it. I mean - there’s a limit to how long they can stay – usually a year, but during that time they’re still working with them actively and they’re still helping them out, and they’re kind of under - well, that shelter would be kind of their caretakers, so to speak. We don’t often have that.” MBSP9

If women have pets or animals, it can be difficult to access crisis shelters. None of the service providers mentioned that shelters operating in their areas were able to host animals, except for one. One shelter in Southern Manitoba has developed a Pet Safe Program. This means that women with pets can bring their pets with them to this specific shelter.

Women’s Resource Centres are available in Flin Flon and Brandon in the Province of Manitoba and have been mentioned as one of the most important resources available to rural women. Service providers from the Brandon area mentioned that they often referred survivors to the Brandon Women’s Resource Centre, and they found their services to be highly relevant for survivors of IPV.

“We have the – the Women’s Resource Centre has counsellors as well, and one of the good things about COVID is that lots of things did eventually turn virtual. So, now I have a period where I can at least refer rural women who wouldn’t have access to go into Brandon and access the Women’s Resource Centre to hook up with a counsellor and to do that virtually, and do phone counselling and things like that. So, that’s been one of the nice things that came out of that is when we decided that we could do virtual, then that opened it up for families that couldn’t access.” MBSP3

Several survivors mentioned trying to access Legal Aid. Women may seek assistance from welfare services available rurally. There is also an immigrant-focused organization in the Brandon area. They travel regionally to rural areas, but they also point out that working with immigrant women requires that service providers build trustworthy relationships first. This can enable them to share details of their private lives, such as IPV. Therefore, frequent outreach is crucial for these organizations to build trusting relationships with their clients. Immigrant-focused organizations build relationships through their programs, such as English classes, parenting programs, and others.

In the Brandon area, there are other services available, such as a family resource centre for parenting programs and a youth hub. In other areas, there are some local initiatives through community organizations and other agencies that provide access to food banks, programming that works on the issue of Murdered and Missing Indigenous Women, residential school survivors-oriented programming in Northern Manitoba, Mennonite Central Committee programming in Southern Manitoba. Sometimes Bands may help provide funding for private counselling for survivors at the request of service providers.

Several service providers and survivors mentioned Crisis Stabilization Unit (CSU). CSUs are available in several areas, including Brandon, Selkirk, Steinbach, and Thompson in the Province of Manitoba. However, service providers from more rural areas without a CSU expressed that available CSUs in Manitoba are far from where they reside and work.

“The crisis stabilization unit. Our closest one is Steinbach, which is like an hour and a half plus away. Or the city – also an hour and a half away. Or Brandon, right? Like there’s just not a lot out here for that.” MBSP10

Thus, many of the IPV-related services are available in regional hubs or medium-sized population centres. While having services in medium-sized population centres is helpful and makes sense, a combination of barriers that we have described previously makes it much harder for survivors of IPV to access these limited services available in large population centres.

Alberta

In Alberta, staff members differentiated the services that were available to rural women who are victims of IPV in accordance with which rural area they resided in, along with the specific jurisdictional areas to which service agencies could provide victim services. One staff member highlighted the importance of the Calgary Rural Primary Care Network providing mental health support for adjoining rural areas, along with the importance of hospital care within their specific rural area in order to provide immediate medical care to victims of IPV. Other staff members at service agencies spoke to the importance of their program mandates aimed at addressing the scarcity of resources available to support rural women who are victims of IPV, as compounded by funding limitations.

Generally, the availability of counselling services for women and children, advocacy interventional support (i.e., peer support programs), domestic violence support hotlines, police victim services, and women’s shelters within various rural locations were emphasized. The ubiquitous importance of governmental social assistance in the form of employment support and childcare support was also underscored for rural women who would qualify for such support.

Moreover, the significance of parenting support was highlighted for rural women managing the stressors associated with IPV victimization. Finally, the importance of charitable support for victims of IPV was highlighted. Such charitable support was exemplified by food banks, along with compassion funds at local churches which provide household items for victims who are establishing new households after terminating abusive relationships.

Prominently, a few staff members at service agencies spoke to the lack of awareness among the general public within rural areas related to victim services. With respect to the methods by which rural women IPV victims initially accessed support services, one staff member who works at a service agency which provides counseling and group support services described the following as an example of help-seeking behaviour:

“So I think like, you know, I think over the phone definitely is a first like kind of step. So either like a crisis- maybe a crisis line or a general information line, or even just calling as a first point of contact. It depends if there's other professionals involved, if there's other professionals involved, they might like refer our services to them. So it could be from police. It could be like

victim services, it could be, could be from like, a doctor's office ... Other agencies like so I think like, their first oftentimes first, you know, if they're talking to family or friends and family or friends are aware of it, they'll recommend it." ABSP6

Another staff member who works at an outreach service agency described another common method by which rural women victims of IPV accessed support, in accordance with referral from an external agency:

"We make phone calls, many phone calls every day and say, you know, "we work with the women's shelter. We're in partnership with the police. And we're concerned about your safety. Would you be willing to come in and talk with us", and you'd be amazed how many people say yes. That shocks me to this day. So they will come in willingly, but they didn't initiate the contact. We did. It might be protection services. That's another big one, too. They'll say like, you can live with whoever you want, but you can't have minor children in your care. So oftentimes, that's where the referral comes from, as well. Right? So they'll end up in shelter." ABSP2

This same staff member who works at an outreach service agency described the importance of providing specialized support in accordance with the needs of IPV victims, along with the challenges associated with a lack of such specialized support being available within rural areas:

"We just add to the trauma if we if we unpack things too soon, right? For sure. Yeah, yeah. So yeah, if they're drinking, for whatever reason, and drinking out of control. You can't work with I mean, in our capacity, someone can work with them but that would be an addictions counselor, right? Or a mental health professional." ABSP2

Staff members at service agencies described the barriers associated with the provision of service agency support. For example, staff members alluded to the protracted waitlist for rural women who are victims of IPV to access counselling sessions, given the limited psychological and social work resources available within specific rural areas. This barrier to help seeking behaviour was compounded by transportation difficulties to attend nearby in-person appointments, as exemplified by the complete absence of public transit and victims' financial barriers to car ownership and taxiing. Victims' financial barriers related to transportation and time constraints also precluded the ability to attend in-person appointments some distance away from victims' rural areas of residence. For example, one staff member asserted that the nearest psychologist office was located two hours away from her rural area of jurisdiction. Lack of anonymity was also underscored as a momentous concern associated with attending in-office appointments, especially if abusers were to discover that their victims were seeking victim support. While attending virtual appointments was proposed as a potential solution to these challenges, the importance of having a safe place to attend virtual psychological, social work, and peer support meetings from (i.e., within a private meeting room at a library) was emphasized. The importance of optimizing cell service and internet connectivity for victims within rural areas was also underscored. Concerns related to the hours of accessibility for services were also highlighted by a staff member at an outreach service agency, as follows:

