

Alberta Research Project Report for
Provincial Stakeholders:
Rural and Northern Community Response to
Intimate Partner Violence
December 2015

Funded by the Social Sciences & Humanities Research Council,
Community/University Research Alliance (SSHRC/CURA)

Five Year Team Grant: Feb 2011 –Feb 2016





Report for
Provincial Stakeholders
December 2015

Alberta Region Research Team

- Sylvia Barton (Co-I, Academic Lead, University of Alberta)
 - Dawn McBride (Co-I, University of Lethbridge)
 - Nicole Letourneau (Co-I, University of Calgary)
 - Sharon Mailloux (Community Partner, Peace River)
- Krista Hungler (Research Program Coordinator, University of Alberta)

Please reference as follows:

Barton, S., Hungler, K., McBride, D., Letourneau, N., & Mailloux, S. (2015). Alberta Research Project Report for Provincial Stakeholders: Rural and Northern Community Response to Intimate Partner Violence. Faculty of Nursing, University of Alberta.

PDF copy of the report available at the following website: <http://www2.uregina.ca/ipv/research.html>

© Copyright, Alberta, 2015, Faculty of Nursing, University of Alberta

All Rights Reserved

Contact Information:

Dr. Sylvia Barton

Krista Hungler

Email: sylvia.barton@ualberta.ca

Email: krista.hungler@ualberta.ca

ACKNOWLEDGEMENTS

The project was led by Primary Investigator, Dr. Mary Hampton with the Research and Education for Solutions to Violence and Abuse (RESOLVE) office based in Saskatchewan at the University of Regina, and included academic partners with expertise conducting community-based anti-violence research. Researchers were from eight universities located in Alberta, Saskatchewan, Manitoba, and the North West Territories. They also included community co-applicants, collaborators, and partners from governmental justice departments, social service agencies, and women's shelters. Funding for the "Rural and Northern Community Response to Intimate Partner Violence" project was provided by the Social Sciences and Humanities Research Council, Community/ University Research Alliance (SSHRC/CURA).

We are thankful for the professional technical services provided by Paul Hackett, University of Saskatchewan, Joseph Piwowar, University of Regina, and their technical staff. Their expertise was invaluable in the use of the Geographical Information System (GIS) data gathering system and creation of specific Alberta GIS maps.

We are grateful for the assistance of the Royal Canadian Mounted Police (RCMP) in the recruitment of RCMP officer research participants. We are extremely thankful for the assistance of Corporal Shawn French in collaborating with us in this process. We also are indebted to two Chief of Police of two independent police forces within Alberta that aided in recruitment of officers as well.

We would like to thank all the service providers working with women experiencing intimate partner violence who gave their time and energy to share their stories with us.

TABLE OF CONTENTS

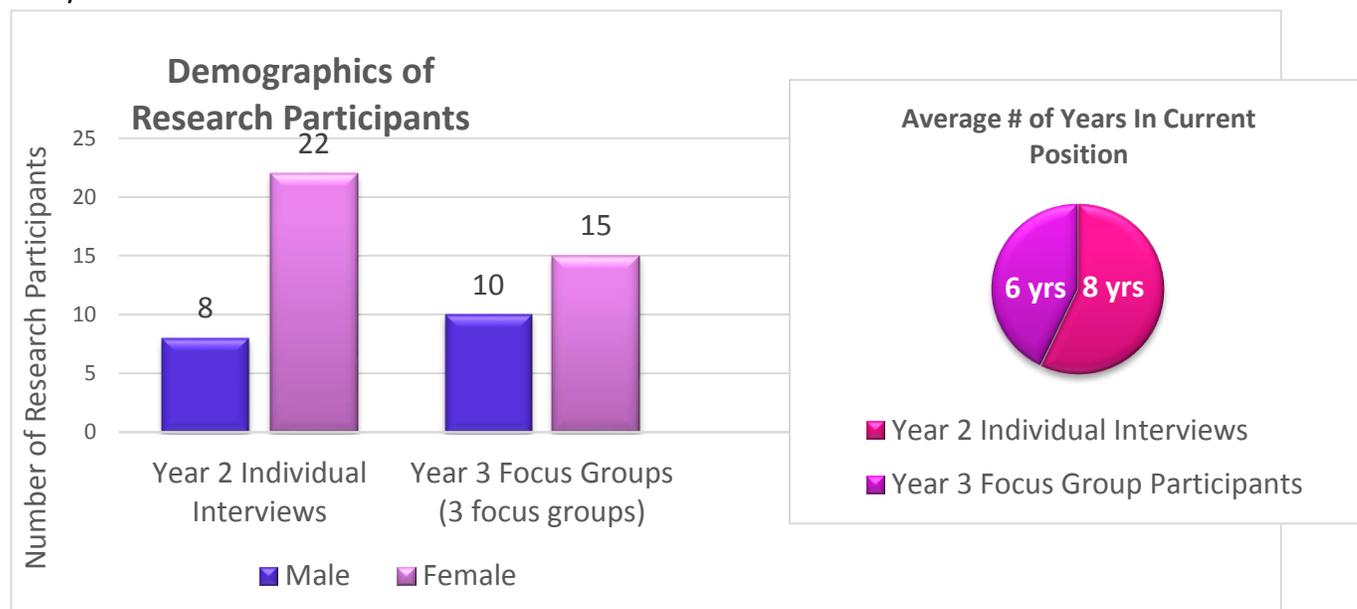
Acknowledgements	2
Introduction & Background	5
Data Analysis	7
Findings - Challenges	7
Protective Factors	8
<i>Socio-economic Status</i>	8
<i>Housing</i>	9
<i>Transportation</i>	10
Informal Supports.....	11
<i>Diverse Sub-populations of Women in Alberta</i>	11
<i>Northern and Rural Attitudes</i>	16
Formal Services	16
<i>Criminal and Civil Justice</i>	16
<i>Specialized IPV Training for Court Professionals</i>	18
Context	19
<i>Issues of Confidentiality</i>	19
<i>Capacity of Service Providers to Deliver Programs Tied to Resource Allocation</i>	20
Findings - Change	26
Integrated Case Management	26
IPV/Family Violence Awareness and Education.....	27
<i>Proposed Education Models for Prevention</i>	27
<i>Movement Towards Non-Violent Communities</i>	30
Recommendations	31
For All	31
Government and Policy Makers.....	33
Police	34
Justice and Court Professionals.....	35
Women’s Shelters	35
Social Workers, Psychologists, Counsellors and Other Human Services Professionals.....	36
Discussion	37