"Accessibility, like you know, you don't use? Again, you don't know when you're going to reach a point where you might want to reach out for help. So if you have professionals and communities, and they're, they're from you know, Monday to Friday, from 8 [AM] to 4 [PM], well, what happens when you need somebody at 1 in the morning? Right? Right. So that accessibility." ABSP2

Providing support to victims of IPV who experienced further marginalization based on race, class, age, ability, sex, gender, and sexuality was also highlighted as a barrier to accessing support that warranted attention. For example, a staff member who works at a domestic violence service agency highlighted the following concern related to victim marginalization:

"That's a comment on theme around here, especially from clients who identify as Indigenous is the police don't care. And I guess I've heard that a lot. And just also some of the stories of

their experiences when they call the place, are, you know, really? Yeah, there's, like, you know, stories of their experiences of racism, when they call the police. And just the way they're treated is not okay, sometimes. So. Yeah, it's just not feeling safe call police.” ABSP1

This same staff member also highlighted the heterogeneity of support needs necessitated for rural women IPV victims, the challenges associated with service accessibility within rural areas, and the importance of interagency cooperation in order to address such challenges:

“I mean, people come in, they can access either they like the shelter or outreach, like sometimes we don't have space sometimes. So we have to refer people out to other shelters. Sometimes people don't want to come to shelter so they come into outreach services. Sometimes they're in residential services, and then they're leaving and then we pick up where those services ended off. And then like, people can be like what we're supposed to be like six months, right? But I'd say it depends on. Like, sometimes you have people who are less than six months because like, you kind of, like, they feel like the crisis that they're in is, is over. And then they're like, kind of not interested in services anymore. And sometimes we have clients that go, like way longer than six months. And we can kind of be like a bit of I see like, sometimes within, like mental health services, mental health services, there's some gaps in the service, especially for individuals who are experiencing. Let's just say they have like, maybe they have [Fetal Alcohol Spectrum Disorders] (FASD) plus like mental health, and then some, like complex needs. So we do provide services, like some more longer term services. At times for individuals, we're just like needing a little bit extra stuff from our outreach supports.” ABSP1

Saskatchewan

Service providers noted there are limited options for those seeking help in rural Saskatchewan. This was echoed by almost every participant who spoke about their help seeking experiences. Service providers spoke to the lack of afterhours supports available within rural communities, leaving women without any safe options. As well, a lack of prevention services, interpretive services, LGBTQ+ services, and lack of overall services and outreach was identified. Shelters located within urban centers were understood to be the main place where women would be accessing shelters. Participants from both focus groups explained that there are often long waitlists, and the shelters are simply not able to accommodate everyone all the time. Long waitlists were an issue experienced by the only individual participant who accessed shelter services. Due to lack of services, oftentimes mobile crisis is the only option. Mobile crisis can get women into a hotel where they wait until there is availability at the services they require. These services in urban areas see women coming from hours away to access even basic health care.

“Well, northern communities that would be, you can't be, I think there's rural Saskatchewan and then there's northern Saskatchewan, rural Saskatchewan, it has very limited resources, but it still has maybe a little bit of connection to the bigger centers, when you get a fly in community, you can't discreetly fly out of a community to find those resources at the end of the day.” SKFG2P1

“But yeah, I think the big piece that I was kind of talking about, I think some people touched on it was the like, in terms of like, an actual shelter, oftentimes in the, in the rural areas, they don't have a shelter and its services, which don't necessarily operate 24/7. So and there's really nowhere to turn would be a big piece” SKFG1P7

“...even here in (city), even women who live here, again, we just don't have the space readily available, which kind of defeats the point of shelter space. So it can be, to have a long waitlist at all times is, obviously, detrimental to women. The only option we have is mobile crisis in order to get them into a hotel where they don't have any services, where they don't

actually have any services helping them and then wait to get into the actual services they need.” SKFG2P2

While services are lacking, there are some services which women do access for help. Often the RCMP and paramedics serve as a form of outreach services; however, with the involvement of the RCMP, a victim services worker could also become involved within the process and help with providing services.

“Like how they got to their breaking point. If the RCMP is involved typically a victim service worker will reach out and that would expedite the process. But typically I find that they reach out to women in their community that they know have left similar situations or a church, church is very common if you’re religious in a small town. Or like, family members. That’s my experience anyway.” SKFG2P2

Hospitals in urban centers are also utilized as a form of intervention services as they often have social workers on staff to help those who need it.

“I do work at (name of hospital)... as a medical social worker there in the emergency room and do see folks come in trying to flee because they have nowhere else to go, but unfortunately if they are not willing to change communities and essentially uproot their whole way of life then there is not a whole lot that we can offer. Unless they are able to go to a shelter which is often far way from their community.” SKFG2P2

Unfortunately, within rural communities there are often conflicting dual relationships with those in roles which would normally be used for interventions. An example provided within a focus group was an abusive partner who was close friends with the RCMP members in the area and used the RCMP as a tactic to continue the violence against her.

“I also had a client whose partner was had a very good relationship with them, call RCMP. And so anytime they were called, she was getting charged. And so, it just wasn't a good situation for her.” SKFG1P1

To help mitigate these dual relationship issues in smaller communities, social workers have opened private counselling offices. However, due to the lack of privacy that often accompanies small towns, the demand for these outside services is high and unfortunately this is not a common practice among counsellors.

“Yeah, I do know in my social work community a few private counselors that have opened up in smaller towns in the province but it’s extremely few and far between and not enough to reach their demand.” SKFG2P2

Chapter 7: Improving Our Responses to Women

Both survivors and service providers were asked questions about recommendations they had in relation to improving the responses to women who experience IPV in rural areas. This section is based on the analysis of these recommendations. We combined service provider’s and survivor’s recommendations when they were related.

More education and awareness with a focus on cultural change

Service providers and survivors pointed out the importance of education and awareness campaigns. There is a need not only to educate the public but also service providers who work in various agencies that may be important in women's lives rurally, such as RCMP/police, doctors, nurses, foodbanks, schoolteachers, school support staff, and others. One important aspect of police's work with IPV survivors, for example, was related to the zero-tolerance approach, which is often used to victimize survivors due to self-defence or retaliatory aggression. There is a need to better understand the diverse and differing internal and psychological dynamics of abusive relationships and educate the public and service providers about these.

"And my god, we need to end the inappropriate use of the zero-tolerance policy and charging victims for defending themselves – because all I've seen from that policy is an increase in charges for women throwing phones, or a set of keys, or a remote control at a person who is harming them hugely – and ending up in the criminal justice system because of it." MBSP3

"Well, I guess the first thing, as I always go back to the RCMP, I do have an issue with their lack of training as far as child abuse goes and domestic violence. I don't know if it's changed since then but it sure would have helped if they had resources to offer, you know, or like just, just as a reference, you know, a lot of women even once you've reached out, you're not ready but at least if I had known, ok you can come back to this detachment at any time and we have this list and we'll, you know, connect you. Just some central place that you don't have to go and convince them this is happening. Just like, no questions asked, here's this information. Just as a starting point because for rural women there's not a lot of central points. There's not, I mean, family doctors also because everyone has a doctor, and so they have information and training." AB4

Local cultures play an important role in rural communities, thus, survivors also mentioned the bigger role that the cultural entities, such as churches, Elders, and others can play in addressing IPV and the normalization of abuse in communities through cultural change through public education and training.