Conclusion..... 38
References 40
Appendix A..... 41

INTRODUCTION & BACKGROUND

This five-year Social Sciences and Humanities Research Council of Canada, Community University Alliance Research Project, titled *Rural and Northern Community Response to Intimate Partner Violence*, was designed to examine the needs of northern and rural women¹ experiencing intimate partner violence. The following definition of IPV was used: “Intimate Partner Violence (IPV) is a range of physically, sexually, and psychologically coercive and controlling acts used against an adult woman by a male or female intimate partner” (Ellsberg & Heise, 2005). The project occurred across three provinces and a territory: Alberta, Saskatchewan, Manitoba, and the North West Territories. This report and all data shared within it is from the Alberta region. It reflects the perspective and wisdom of community service providers who work with women experiencing IPV and on a daily basis recognize their needs. This project follows a prior study titled *The Healing Journey* (DeRiviere, 2014), which was conducted from 2006-2010 and sought the voices of women experiencing IPV. The purpose of this current study was to enhance the understanding of effective community response to IPV in rural and northern regions of the province of Alberta. It is hoped that the research outcomes will lead to policy change through actions with our community partners.

A grounded theory approach was used to recruit 30 IPV service providers from 10 selected communities representative of northern rural and southern rural Alberta. Women’s shelter directors, RCMP officers, and victim services coordinators were interviewed individually in 2013. In addition, three focus groups were conducted in 2014 in two communities with 25 service providers, such as first responders (e.g. police), administrators of government programs, and those in the helping professions (e.g. addictions counselors, social workers, psychologists). An environmental scan that listed available IPV services such as women’s shelters, victims’ services, RCMP detachments, court services, and counselling options was completed. Geographical information system tools were used to map services, supports and IPV incidents for further analysis of that data.



¹ The use of the term ‘women’ will refer to those who have experienced IPV while residing in rural and northern Alberta communities.

The recruitment strategy was based on extensive input from community research team members. The environmental scan identified RCMP detachments by phone, as well as shelter directors, and victim service directors in rural and northern areas of the province. Representative sampling was used to identify people who were most knowledgeable about the research questions and who could best inform about the needs and gaps in services for women in their regions. Telephone interview data were collected, as well as in-person focus group data. Research participants reflected upon the following questions:

- 1) What are the needs of women who experience intimate partner violence (IPV) in rural and northern regions of Alberta?
- 2) What are the gaps in meeting these needs?
- 3) How do we create and sustain non-violent communities in Alberta?

The following questions were added for the focus groups:

- 4) Could you tell us about an incident of IPV from the past in your community, a recent incident of IPV in your community, and the most severe IPV incident in your community?
- 5) 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/northern communities and an urban setting?
- 6) Working in a rural or northern context often poses unique challenges for service providers. Can you comment on the challenges that you have experienced and on how you have addressed them? Can you comment on frustrations that you have experienced working in a rural or northern community?



DATA ANALYSIS

Interviews and focus groups were digitally recorded, transcribed, cleaned, and placed into the Health Research Data Repository (HRDR) located in the Faculty of Nursing, University of Alberta. The HRDR offers a secure and virtual remote access environment, which allowed team members from around the province to engage in data analysis together. The HRDR meets security requirements with the highest standards of data management and confidentiality possible. Mutual learning and data analysis discussions took place at the monthly Alberta research team teleconferences, with one-on-one telephone meetings and face-to-face meetings as needed.

Brief Overview of Data Analysis:

Step 1: Form categories of information about the data from the entire transcript

Step 2: Describe what was occurring in the data

Step 3: Concepts from the data and categories emerge

Step 4: Form explanations to relate the categories in a logical and consistent way

Step 5: Assemble data into a visual representation of the analysis to show “the social, historical, and economic conditions influencing the central phenomenon” (Creswell, 2007, p. 67).

FINDINGS - CHALLENGES

Through this research, needs and challenges were identified within four significant areas affecting women experiencing IPV in rural and northern Alberta:

- 1) Protective factors: presence of personal and external resources available to women
- 2) Informal supports: support women receive from family, friends, and community which may include cultural, faith, and/or geographical communities
- 3) Formal services: the provision of professional services to women, ideally within integrated case management
- 4) Context: environmental and geographical factors that impact daily life for women in rural and northern communities in Alberta

Within each of these areas, key themes were persistently recognized as needing development in order to support women experiencing IPV. Strengths and ideas for change were also acknowledged and are presented in the following sections.