"Mandatory education as part of the school system, starting in kindergarten and age appropriate, right through post-secondary. Help change the culture that normalizes violence, which based off some of the things we talked about, the barriers, the values, the traditional family values. We also need to provide services for those using violence and give them resources so they can get help before things escalate." FG1SK5

"You know, I would love because this is such a religious community - I would love for domestic abuse not to be such a complete taboo topic. When it comes to, you know, I'll just use my culture, the Mennonite culture as... you know just to take that stigma away from it... It's kind of like mental illness, you know. There's still so much stigma involved with it, but domestic abuse is in the Mennonite culture - there is, 'Well, the woman must have done something wrong.' For that to become a topic in churches where she didn't deserve to be hit. It doesn't matter she didn't have the dishes done, it doesn't matter if, you know, his favorite things were not in the fridge, and it doesn't matter it doesn't matter what was or was not done. She did not deserve that treatment. And it was not a reflection of her behaviour. That's why he deserved to do that. And so for that type of openness to start coming into Mennonite churches and to actually there could be a support for women would be phenomenal at how you would see what you would actually learn in and from this community because so much of

it is still hidden and behind closed doors where these women, their only escape to this is going to be death, and that is beyond tragic in many ways, you know.” MB3

Improving accessibility of services

Both service providers and survivors pointed out that there is a need for more women’s shelters, women’s resource centres, transitional housing/second-stage shelters, crisis stabilization units, detox facilities, lawyers, and other services in rural areas because there are very few resources available rurally.

“The crisis stabilization unit – that’s another thing that would be very helpful, and the detox facilities would be very helpful. Because women do use these things to cope, or it’s a result of their abuse and they need some intervention before they come to shelter, we could really make use of those services a lot.” MBSP10

“So, I think being able to seek help and being able to have women’s resources or just a resource out there for people who are escaping violent relationships that they can go to, they can have a safe space to go to. “I got you, you’re fine. You’re good now” environment. And there’s nothing.” MB16

More funding, more long-term support: There is a need for more funding for the shelter services and greater expansion of services that they offer so that they can ensure long-term support to survivors of IPV.

“More funding, more long-term support. Immediate is really important but really making sure that we could expand that, and maybe it would be nice to see all centres have - you know, I’ve met some people in Ontario that said like their shelters had a nurse and they had access to certified counselors and social workers. It would just be really nice to have more in-house services to really help connect and not have to rely on a waiting list because these situations are obviously immediate danger and safety and just really high-risk, right? So, having wait times for housing and mental health and a social worker can be very overwhelming, and more access for transportation funds, more support that way. So, just expanding, I guess.” MBSP5

“Yeah, like funding for shelters or programs to help women leave getting out into those rural areas like with more mental health support.” SK5

One service provider recognized that the policy decisions that define where to make these services available may be based on the population counts. However, this kind of population-based system then puts those women living in small-numbered, rural, and remote areas vulnerable to IPV and therefore, there could be more creative and loose ways of organizing services to ensure accessibility for rurally based populations. One of the solutions to address this was having an IPV-specific liaison person in the local community centre. This has been suggested by several service providers in various contexts.

“So, it would be nice to have more services, rurally, in more places – but it’s not exactly doable. So, I don’t – in a perfect world that’s something that would be nice but I understand the reasonings why it hasn’t been done yet, so. Those kinds of things. But even just having – maybe somebody representing these services in those communities – because I know a lot of rural communities do have one kind of a hub or central place, but having information or somebody that can be a liaison between those communities and these services as well.” MBSP2

Outreach work: Shelter workers interviewed for this study argued that outreach work is important to inform and educate the public about the issue of IPV. Despite the important expertise that shelter workers bring in relation to IPV, shelter workers may be treated as “not experts in the field” (Manitoba) by other service providers, such as the police. There is a need to support shelters to take a stronger position and recognize the important work that shelters do and the expertise they bring into their communities.

“Collaborating with more agencies – shelter workers, and probably rightfully so, given our own academic backgrounds – are sort of seen as the weaker sisters and not experts in the field. I would think shelter staff should be acknowledged as experts in that capacity, but I don’t think the general community appreciates all that shelters do. So, our collaboration between our agencies, a higher profile, the province should take on more of a role in advertising and the promotion of shelters. Ideally it would be great that there would be more sessions in schools and health classes across the board in all schools to make folks more aware of healthy relationships, and what is and is not acceptable in a relationship.” MBSP6

Outreach work is demanding and requires knowledge of local communities’ dynamics and contextualized solutions to address gaps that exist in outreach. For example, one of the local shelters, understanding how difficult it maybe for rural women to access services, organized workshops on themes that may not be directly related to IPV. This was also a suggestion for reaching out to immigrant/newcomer women because women do not always want to come to workshops that explicitly discuss family violence even if they are experiencing it.

“We have done kind of a mini version of that with – we were giving out lipstick tubes, but inside it wasn’t lipstick, it was all of the safety information or contact numbers.” MBSP10

Resource guides and information in multiple languages: Information about what to do when one experiences IPV should be widely available in multiple languages. Women did not find information about help-seeking. Considering that many newcomer women may not be fluent in the language of their host country in the immediate post-migration period. Shelter workers also stressed that not all Indigenous women who come to shelters are fluent in the dominant languages.

“Did you change your Manitoba Health card? What are the directives? Where are the safe places that you can go? Should your spouse showed up at your house and you don’t have a restraining order or protective order against them, what can you do? Do you have money tucked away? This is all thoughts that I have. Do you have money tucked away? Not on your residence that if you have to vacate your house quickly because he’s there, do you have money put away? Do you have every form of medical health, dental, every form of insurance plan? Just in case something happened to you, do you have somebody that you can trust, that has copies of everything. That’s the world I live in. Because of him. A resource kit of somebody who is leaving an abusive relationship, do you have all these things? There’s nothing and I think that would be so valuable to people leaving a relationship - say, “Hey, did you think of this?” Especially, when you’re leaving an abusive one.” MB16

“Yeah, I think we have talked about educating newcomers about their rights and services available. And most of the time we do this when they’re new to Canada, but I guess this information gets lost or forgotten - if you don’t do it on a more regular basis, because usually it’s just part of a two-week orientation. And, when you are new you’re overwhelmed with information. And, maybe when the time comes and you’re actually experiencing it, you might have forgotten that that is actually not right. And so yeah, more access to information and not just in English, but in different languages.” MBSP4

Addressing barriers

Due to *transportation* being such a huge barrier to rural women, there is also a greater need for transportation funding so that shelters can assist women better or maybe even a general transportation helpline for women who experience IPV in rural areas that can provide all the necessary information about the services and supports available to survivors.

“Having an emergency resource vehicle that can pick up women. Having that vehicle that just says, “Hey, you know what? If you need a safe person to pick you up from somewhere – do it.” MB16

Having a special application can help improve service accessibility for rural women who may have access to the internet and cellular phones. Several service providers suggested that rural women are likely to have cellular phones rurally with WIFI access but without a local phone number.