SOCIO-ECONOMIC STATUS

- All of the service providers we interviewed discussed the low socio-economic status of women in northern and rural communities in Alberta and how this creates barriers for women to live independently from IPV offenders. As a result, there are a lack of choices available to women who want to leave the abusive relationship. IPV service providers articulated that society places the responsibility on women to leave the home; however, men committing violence against women should be the ones removed from the home
- Identified challenges included:
 - Inability to access affordable housing
 - Lack of affordable childcare to enable a woman to seek support, employment and attend necessary legal/medical appointments
 - Lack of money to address crisis needs (e.g. clothing)
 - Lack of community resources in close proximity due to geographic isolation
- When women remain in abusive relationships without the option to leave, service providers discussed how this lack of choice may increase hopelessness and sustain a cycle of violence
- In Alberta, although not true for all northern areas, the oil industry wages are high. Service providers shared that \$180,000/year was an average annual income for many gas and oil field employees. Women with children are unlikely to access employment in the oil industry due to multiple challenges related to childcare that does not have provisions for shift work. Other readily available employment opportunities are typically in the service industry, which pays minimum wage. As a consequence of this, women who are partnered with oil field workers may be more likely to stay in an abusive relationship as they are unable to independently maintain a lifestyle that she and her children are accustomed to [*note: Currently there is a down turn in the oil industry and many of these issues recorded prior to the recession no longer exist to the same extent; however, differences in pay still exist between men and women in Alberta*]
- Participants reported a higher cost of living in rural and northern communities compared to urban areas

“...Well, a lot of times, and especially in communities like this, it would be the male that would be employed, so then the female experiences financial dependence, and if they’re trying to make a transition from being in an abusive relationship to going basically away from this person, or making that transition from being in that household, what they really need is they need that financial, they need that emotional support to make that leap.” Service Provider, Year Two Individual Interviews

- Higher cost of all basic necessities
- Higher cost of living differences are not taken into account by provincial income support programs, making financial assistance inadequate to meet basic needs:
 - Income support programs in Alberta are market-driven and aimed at quick entry into the workforce. For example, only a three-month period of adjustment is granted before a woman is expected to work or attend a training program. Service providers generally stated that was not a long enough time period to heal from trauma that may be incurred after years of living in an abusive relationship
 - Government education funding for up to one year is available; however, funded training programs are generally no longer than 12 weeks, programs beyond this that would lead to self-sustaining employment opportunities require student loans or part-time work, creating further economic challenges.

HOUSING

- Service providers unanimously articulated the lack of subsidized and affordable housing in rural and northern communities across the province and how this is one of the most significant barriers for women experiencing IPV
- Participants stated that for many communities, the issue stems from the oil industry's need for worker housing, which in turn increases local housing prices and the cost of living within communities. This results in housing shortages and inaccessible rent for those not receiving oil industry wages.
 - Example: Rent was reported as \$2200/month for a two-bedroom apartment in one focus community
- There are few housing options for women after the allotted 21 day shelter stay has been reached, due to shortages in second-stage housing and subsidized housing. In addition, the following issues were raised:
 - Participants stated that the Alberta government only funds two second-stage housing programs in the entire province, thereby creating spot shortages and geographic distance challenges
 - *[note: Currently, there has been increased funding and the Alberta Government now funds 11 second-stage housing units]*

“If you look at a typical situation of a single mom with two children trying to work in the service industry and trying to provide for her two children, and you look at the resources that she has, first of all, the almost non-existence availability of any housing, and then what is out there is extremely out of range if she’s not making big dollars in the oilpatch type thing. So that’s a big challenge in our community now and region. I think if you speak to the coordinator of the women’s shelter here, you speak to anyone in Child and Family Services, any of the Human Services, you’ll hear that resounding....” Service Provider, Year Two Individual Interviews

- Many participants expressed their belief that women fleeing IPV are not a priority for the agencies providing subsidized housing in rural and northern areas
- Landlord rules and regulations may further complicate obtaining affordable housing, such as requesting rental references when women have not rented prior and the overall application process itself can take up to one month, again exceeding the 21 day shelter stay
- Many participants also reported that women without children are almost always excluded from subsidized housing.

“There’s a big oilsands development; it’s underground—but we have a housing shortage, and so it’s very difficult to find affordable housing. So even if women can get to the shelter and get her support and have some danger assessment done and so on, it’s very hard for them to find affordable housing. There’s no subsidized housing for women without children, and there are a lot of hoops a person has to go through to get the family housing. They require extensive references and it can be very difficult for someone to be approved. If they owe money from any previous stay in subsidized housing, that has to be paid before they can go in. There are a lot of barriers. Sometimes just the process of applying and having your application processed takes longer than the period that you can stay in the shelter for...” Service Provider, Year Two Individual Interviews

TRANSPORTATION

- Service providers stated that all rural and northern focus communities lack some form of public transportation and that transportation in general is a concern exacerbated by:
 - Greyhound passenger service has been discontinued in many rural areas of Alberta
 - Lack of taxi service in rural communities
 - Existing taxi services are expensive, with no option of in-town public transit services
 - In rural and northern communities even calling a taxi as a form of escaping abuse has to be carefully considered in terms of protecting the taxi driver from the IPV offender’s reaction, as well as protecting the fleeing women’s anonymity since the taxi cab attracts attention on a rural road or highway
 - Extreme weather, seasonal road conditions, and large geographical distances to services or the remote location of communities also inhibit travel

“Just transportation alone in rural areas, because it’s not like the city where you’ve got a bus you can take—you don’t have a bus, and there’s been lots of women who are off somewhere on some farm, way—you know, like, they can’t escape when that situation comes.” Service Provider, Year Three Focus Group

- Example: Court of Queen’s Bench is at least 90 minutes or more away from many of the focus communities
- Women fleeing abuse may not have access to a telephone or the ability to place long distance calls to request transportation options
- Most women accessing IPV services do not have their own private vehicles because they may not be able to afford a car or the associated costs such as buying insurance, securing registration, paying for fuel and vehicle maintenance/repairs
- Service providers reported that in some communities the lack of transportation creates an opportunity for exploitation by those who do have vehicles as these individuals may charge others outrageous and unreasonable sums of money for a ride to the nearest town.

INFORMAL SUPPORTS

DIVERSE SUB-POPULATIONS OF WOMEN IN ALBERTA

Women from diverse backgrounds present IPV service providers with unique challenges in responding to the needs of these women:

INDIGENOUS & ABORIGINAL WOMEN

- Service providers outlined many barriers for Indigenous and Aboriginal women experiencing IPV:
 - For example: Finances are controlled by Chief and Council, which has implications for accessing housing and other resources; thus, leadership may provide or deny financial and housing support based on family loyalties
 - Historical trauma experienced by First Nations peoples compounds the complexity of IPV issues such as: the inter-generational cycle of IPV, normalized behaviors associated with IPV, tolerance of IPV, extreme isolation, lack of support from community members, and a “closed community” mindset towards IPV services and providers
 - Service providers whose clients are from First Nations reserves reported almost total lack of infrastructure. For example, a lack of public transportation, a legal court system, and childcare services. The only form of transportation may be a medical van, which may be an option to get to the shelter of a nearby community

- While some First Nations have been able to create some infrastructure, participants reported that women are often hesitant to use these services due to concerns regarding their privacy and confidentiality. Healthcare, addictions services and other “helper” positions are often filled by local band members that are then neighbors or family members to the people they serve. Participants believed that this conflict of interest may jeopardize the women’s sense of safety and trust
- Participants stated that First Nations reserves have less access to police services and less police protection than non-First Nations communities.

A woman told me that “my abusive partner’s brother is the councillor. He’s going to go talk to the councillor, and then they’ll take my house away from me”. Service Provider, Year Two Individual Interviews

PARTNERS OF THOSE EMPLOYED IN THE OIL AND GAS INDUSTRY

- Often having relocated for her partner to gain employment in the oil field industry, he may be the only person the woman knows within the area
- The oil field employed partner may be away from the family home for three or four weeks at a time, which often leads to feelings of disconnection and relationship issues
- If a woman calls police to respond to an IPV incident and charges are laid, there is often a no-contact order put in place until the matter is resolved in court. This may not be what the woman wants, as it essentially may force her into the struggles of single parenthood, such as financial strain, little or no parenting respite, and experiencing feelings of loneliness.

“We have a really low median age group in here, just due to the industry and that; I think the average age is, like, late 20s, early 30s, and everybody is making a lot of money, so if you’re a female in a relationship that’s abusive or so forth, and you’re home with a couple of kids and your partner is out making all the money, you’ll put up with a whole lot more than you normally would, because they’re, you know, letting you able to survive in [location A]. So the control is greater, I feel. I think women here put up with a whole lot more than they should because they have nowhere to go. If that makes sense.” Service Provider, Year Two Individual Interviews

WOMEN FROM FARMING COMMUNITIES

- Service providers noted that farm women often have unique needs related to ensuring that their livestock and animals are cared for
- Women involved in farming require a way to access the financial benefits from their land (e.g. farm produce, sale of land or equipment)
- Service providers stated that many farm women express concerns over and reluctance to leaving the farm for fear that the animals/livestock would go uncared for
- Farm women may be excluded (or may misperceive that they would be excluded) from subsidized or support programs with a financial qualifier because they own a share of the farm.

“We do see farm women occasionally, and one of the things that we sometimes see is the guy works out in the oilpatch, so he might be gone for three weeks and back for a week or something like that, so she’s really running the farm, and if they have horses or cattle or something, she is the caregiver to the animals. Unless she can make alternate arrangements for the care of the animals, it can be hard for her to leave. So that can be a barrier, and sometimes she goes back because somebody has to feed the horses.”

Service Provider, Year Two Individual Interviews

REFUGEE AND IMMIGRANT WOMEN

- In some rural, southern and northern communities there is a large influx of immigrant and refugee community members, resulting in as many as 100 different first languages other than English being spoken
- In order to access services, there is a desperate need for translator services, as even children were reported as having to provide translation for their parents
- Sometimes it is inappropriate for friends or relatives to serve as translators for reasons of confidentiality; however, women may be reluctant to open up to a stranger providing translation services over the telephone
- New immigrant IPV challenges may present with additional complications, such as a “closed community” approach, intentional or unintentional isolation, cultural practices that complicate violent behavior, and tension and conflict from current residents arising from citizens living with newcomers
- When there are concerns of IPV and calls to police have been made, many women are reluctant to provide statements
- Professionals following up with IPV services often have a difficult time accessing these unique groups of women, as IPV may be normalized and cultural/community leaders may tell service providers to stay out
- In diverse cultures, separation or divorce may be taboo and result in the community shunning the woman who has experienced and reported IPV for betraying the norms. As a result she may lose her social support network of family, friends and community
- Immigrant women brought to Canada from other countries and married to Canadians face barriers to accessing services if they are not registered with immigration. If their abusive partners do not allow them to register with immigration, they have no status within Canada and are not legally able to access services. There may be an inadequate access to English language education, for instance, which limits the independence of women in communities.

“We also deal within [group A], but their value system, their ideology, their cultural—the cultural aspects of their lives are such that if domestic violence occurs, very few report—very few. So I’m wondering if there’s a way of helping without reporting. Reporting is a way of helping, but if they’re not going to report culturally, how can you put in a system that supports help from within versus outside interference, which they don’t want.” Service Provider, Year Three Focus Group

LESBIAN, GAY, BI-SEXUAL, TRANSSEXUAL (LGBT)

- Overall, service providers in northern and rural communities shared that they have limited awareness of the presence of the LGBT population:
 - The LGBT community is regarded as less known in northern and rural communities
 - No one was able to identify if there were any LGBT-specific IPV services or knowledge of what the needs of the LGBT community are in regards to IPV. LGBT IPV clients are faced with a lack of LGBT-specific resources, understanding and acceptance
 - Service providers stated that LGBT relationships tend not to be out in the open and in some areas there is known discrimination against the LGBT community.