“What if you made like an uber app for the women in rural areas, you know what I mean. Or an app that assesses the situation and supports or something.” SK11

Counselling shortage can be addressed through a subsidized funding and virtual counselling for those who may not have counselling services available in their place of residence:

“Well, I mean, they have to exist in the first place. I know that there's like counseling apps and stuff that are becoming a thing. But they are super expensive. So I feel like if it was possible to get virtual help or whatever. But like, somehow subsidize, then that might be useful. So like, in this specific situation, like I didn't have control over my finances, so it's not like I could decide to go do that for myself. So I don't know exactly how you would make things more accessible. But like, I feel like a lot of the small towns I've lived in my life just don't have anything. Like, maybe start with literally anything. I don't know.” SK7

“We need so much more funding and our mental health, our mental health care in Canada is one of the worst in the world. For mental health care I should say. I don't even know, I don't even know what would make it better.” SK6

“Mm... maybe it just kind of doubles back to therapy access again because I feel like all those times, I'd fall into those situations I'd been feeling isolated and vulnerable each time. So, like I feel like if I had proper access to therapy and support, and that probably has to do with housing too, right? Like that security support. I think that it would diminish a lot. Even for people that are abusing, you know what I mean? They're doing that for a reason – they're in some sort of mental distress for a reason, and a lot of that is underlying is mental health issues that go unresolved.” MB12

Our research participants expressed that addressing *structural inequalities* is crucial to overcoming barriers because barriers that women face are not only about being unable to access services. Lack of transportation, lack of financial means, lack of education, lack of housing, and other barriers originate in social inequalities and insecurities that women experience in general, but also in their abusive relationships. These challenges may become exacerbated when rural women decide to leave abusive relationships. Several survivors experienced this, even those survivors who were highly educated and had stable employment. Therefore, there can be a program for IPV survivors that provides them with an allowance, for example, or other such options can be explored further to assist survivors and address structural insecurities that survivors may face in the process of help-seeking.

“More affordable housing, or second-stage programming because right now, second-stage, we have to send people to the city, so that's scaffolding. That support is hugely lacking out here, and again, that's millions of dollars to build a facility, but it's desperately needed out here.” MBSP10

“And I think that there needs to be more financial resources for victims of domestic violence, and way more support for them. And I think that it should be fucking easy for any woman or anybody to access resources to get out of a situation without being feeling ashamed or like less” SK13

“The other thing that would be fantastic for women – I'm not saying necessarily me – but financially, it's scary. Especially if you have more than one child, or if you're not the one

working. So there has to be some kind of... I don't know, allowance given or... I really..."
MB8

In addition, there is a need to improve *access to healthcare and the police*. Police dispatch was not always available and responsive. Having more police dispatches that are trained in understanding IPV can be useful and having more doctors rurally trained in IPV. A screening process in doctors' offices who understand IPV could be of benefit because doctors are separate from any religious entity, such as the church.

"Well for one it would be really nice to get dispatch here. You know if you have an RCMP building in your town, why do you not have dispatch in your town? It could be life or death."
AB3

"I would think I would say more like, like in the context of health centers if they have any or like, I don't know even like screening for it and like, doctors' offices and stuff that are in cities, because like, you're gonna' have to go to the doctor eventually. That's probably not going to be in your small town. But like, if it was more standard that was looked for always, then you might catch things here. But I think it's probably in my opinion, it would be better to keep religion out of it, unless someone specifically wants religion in it. And I wouldn't trust small town pastors to be able to. Maybe that's pessimistic?" SK7

Several recommendations also related to *addressing abuse dynamics, the local politics, and making service accessibility as safe as possible for survivors*, taking into consideration rural contexts, such as concerns about a lack of privacy and confidentiality. Thus, our research suggested various creative ideas to improve accessibility and safety of services:

"Yeah, I do know in my social work community a few private counsellors that have opened up in smaller towns in the province but it's extremely few and far between and not enough to reach their demand.... What's coming to mind is three individuals that offer private counselling in three separate communities and two of them, they themselves have to drive over an hour and a half to get to the small community that they serve. They're not from the community, which is a bonus but they're having to drive hours every day to get there, so that is maybe not a sustainable approach as a business perspective, but it is a positive thing in terms of the clientele they are serving." SKFG2P1

"A tip line, I think for, not even just for rural Saskatchewan, I think just for anybody. But, when you're alone, especially if you're isolated on a farm, I think that it's easy to hide and hide what is going on." SK12

"...but maybe like an agency to anonymously report concerns to or people to call for advice, just kind of without fear of being recorded or the police being called or what have you. Whether it's, you know, for the woman or man who's being abused, or neighbours, family friends with concerns." SK5

"So, one barrier that can be eliminated is more informal – because the thing is – so, when you are in an abusive relationship – control and power - where are you, come right home, I am going to drive you, right? - all this to make sure you don't have an opportunity, right? So, I think there should be ways that are more informal - a box at the doctor's office or a box at the drugstore, at the pharmacy, or a box at the daycare. Just very discrete box, like a note box. Something like that. Public health initiative should be places that you can leave an anonymous or something identifiable to be like, "Hey, I might be beaten. Please, follow up with me." Or, "if you can't follow up with me – know that something isn't right." So, that is that." MB17

Online services could enhance the accessibility of services to those rural women with access to internet at various stages of their help-seeking. This can include options to have appointment with support workers, counselling services, or other self-care activities, such as trauma-informed yoga.

“Yeah. I don't know I think don't know, maybe trying some new programs, like for those that have access to a laptop or internet, like, for people that are open, that they're experiencing abuse, like, for me, the trauma informed yoga, learning that practice was virtual, and I did it during the pandemic. So something like that, like just maybe trying new resources or accessing different things.” SK5

“Well, there definitely needs to be some way they can get some sort of help. Whether it's over Zoom, or over phone call, or whatever they need somebody to talk to. Like there was no recommendations for me to call somebody, like they couldn't even tell me who to call. There was just this like 'oh no, you're on a farm? Oh well. I don't know how to help you.' I was just like, done. There needs to be some way for rural women to talk to somebody about this.” SK3

Greater Collaboration Among Agencies

Collaborative work is crucial and there is a need to develop cooperative work among agencies. When encouraging this, one needs to be aware of power dynamics and hierarchies that may exist among service providers themselves. Shelter workers, for example, may not have as much power compared with the police/RCMP and/or CFS social workers. This means that this type of collaborative work then requires a cultural change within service provision as well that can be achieved through the encouragement of discussions and dialogue, capacity-building, and policies that aim to improve the cross-agency understanding and collaboration rurally. Several shelter workers we have interviewed for this study faced difficulties in their attempts to collaborate with the police/RCMP. Organizations working with immigrants were not always consulted by the agencies that worked with immigrants/newcomers. They expressed that it would be helpful for them to be informed when immigrant families are engaged with various agencies so that they can aid these women. One survivor who participated in this study tried to reach for help from the official immigration services to resolve her status in the country but did not receive the relevant information (for example, about TRP) and experienced homelessness. Thus, a lack of collaboration among various agencies and a lack of information/knowledge can adversely impact survivors.