“... we do have same-sex couples in our community, we have responded to cases of domestic violence within those relationships, and they’re treated the same way; there’s no difference in how we investigate and treat those individuals. There are some complexities sometimes, sometimes different complexities within those investigations than others where you have a, let’s say, a heterosexual couple. But there’s definitely very, very few supports for them, because if you have two men who are in a relationship and one who is a victim, I can’t—they can’t go to the women’s shelter, ‘cause women’s shelter doesn’t help men; they may get outreach, but they can’t go for secure services. So there’s very—it adds complexity to it, right? But there are no—you’re in rural here, you’re in the Bible belt here, and I can tell you that those same-sex couples, especially men, find it very difficult to reside in this area.” Service Provider, Year Three Focus Group

NORTHERN AND RURAL ATTITUDES

- Many participants discussed the strong sense of community that their rural and northern communities have
- Participants also stressed having to face issues of addictions and isolation, especially for those that are temporary workers or recently immigrated, due to damaged feelings of positive attachment and community belongingness
- Participants reported that some community members defend IPV offenders and may even normalize IPV with *“oilfield mentality that says some form of physical violence is okay...”*, or limit the definition of IPV to physical assault
- *“Traditional values”* in these communities may also contribute toward victim-blaming and lack of understanding toward the LGBT community. Service providers discussed that even when agencies have more inclusive policies, they are not necessarily followed.

“Women in this position don’t have any self-esteem, they feel powerless. So having to meet with an outreach worker and having them affirm some of their things they’ve decided to do—like, they’ve decided to now leave this person and leave the abuse. And a lot of women will go back because they flounder, they don’t know what they can do. I’m thinking of one particular case where the outreach workers really helped this person to take a different path, and that has been really great.” Service Provider, Year Three Focus Group

FORMAL SERVICES

CRIMINAL AND CIVIL JUSTICE

IPV service providers shared their perception of a different standard of justice in Alberta between northern and rural court systems versus urban centres:

- In focus communities, specialized domestic violence courts are not common-place; thus, there are lengthy waits before IPV incident and IPV homicide matters are dealt with in court
 - For example, participants stated that an IPV homicide case in a Northern community was still awaiting trial four to five years after the suspect was arrested

“I can’t even call it the justice system anymore, I just call it the court system, because there is no justice for abused women in the courtroom” Service Provider, Year Two Individual Interviews

- Many participants stated that when divorce cases stretch out many years, this exposes the woman to ongoing psychological harassment from her abuser
- Crown lawyers were reported as often being rushed when consulting with victims, possibly due to lack of time and assistance in their workload, as well as their lack of education of women's needs
- Difficulty accessing legal support, and insufficient and unaffordable legal services were discussed by participants as barriers to accessing justice
- Lack of communication between criminal and civil justice systems was frequently reported in the data, leading to horrendous and unintended outcomes for women and their children
- According to many of our interview participants, the current justice system was viewed as a reactive not preventative of IPV. Part of the issue is that the criminal code of Canada's "family violence offences²" are limited in their ability to address the full extent of IPV- a range of physically, sexually, and psychologically coercive and controlling acts- because physical assault typically is the only applicable IPV offence. This likely creates difficulties in tracking the national prevalence of IPV and limits the ability to remove the offender from the home

"No communication, they have no clue. You might even get, for example—here's a high-risk situation where the offender is charged with assault on the mother, sexual assault on the child, and physical assault on the child, and yet he can walk into a civil courtroom, the Queen's Bench side, and get a custody order for this kid." Service Provider, Year Two Individual Interviews

"...it gives us very few tools to deal with it; but the second thing is it doesn't keep track of the occurrences. So in Canada, you do not have a good picture of domestic violence because uniform crime reporting through Statistics Canada does not count it. So we can't get a good handle on the occurrences." Service Provider, Year Three Focus Group

"...the problem is, that if a man is economically abusive, emotionally abusive, psychologically abusive, there's no criminal complaint for that; he can't be charged for anything....there almost seems to be a lack of law, a lack of criminality as it relates to this important issue, domestic violence." Service Provider, Year Two Individual Interviews

² In Canada, what constitutes a family violence offense has been defined by the Government of Canada – Department of Justice. These acts have different definitions of "family violence." Within Alberta, family violence has been defined under the Family Violence Act. Please refer to Appendix A for these definitions.

- It appeared many of the participants were aware that Alberta is in the process of establishing family violence and domestic violence definitions. For example, including emotional abuse in the Child, Youth and Family Enhancement Act; however, they also noted that this definition still does not encompass all forms of IPV
 - An implication of including emotional abuse, as noted by a service provider, is that there have been more referrals to Child Welfare for children who have witnessed IPV, and increased referrals have caused increased pressure on already under-resourced programs
- IPV service providers commented that the legal system seems to focus on separating family relationships, despite some families possibly wanting to reconcile once IPV has been addressed or ameliorated.

SPECIALIZED IPV TRAINING FOR COURT PROFESSIONALS

- Stories of discrimination toward women and secondary-victimization encountering the court system were prevalent. Many participants reported that there was often a lack of service providers with IPV training (e.g., police, lawyers, victim support counsellors, judges, and crown prosecutors), which limits their ability to protect and advocate for women and their children. IPV service providers reported ignorant attitudes and insensitivity toward women within the justice system
 - Example: Some service providers stated that they often see a \$300 fine issued as a sentence for spousal assault. This was in sharp contrast to a fine for hunting out of season or other wildlife related fines that are often issued at \$2000
- There are numerous challenges in requesting and enforcing restraining/protection orders in rural and northern communities (e.g. there is only one doctor's office, few selections of retailers/grocery stores, and police are under-resourced)
- Many service providers may be unaware of their role or power to assist women in accessing Emergency Protection Orders (EPO's)
- Many participants stressed the often difficult and painful process that women often endure in trying to navigate the legal/court system to deal with IPV charges.