“Oh, yeah, sharing information back and forth. Even with the immigration centres they didn't know new changes in law. Like, some immigration centres thought that I had to continue living with my husband because that was the law with Harper, right. You were forced to live with your sponsor, with your abuser, with your husband. And, you weren't allowed to separate, you weren't allowed to move out. And that law changed. And, so some immigration centres didn't know. So, the flow of information needs to be better.” MB14

“There needs to be more of a connection with, like supports, to know that there's supports to know that there's a number you can call, that there's a contact that says 'this is how I can help you' or 'this is where you can go, this is how you can get the help.' Cause I did that all on my own, but who, what if they don't have a phone, what if they don't have access, what if they don't know who they can trust or you know.” SK11

Perpetrator-Focussed Work

Several research participants (service providers and survivors) suggested that perpetrator-focussed work is important because (1) perpetrators often have mental health issues and past traumas; (2) perpetrators need to be accountable because abuse often continues post-separation and survivors may be facing harassment, use of children in abuse if they share custody, and other challenges; (3) perpetrators may abuse the system if they see that they can get away with the abuse – in some instances, smooth-talking helped men to convince others that they were the one who was being abused and this was especially difficult for women who had co-occurring issues, such as a disability, past trauma, and racialization; and (4) women can be in a disadvantageous position if they share the ownership of the house. Several women in our research had to leave the house and were under the threat of losing housing and not finding a safe house for themselves and their children. One of our survivor participants suggested that in those situations where women share the

ownership of the house with the perpetrator, survivors should be the ones staying in the house, and perpetrators are the ones who should be placed in a shelter.

“I’d love to see an abuser be held more accountable because they get away with so [emphasis added] much and they know it, and there’s no – I mean you can go through the whole court system and like, we have a separation agreement, we have a custody agreement, everything but – when push comes to shove – nobody holds him accountable to actually sticking to the plan that we had, or following the rules and stuff like that, right?” MB1

“Like I need support for sure, but so does he. I mean, no normal human should want to act like that towards their partner, and I don’t know why they... I wish they could force that on them. That’s what they need. They need mental health support, they need counselling, they need intensive therapy to figure out what their background issues were to lead them to this point [...].” MB8

Child Support for Women Leaving Abusive Relationships and/or Experiencing IPV

Several survivors emphasized that it was important to provide childcare support for women leaving abusive relationships; this may relate to psychological support or counselling for children who were exposed to IPV. However, it is also important to provide childcare to facilitate the mother’s help-seeking and healing. This may be crucial in the first months after the woman decides to leave the abusive relationship and seek help. It usually takes several months for a woman to adjust, though this can vary accordingly.

“The other thing is... childcare. That is the huge, huge, huge thing that you’re thinking about, “Oh my God, what am I gonna do with my kid if I have to go to this appointment?”, and that being offered in some capacity would be fantastic. Whether that is a babysitter that is appointed to you that can come to your home through victim services. Maybe there’s a centre set up somewhere, that would be great. [...].” MB8

“Free daycares help. I guess if there was somewhere, if there was somewhere that [name] could have, I could have gotten a job. Everything would have been okay. But there wasn’t. It took me, I entered university at twenty-five. I think, I’ve been in abusive relationships on and off with different peoples since I was about fifteen, I became a mother at 16. And the cost of daycare makes it so hard.” SK6

We have already mentioned earlier that there are no visitation sites in rural areas. There is a need to create this type of support to lessen the risks associated with these visits for survivors and their children.

“Oh, and also when there’s children involved, we need to do a better job of protecting children. We shouldn’t have victims with their abusers to monitor supervised visits. That’s a huge issue. I think we need to start considering that if this abuser is not going to go get help – whether it’s anger management, counselling, drug and alcohol abuse counselling – that they not be granted visitation to their children. Because they’re not showing that they are trying to do their part to ensure that their child is safe and that they’re not abusing their child. I think that would be such a happy medium. If you’re willing – if a person who is an abuser is willing to get help, then they deserve a chance to see their children. But if they’re not going to help that help, or even acknowledge that they have a problem, then we’re putting those children at risk. Supervised or not, children are the next in line for the abuse. So, I think that needs to happen too.” MB11

Several participants in Saskatchewan struggled to find services for their children who were able to talk and meet with them without the consent of the other parent. One participant suggested that changes should be

made to allow for parents to access services for their children without requiring consent and potentially causing further violence.

"The only thing I didn't like was when I asked them if my kids could call they said 'no, we have to tell their dad.' And I was like what?! I said no, I said they need somebody to talk to and they said 'well, being underage we have to get both parents consent.' And I didn't agree with that and I said like, doesn't matter, that's what it made me actually think of as business, yeah ok you want the parents consent but you don't know what you are going to put that family through. You guys don't know what is going to come at them especially when somebody is reaching out for help and then you get told 'well we have to get the other parents consent for your kids' it's just like, I just told you what I'm going through you know, if they have to get the other parents consent then obviously it's showing this woman is reaching out for help, she wants help for her kids but yet you have to talk to the other parent even when you know they're in an abusive relationship. Like, to me, I didn't get it, I, I understand, yeah ok, it's both parents are always involved but not when it comes to a situation like that. I found, that was very scary for me, so, when it comes to things like that I think it should be, a little bit more understanding, like ok, if there is one parent who is abusive, don't ask to involve the other parent. You know. Just for the time being. To see if there's court processes going on against, you know, stuff like that. So. I don't know, there might be a logical reason but I didn't see it at the time." SK1

Assistance Navigating the Justice System/Protection Order/Custody/Victim Services: Survivor-Centered Approach

Many of our research participants who dealt with the Justice system perceived this as one of the major barriers. One survivor recommended that it would be useful to have an informal survivor-led support as part of the services that Victim Services provides to help survivors to navigate and understand the Justice system. Other survivors also suggested that having an informal support network/centre would increase women's capacity to deal with the systemic issues that they perceive is built as a deterrent to addressing IPV.

"I also think just in terms of navigating the whole justice system with victim services - I mean the worker I had was really good and helpful, but, again, I had to do a lot of legwork, and I have the ability to do that. If I didn't have the ability to do that and I was coming out of a, you know, maybe less educated, or not in a position that I could think about these things and think... I can't imagine trying to navigate that whole system in a... or I don't really have any trauma either, with the justice system. It has always been a positive thing for me. But if I'm coming to this scared of the police, scared of the judge, scared of the courts, scared of jail... it would be really hard to do that while [laughs] trying to survive and take care of your kids. So maybe we need to offer some type of peer support - like the victim services worker there - but maybe there could be... this woman has already been through it, she can help and guide you, to tell you that you can survive this, you can get through this, there is a way out at the end." MB8

Survivors pointed out that they could get private counselling covered for PTSD they experienced because of IPV only if they pressed charges against their perpetrator. This is not always a decision that survivors may feel comfortable with. Therefore, they suggest (1) changing the way the referral system works to get counselling/therapy covered for IPV – this can be switched to a psychiatrist and not go through Victim Services or there could be more options given to survivors about how to get counselling covered for IPV; (2) more virtual counselling services can be offered and covered as well for survivors of IPV to enable greater access for those women who may have an access to safe internet rurally.

"Well, my biggest and number one suggestion would be, for example, I can only get my help for PTSD paid for if I press charges and he is convicted in court and he has to, like, he is sentenced, right? That was the only way I could get PTSD counseling paid for and it is, you know, those couple sessions that I went to they were phenomenal in what they were doing."

But I feel like I had to quit just before I actually got started, you know. And my kids need it so much too. But I can't provide for them because I just don't have the funds for it. I mean it's \$250 a session you know. To be able to make that type of counseling available even if it would just be through like a different psychiatrist recommendation or something without having to press charges and going through the whole system it just kind of feels like I have to validate my cause in order for me to get help, you know. I would love to see, because counseling is so so so very important, but that PTSD counseling, that is a special dynamic in counseling that I don't know if most people realize that that is a very, it takes a very skilled individual to do that type of counseling. I think my counselor said he's had like 12 years of education or something just to do what he does. And they take your mind into a different place that you will never get with a different counselor just because they are trained to do so, you know. And, after being married to my ex for 22 years. I was with him for 25. My kids are messed up and I am still messed up. We've come in a very long way, they are in regular counselling, but I would love to see them get the specialized help for them to become healthy and whole individuals, and for myself too, without having to jump through that financial hurdle trying to get it, you know. That would be my number one thing.” MB3

“It would be nice to have different pathways where women could kind of choose their own path, like the severity of which they would like to go through the thing. Like I said, it just wasn't at the right time and like I didn't want to go through with full criminal charges so just like, letting people know you don't have to go all that way we can get you different levels or different calibers of support. It's always really intimidating to, at that age, cause I was young it would have had to probably go through social services and still like while that's all good that that's the policy it's really intimidating for someone who has never navigated that before to like, kind of know like, if I come forward with this it is a big deal no matter what. Like there is no going back once I have taken that step and that is really scary. Like why would you want to take that step and just flip everything, like all you want is a little bit of help and someone to hold your hand a little bit” SK2

Addressing Racism and Introducing Diversity

Several research participants from racialized backgrounds have experienced racism when accessing social services, including the police, shelters, and the welfare office. Often, perpetrators can exploit systemic racism to extend the abuse and delegitimize survivors in the eyes of service providers. In addition, several women experienced sexism from male service providers and discrimination based on their origin (because they were outsiders to the community of their perpetrator). Therefore, survivors recommend addressing the lack of diversity within service provision by having:

- More women within service provision (in this case, in the police/RCMP).
- More racial and cultural diversity among all service providers (shelters, welfare offices, police).
- More outsiders among service providers or a system that controls the “local bias.”
- More training on IPV and gendered dynamics of service provision and the role of sexism in it.

“Um, yes... Like, maybe, more trauma-informed staff. And maybe even more culturally informed. And, having better resources to deal with the police. Because I have noticed that I am not the only woman of domestic violence that is controlled by the police by their abusers. Most abusers send the police to control the victims. Because the police are very... they lack training. How am I supposed to say it? They protect abusers basically.” MB14

“But I never spoke to a woman, never spoke to, like a woman police officer, never, ever spoke to a person of color, never through the whole process, Victims Services, nothing.” AB11

“Yeah, if there was some kind of consideration for people who don't have transportation or language or physical barriers. I think we need to find a way to somewhat get that assumption

that you just have to hire a lawyer because victims of interpersonal violence generally just don't have the means in so many ways.” SK4

Legal Aid and Income Assistance Conditions Need to be Changed

One research participant was able to access legal aid in Manitoba. Several research participants were able to access Income Assistance. However, several participants faced barriers in accessing these supports. In relation to legal aid, they discovered that despite their situation changing their income calculation was based on their prior income. In addition, they were asked to put a lien against their house or put the legal expenses as part of their mortgage. Survivors perceived this as putting them at a greater risk of homelessness and/or financial insecurity.

“When you see somebody going through a divorce or through domestic abuse, or fleeing a situation where they’ve got the home and they’re trying to keep the person out of it, don’t put a lien on their property – take a look. [...] There also needs to be a discussion with Legal Aid and Income Assistance where we don’t judge a victim walking in the door based on their prior income. We all know that if you’re going through an incident, your financial status has greatly changed. You’re not going to have the assets on paper or access to the assets on paper that you have, and using a fear tactic of dangling a lean on somebody’s head when they don’t know if they’re going to have a home or not is not helpful – it actually deters people from getting that help. [...]” MB11

Animal Support Guide

Some participants provided recommendations for services to help those who have animal considerations when leaving IPV. This can include a guide that provides options for temporary fostering of pets and animals and that may be based on informal groups that are available online on social media or other means, such as posters.

“...there needs to be something done to help rural women who are leaving who have animals. Whether it’s a list or it’s a whatever, there needs to be something. And I don’t know what that would look like or how that would look but if there ever is a list I will go on it, I know lots of people who will go on it and like if it just says ‘we’ll take cat’s, we’ll take horses, we’ll take...’ whatever, there needs to be a place. Cause just because you have a horse doesn’t mean that you shouldn’t be able to leave an abusive situation and not have to leave your horse, or your goat, or your pig, or whatever it happens to be, there is no way that should impact whether you stay or go. And like I said, it was guaranteed over a year that I tried to figure out how to get out of there and I had a little bit more going on cause like I said the proximity of where my mom lived and etcetera.” SK3

“And then to create an easier, like for animals, to get a place, to foster, that would be easier for them to leave. Even just having access, like if you created those posters or whatever or an app or something, and then the posters could go to the areas then they would just have the access to it, even if it is a phone scan or a picture. Ya. Just having the information and access to it would just increase the, cause I know so many people that have the same situations” SK11

Addressing Financial Co-Dependence

When survivors separate from their perpetrators, they may have the mortgage under their name or a shared credit card. Having shared accounts and a mortgage means that women will be responsible for the legal aid and credit card fees of their ex-partners, too. Thus, it seems that there should be policies in relation to mortgage and credit cards that take the situation of IPV into account and assist those survivors who may have a shared account to be able to separate themselves for the greater financial security of survivors.