“Crown Prosecutor—one time I got mad at our Chief Crown, and I said, “What the heck? This is the eighth time this guy’s assaulted her. At what point do you follow through?” And he was, like, “Well, you bring me a better class of victim, and I’ll get you a conviction.” Service Provider, Year Two Individual Interviews

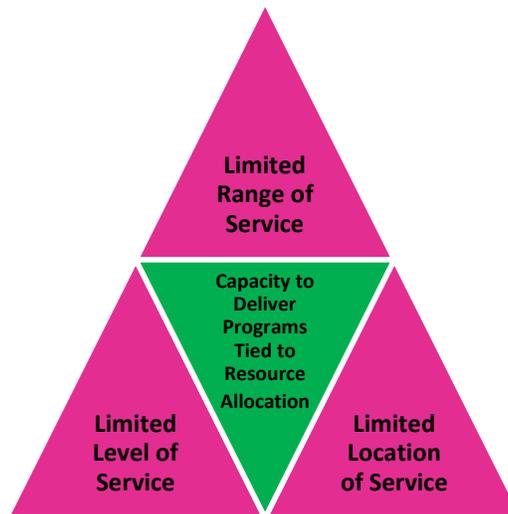
“...we have a special kind of fish here, it’s called the bull trout; you get caught with a bull trout it’s a \$2000 fine; you hit your wife, it is a \$250 fine...” Service Provider, Year Two Individual Interviews

ISSUES OF CONFIDENTIALITY

- Participants expressed concern that confidentiality and privacy are compromised in rural and northern communities since *'everyone knows everyone else'*
- Participants stated that there is a high probability that a woman or her partner know IPV service providers
- The *'living in a fish bowl'* reality wherein people perceive that their lives are on display may further contribute to isolation and a reluctance to access supports. Service providers stated that this is especially true for women from First Nations communities. Leaving the reserve to access services may force First Nations women to face isolation from their culture and social supports
- Within small towns, community members are acutely aware of individuals accessing services simply by observing them enter a particular building. Service providers stated that it is harder to hide in a small community that has only one bank and one grocery store, making it extremely dangerous to exiti abusive realtionships under these circumstance. To alleviate this risk, rural and northern women may have to move to another region as a means to escape on-going encounters with her partner or partner's family and friends. This is a huge responsibility placed on women when the IPV offender should be the one to leave
- Participants felt that small communities have a higher sense of social responsibility and cohesion; however, women within such communities self-isolate and hide IPV to maintain reputations and privacy
- Service providers suggested that a woman's ability to access and receive support may be eroded by the feeling of being under public scrutiny because her partner may have status (e.g. money, education, social connections) in the community
- Participants also commented that women from higher income groups may also be reluctant to reach out for either formal services or informal supports due to the social stigma of identifying themselves as abused. There is a perception that women from higher income groups *'should know better'* than to be in an abusive relationship.

"...when your wife and kids disappear, the guys know. So we had somebody walking our fence line, watching for his kids; yeah, they just know; they start driving by, they start sending their friends to drive by...." Service Provider, Year Two Individual Interviews

CAPACITY OF SERVICE PROVIDERS TO DELIVER PROGRAMS TIED TO RESOURCE ALLOCATION



- Participants described large inequities across Alberta in terms of resource allocation for formal IPV service programming for northern and rural communities, based on a per capita funding structure
 - Service providers described existing formal IPV services as limited in the range of service, level of services, and location of services affecting the capacity of service providers to deliver programs
 - With the current funding distribution, access to services is not aimed at all in need
 - In parts of the province with temporary oilfield workers, described as a “*shadow population*”, there is an added financial stress on budgets, as this group is not counted in census data; thus, funding is not allocated for them within the local infrastructure. As a result local services may experience financial strain as they are still required to provide support to these individuals

“ . . .in rural communities we do not have huge services available to people. And that’s just economics; you know, not every community can pay for a victims’ assistance group, or a community hub; they just can’t; there’s not the volunteer capacity to be able to do it.”

Service Provider, Year Two Individual Interviews

LIMITED RANGE OF SERVICE

- There was a reported lack of specialized services, such as domestic violence courts, domestic violence police units, treatment programs, translators for English as a second language (ESL) clients, along with specialized training in IPV, for the RCMP including rural training. This lack of targeted training has led agency staff to often report feeling ill-equipped to deal with many situations
- Service providers also noted the challenges that arise when clients with high-needs access women's shelters that often do not have the in-house or community resources to support them. This creates significant challenges in assisting the woman to prepare to leave the shelter, as she is unable to readily access the supports she needs, and therefore may have a substantially longer stay in shelter. This negatively impacts the availability of space for other women in the shelter, as well as in local agencies when she requires a higher level or longer duration of care and support
- Participants also suggested that a lack of IPV training and/or specialized services may also result in re-victimization of women
 - Example: There were some reports that women were interviewed by Child and Family Services following an incident of IPV and that women, following the interview, feared the apprehension of their children. Some service providers stated that this often creates a state of duress in women as they feel revictimized by the system, being shamed and blamed for a situation that was beyond their control

“So what ends up happening is the police officer that has to deal with the cases here has to be the jack-of-all-trades and have the ability of critical thinking and problem solving to a far greater extent than the officers in the urban centres, who simply just respond and put out fires. So the approach to policing is different, and people sometimes don’t get that. So we’ll have people come to our counter, as a police agency, and tell us they’re drug addicts and that they need help with drug therapy or addictions therapy, because there’s nowhere else for them to go. The only thing that’s open is the police service and the 7-11 after midnight.” Service Provider, Year Three Focus Group

“Rural shelters create issues within rural communities. So they do a very good service—you guys are great—awesome. But they’re filled with people, a lot of the times, not from here. So people will migrate to shelters for reasons other than domestic violence, because they’re not just domestic violence shelters, and then those people are sometimes released, removed, voluntarily leave, evicted, whatever, from the shelters, and then become the police problem, and we don’t have the capacities in the community to necessarily deal with that. So that’s a gap that sometimes doesn’t get discussed because it’s not politically correct to critique a shelter.” Service Provider, Year Three Focus Group