“The other thing too is that... I know that legal aid is available for people that need it, but if you own a home, it goes onto your mortgage and whatever. I don't think the women should have to take on that financial responsibility of having to deal with... the lawyer for that. They shouldn't be the ones tied up in that. For example, my ex-husband had to put it all on his credit card – thank God I don't have a shared credit card with him - but now when push comes to shove, and we go to get divorced and we look at all our assets and our debt, well his lawyer debt is on there. Should I be forced to pay for it? I don't think so. So if you have a shared credit card with your husband or a shared bank account, and he has to hire a lawyer to get him out of his domestic abuse charges, I don't think that that should be tied up to her financial stuff. That's not fair. [...] Yeah! We're legally married, and so his debt is my debt. It's an incurred debt. And women shouldn't have to have that burden. You're the one that did it in the first place, and now you're saddling we half that debt to pay for the lawyer? I don't know, there has to be some kind of accountability there somewhere in the... I don't know what the legal laws are and everything, so don't quote me, but there has to be something that says she shouldn't have to pay for that lawyer in some capacity.” MB8

Clearer Policies on Self-Representation in Court and Bias Against Women

Several women had abusive ex-partners who self-represented and, in their view, the judge was more lenient because they were self-representing. However, one woman who self-represented in a civil court against her abuser was not given a chance to interact with the judge or express her position by explaining that the matter belonged to a family court, not a civil court.

“The court really sucks for women, right? For vulnerable people. Period. And like it all gets caught up in their system and nothing is done about it. Once you are in there they just take over and you don't get a chance to speak. If I could have spoken if the judge allowed me to speak, I could have told him all these things that he was doing that he wasn't supposed to be doing. The judge wouldn't allow me to speak in court because I didn't have a representation, right? I am like I am representing myself! The proof is all here even. All you have to do is look.” MB7

Improving Employment Policies for Survivors of IPV

The Employment Assistance Program (EAP) has been helpful because it recognizes IPV and that women need time to recover when they leave abusive relationships. However, the amount of time provided to recover from leaving an abusive relationship is minimal. Women suggested that they needed to take unpaid leave for a month to be able to recover from the stress and trauma to be able to go to work.

“I was allotted the five days to use for the... you know, the five days for domestic violence. Which in my opinion is not enough time, but I mean, I would take it. But I ended up having to take off probably a month or two on combined stress and medical leave because... well I couldn't do it. I got sick and I... I couldn't do it [laughs].” MB8

“That's wonderful, however, that is so not enough time. When you're leaving a violent situation and you've got children involved, 3 days is nowhere near the time you need to get it together. Two weeks would be more suffice, right? At least give the person time to find a shelter, and to find a place, and to make sure their children are safe, because coming back on your third day of leaving a domestic violent situation – you're not going to be ready to work. So, those are just some of the top ways that I feel that the system really failed me and have failed other women.” MB11

Recognition of Sponsorship Abuse

Greater recognition of sponsorship abuse at the level of immigration law is crucial. Women lose their immigration status due to the abuse they experience. They also often face threats of deportation as part of IPV when their immigration status is dependent on their abuser. Therefore, there is a need for greater recognition of sponsorship abuse and more opportunities for women to become legally independent from their perpetrators if they face immigration-related insecurity. Immigration offices across the country need to be informed about the TRP program for survivors of IPV.

"It gets to a point that people don't think it's abuse anymore. That it's my fault that I lost my student visa, that I lost my immigration. When I was already being abused. Just because it had an impact on every layer of my life to be independent and just because I don't continue to go to my abuser like some women do. 'cause it is hard to leave an abusive relationships... I can... what was the word... be compassionate towards that. Just because I don't want to do that myself doesn't mean that I am still not an abused person. Yeah, 'cause sponsorship abuse - it dictates every layer of your life to be independent. It's not just physical. Like every layer [emphasis]." MB14

Recognition of Emotional Abuse and Coercive Control

Survivors emphasized taking coercive control and emotional abuse into serious consideration. Thus, several women who did not have proof of physical abuse or did not experience physical abuse (and instead damaging controlling, manipulative, and harassing behaviours) could not get the protection they needed. Lawyers lacked knowledge of IPV.

"No, I just wish that nobody has to suffer the way that I did, and not be believed. Because the courts and everybody else - and I'm talking about - people who are supposedly in power like the RCMP, lawyers, the court system - does not recognize it. And it has to change. It has to change. And even CFS doesn't recognize it. Because they're looking for physical. It has to change. And if me speaking up and saying to everybody - "Look, this is still out there. This is still huge." You, yourself doing all the extra work on reaching out to people and saying this has to change, it has to change." MB16

"The law doesn't protect the victim, like our family court system doesn't protect the victim in fact, usually, we end up being the ones punished because like I said, psychological and emotional abuse is super hard to prove because you don't have any, you don't have any marks. You can't take a picture of, of them destroying your self-esteem or of them controlling you." SK14

Conclusions

In this study, we aimed to understand the context and the nature of abuse, the impact of abuse, as well as the context of help-seeking and barriers to help-seeking that rural women face across the three provinces of Alberta, Saskatchewan, and Manitoba. While the nature of abuse may be similar to many other women who do not necessarily reside in rural areas, the experience of IPV is compounded by the context of rurality, especially when women decide to leave abusive relationships and seek help whether formally or informally. Across the three provinces, women faced numerous barriers when help-seeking. There are some province-specific differences, however, overall, we can see that women across the three provinces face very similar barriers that are related to the approaches to service provision, the rural context, the nature of abuse and relationships, and cultural considerations. We have outlined several recommendations mainly drawing from our interviews and focus group discussions with survivors and service providers.

Future Research

Based on the findings of this research, it can be useful to look at the experience of Indigenous women from rural areas with help-seeking in urban areas; the experience of immigrant women help-seeking or leaving abusive relationships when residing rurally as well as the experience of rural men (who have experienced IPV) accessing social services rurally.



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Appendices

Interview Guide for Rural Women

Date : _____

Interview Number _____

Location of participant at time of interview: _____

Location of participant at time of abusive incidents (if different): _____

Type of interview (telephone or in-person): _____

I. Background/Demographics:

1. Can you please tell me your age? _____ (in years)
2. Are you currently employed?
 - a. No _____
 - b. Yes – full time _____
 - c. Yes – part time _____
 - d. Yes – casual _____
3. What is the highest grade/level of education you have completed? _____
4. What is your total annual household income (approximate)? _____
5. With which ethno-cultural or racial group do you most identify? _____
 - 5a. Are you a newcomer or recent immigrant (came to Canada within the last five years)?
_____ Yes _____ No
6. A. What is the relationship status with your abusive partner/ex-partner?:

a. Married	_____	Separated/Divorced	_____
b. Common-law	_____	Single	_____
c. Dating	_____	Widowed	_____
d. Other (specify)	_____		

B. Is this a same-sex relationship? Yes _____ No _____
7. Do you have children?

_____ Yes _____ No (if "No" skip to question 10).
8. If yes, how many? Ages?
9. Do your children live with you? Yes _____ No _____
 - 9a. If yes, how many of your children live with you? _____
 - 9b. If some of your children live elsewhere, where do they live?
[Check all that apply]
Father/Mother _____

Grandparents _____ or other relative _____
Child welfare: temporary placement _____ permanent placement _____
Children live on their own (adult children) _____
Other (describe) _____

10. While you were in a violent/abusive relationship, were you responsible for the care of farm animals or livestock? Yes _____ No _____

II. Nature of the Violence/Women's Experiences of Abuse

1. In whatever detail you are most comfortable with, can you please describe the nature of the violence/abuse you experienced at the hands of your partner/ex-partner?