- Participants shared concern regarding a lack of long-term and/or peer support services for IPV survivors such as therapy groups to address trauma and the subsequent intra and interpersonal struggles
- Service providers communicated a lack of treatment programs for IPV offenders in the rural and northern settings. Concern was expressed that this may lead to court sentencing in monetary fines rather than corrective approaches, such as an order for treatment or counselling which are believed to be standard practice in urban centers
- Participants also identified the absence of specialized services for children who witness IPV as an on-going issue
- Overall, participants conceded that there are numerous challenges in accessing mental health programs for women experiencing IPV within northern and rural communities in Alberta including: limited counsellors available, staff turn-over, limited or no specialist services, long waits for therapy, inconsistency in providers, and a lack of readily available appointment times. An added barrier described was that Alberta Mental Health Services clinics require consent from both parents before providing counselling services to children, which becomes problematic when one parent may be refusing consent

“I think the most severe one that we ever had was a woman that was held against her will for three days in a home of her boyfriend’s, where she was bound and gagged and beaten over that period of three days, and sexually assaulted during that period of those 3 days. Injured, required hospitalization. The offender was arrested and charged and convicted of three or four very serious offenses and was sentenced to—I think five years in jail. And he suffers from mental illness—you know, diagnosed schizophrenic. She, the victim, suffered from mental illness. And he also was an opiate drug addict. So that’s probably the most severe instance of DV that we’ve had in the community, other than the homicide.” Service Provider, Year Three Focus Group

“We do depth analysis in our community quite often in relation to services that we need, and many of you at this table have been at those depth analysis meetings, and we know that the lack of mental health services in this community is a major contributor to IPV—it’s a need that we have that we’re not getting....we don’t have a child psychologist that comes to our community, we don’t have psychological services, other than three counsellors—” Service Provider, Year Three Focus Group

LIMITED LEVEL OF SERVICE

- Restricted accessibility to formal services was reported by participants including limited office hours, the ability to address ESL clients’ needs, the ability to accommodate large families (i.e. many children or multi-generation families), and the ability for clients to be seen expediently
- Most rural and northern communities do not have on-call or after-hours services outside of the Monday to Friday 9am to 5pm timeframe; though there is access to 24-hour crisis lines

LIMITED BY LOCATION OF SERVICE

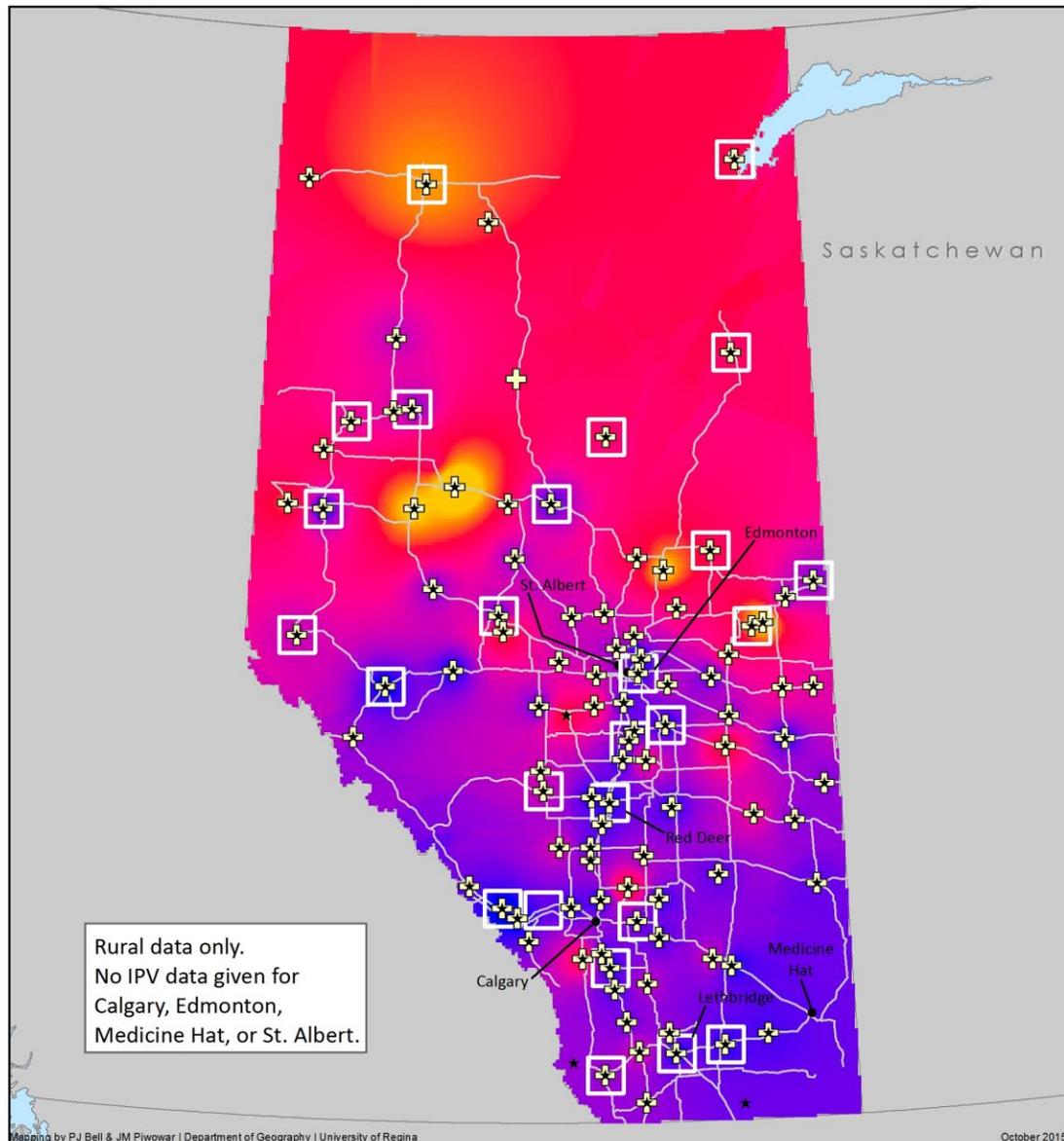
- Disparity in formal services was described as especially great when examining First Nations reserve communities. Furthermore, service providers stated that many on-reserve women may not access services because they are unaware they exist due to the often isolated nature of the community
- Services that rely heavily on fundraising find it especially difficult to do when local residents are “tapped out” by numerous local charities and organizations
- Due to serving a large geographical spread, service providers reported challenges with both service advertisement and the provision of services when inhibited by unfavorable road/weather conditions
- Geographical spread was also stated to contribute to lengthy police response times to IPV calls.