2. Are you still in a relationship with this person?

2b. If not, when did your relationship end? How did your relationship end?

2c. Did you continue to experience abuse/violence after you separated?

3. Experiencing violence/abuse from an intimate partner can have profound impacts on women. How has your partner's/ex-partner's violence impacted you?

Probes: Emotionally/psychologically, physically/medically, spiritually, financially, employment/school, relationship with others, relationship with your children/mothering?

4. Do you believe living in a rural area/municipality has exacerbated (or worsened) these impacts? How so?

5. In addition to what you mentioned, are there other issues/challenges you are facing in your life that you believe are connected to your experiences with abuse/violence and living in a rural area?

Probes: Addiction, physical disabilities, cognitive impairment, mental health issues, stress, etc.

6. Has the COVID-19 pandemic had an impact on your experiences with abuse/violence?

Probe: Please explain why/how this has occurred.

III. Help Seeking Experience

Many women (but not all) seek help for the violence perpetrated against them. We'd like to ask you some questions about your experiences of seeking help.

1. Have you ever told someone about the abuse you experienced by your partner/ex-partner?

Probes: If no, why not?

If yes, who did you tell (i.e., family, friends, co-workers, neighbours, clergy/faith leader, professional)

When was this?

What made you decide to do this?

Did living in a rural area effect your decision to disclose your experience with violence? How so?

2. Have you ever sought help from professionals as a way to address the violence perpetrated against you? If so, can you please tell me who you sought help from and what help you were hoping to receive?

Probes: Police/RCMP, Victim Services, shelter, lawyer, medical personnel, counsellor, crisis line, child welfare

E.g., to obtain physical safety, urgent medical attention, to recover/heal from physical and psychological stress, to stop the violence in the relationship

3. What was your experience with seeking help like?

*Probes: What was your journey like (both positive or negative experiences?)
Did you find their assistance helpful? Unhelpful? Why or why not?*

4a. Seeking help can be very difficult for many women. Did anything make it difficult to disclose or seek help?
What challenges did you face?

Probes:

- *Isolation (including geographic)*
- *Access to technology (i.e., poor/unreliable/unavailable internet connection, cellular service)*
- *Transportation barriers (i.e., lack of transportation, expensive)*
- *Fear of losing your privacy, confidentiality? Fear of stigma, shame?*
- *Fear of racism/discrimination?*
- *Was it hard to find services?*
- *Fear of removal of children from CPS?*
- *Fear of retaliation, use of firearms?*
- *Care of pets, livestock, or family farm?*
- *Fear of financial insecurity/lack of housing?*
- *Fear of losing immigration status?*
- *Religious or faith-based considerations*
- *Parenting concerns*
- *Other challenges?*

4b. How did living in a rural area impact your help-seeking or disclosing your experiences of abuse?

5. Were there other issues/challenges in your life that impacted your ability to seek help?

Probes: Financial, care of children/others, physical/mental health, sexuality or gender-diversity issues, immigration status, new to the community?

6. Has the COVID-19 pandemic impacted your ability to seek and/or receive help?

Probe: Please explain why/how this has occurred.

7. Did you have to leave your home community to access services or escape the abuse/violence? If so, what was this experience like for you and your children (if woman has children)?

8. Is there anything else you'd like to tell me about your experience disclosing the violence perpetrated against you or your experience seeking help?

*Probes: with informal sources of help (E.g. friends and family)?
with formal sources of help?*

9. We'd like to know if you have any suggestions or recommendations for ways in which services for rural women who experience IPV could be improved. Can you please offer suggestions or recommendations?

10. Is there anything else that you would like to tell us about your experience of IPV? Is there anything else you think we should know?

Thank you for taking the time for this interview and for sharing your thoughts and experiences. This can be a difficult topic to talk about and your responses are very valuable in helping us to understand the experience of rural women.

Rural Service Provider Focus Groups/Interviews

Interviewer : _____ Date: _____ Interview # _____

Location of participant (city or town): _____

Type of interview (telephone or in-person): _____

I. Background/Demographic Information

1. Type of organization (e.g., police, shelter, resource centre): _____
2. Occupation of participant: _____
3. Years in current position: _____

I would now like to ask you some questions about your experience working with women who live in rural areas and their experiences of intimate partner violence (IPV). When I say intimate partner violence, I am referring only to the violence that happens within the context of marital or partner (including same sex) relationships (for instance, domestic violence, wife assault, spousal assault, etc.). I am not referring to child abuse, sibling abuse, or elder abuse by someone who is not an intimate partner.

II. Perceptions of IPV and Services in Rural Areas

1. In your experience of working with women from rural areas who experience IPV:
 - a) What is the nature/type of abuse that these women report experiencing?
 - b) What is the context of these experiences?

2. What is the impact of IPV on women from rural areas?

Probes: Physically? Emotionally? Spiritually? Behavioural? Parenting? Relationships? Employment/School?

3. What types of co-occurring issues do you see among women from rural areas who experience IPV? (E.g., Addictions, physical/mental health issues)
4. How does women's experience of IPV and living in a rural area impact these co-occurring issues?
5. How do these co-occurring issues impact women's experience of IPV?
6. How has the COVID-19 pandemic impacted women's experience of IPV?
7. When do rural women seek help/What prompts them to seek help?
 - from informal sources such as family and friends
 - from formal/professional sources

8. Where do rural women seek help?

- a) What would be a "typical" woman's journey when she is experiencing IPV?

Probes: What happens? Does she call for help? Who does she call? What are the steps of the process?

- b) Where do you refer rural women who seek help?

9. What kinds of things prevent rural women who experience IPV from coming forward for assistance and/or disclosing abuse?
10. How has the COVID-19 pandemic impacted women's ability to seek and/or receive help?
- 11a. Overall, what are the needs of rural women (and their children) who seek help for IPV?
- 11b. Are there specific populations of women living in rural areas that have unique needs (i.e., newcomer/immigrant, 2SLGBTQ+)?
12. What services exist for women and their children living in rural areas and who experience violence?
13. Do the existing services meet the needs of rural women and their children, including specialized populations?
14. What are the gaps/barriers/challenges in existing services?
15. Working in a rural context may pose unique challenges for service providers. Can you comment on the challenges that you have experienced and on how you have addressed them?

Probes:

- a. Use of firearms (use or threat of use)*
 - b. Care of pets, livestock, and/or family farm*
 - c. Nature of small communities (lack of privacy/anonymity, conservative/traditional gender roles)*
 - d. Lack of services/resources*
 - e. Slow police response times*
 - f. Burnout among service providers*
16. Have you had similar work experience in an urban setting and/or do you belong to a professional group that provides service in an urban setting? Can you comment on any differences between the response to IPV in rural areas and an urban setting?
17. How can we improve our response to rural women and their children who experience IPV? How can services for rural women be improved?
18. Is there anything else you'd like to share or think is important for us to know about rural women's experiences of IPV and/or help-seeking?

Thank you for taking the time for this interview and for sharing your thoughts and experiences. Your responses are very valuable in helping us to understand the experience of rural women and their children.