STAFFING ISSUES

- Staffing was regarded as being negatively impacted by inadequate/unstable funding and frequent reorganization of government departments
- Participants reported struggling with issues of high staff turnover and a lack of staff, stemming from the difficulty of attracting qualified people to northern and rural communities. Difficulties were also expressed in retaining qualified staff due to limited professional development opportunities
- Service providers noted their own challenges with living in communities where there are limited supports for them to access to address their own physical and psychological wellness. Accessing services in their home or a nearby community would often result in engaging in an undesirable dual relationship (i.e. the service provider + colleague + social acquaintance)
- Participants stated that there is an expectation that they “do more with less”
- These factors contribute to a reliance on community volunteers to run programs such as Victim Services and make it difficult to provide a consistently high level of service
- Finally, in triangulating information that service providers reported in terms of limited range of service, level of service, and location of service with our Geographical Information Systems map (see next page), the take away from this map is:
 - a disturbing trend indicates that the IPV rate per 100 people is generally higher in more remote locations and where there tends to be less services available
 - a picture of where RCMP detachments, Victim Services agencies, and Women’s Shelters are located in rural northern and rural southern Alberta.
 - limitation of the map: the IPV data is collected by RCMP detachments and so the IPV rate ideally would be reflected in the entire area serviced, but instead appears closer to the RCMP detachment location on the map

Rural Intimate Partner Violence (IPV) in Alberta, Canada

January 2009 - December 2010



Rural data only.
No IPV data given for
Calgary, Edmonton,
Medicine Hat, or St. Albert.

0 125 250 500
Kilometres

IPV Rate (per 100 persons)



- ★ RCMP
- ⊕ Victim Services
- Women's Shelters



Funding for the "Rural and Northern Community Response to Intimate Partner Violence" project is provided by the Social Sciences and Humanities Research Council, Community/University Research Alliance (SSHRC/CURA).

Social Sciences and Humanities Research Council of Canada Conseil de recherches en sciences humaines du Canada

FINDINGS - CHANGE

Participants identified numerous challenges for women and the professionals who support them in rural and northern communities. They were also, however, able to generate a vision of change that can occur at practice, community and greater societal systemic levels. From this discussion with participants, three key themes for change were identified: 1) integrated case management, 2) IPV/family violence awareness and education, and 3) a movement towards non-violent communities.

INTEGRATED CASE MANAGEMENT

- Some participants described professional service provider networking in rural communities as critical in offering coordinated IPV services to women
- Participants identified the need for new service providers to familiarize themselves with other available services prior to crisis situations, in order to make informed referrals when the time of crisis hits
- Integrated case management monthly meetings with all service providers allows discussion of current cases and provides updates on how clients are progressing and increases understanding of the complexity of each case.

“So we have a domestic violence committee...that meets quarterly that comes up with and examines issues of domestic violence in our community, and tries to put systems in place in order to build capacity around that. And each police agency is mandated to do that. Each community is mandated by standard to be doing that in the province.” Service Provider, Year Three Focus Group

“..we need to get familiar with what’s available to us in each community that we get transferred to, and do it right away as opposed to when things are happening and you’ve got all these balls in the air and your mind’s going in a million places, ‘cause you’re the only one working, and you have to go through these mental checklists and make sure that you’re getting everything that needs to be done, done” Service Provider, Year Three Focus Group

“So we believe in the principle of policing called community policing, and we try to get involved in the social determinants. So for example, we’re on the board at [organization E], we are the president of [organization C], we have [program A], and [program B], and [program C] and the—I can keep listing them, of programs that we’re involved with, and we assign officers from within the organization to those programs so that they get an understanding of the context and complexity of these things, and the social responsibility that police have to deal with issues other than just book ‘em, putting the cuffs on and taking them to court.” Service Provider, Year Three Focus Group

IPV/FAMILY VIOLENCE AWARENESS AND EDUCATION

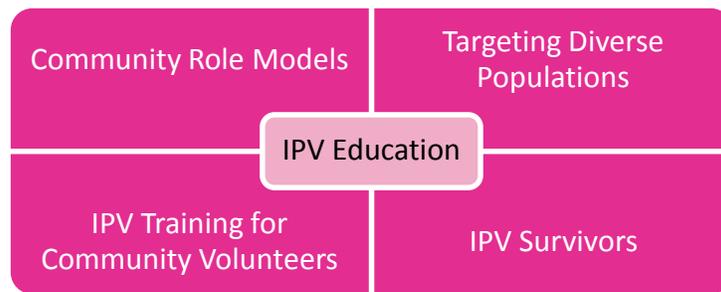
Preventative education in schools and communities in general was enthusiastically discussed, as change that would make a resounding difference in current practice and ideally create a positive ripple effect for decades to come.

PROPOSED EDUCATION MODELS FOR PREVENTION

Service providers stated that IPV prevention programs could encompass an array of educational formats to target diverse populations and the community in general:

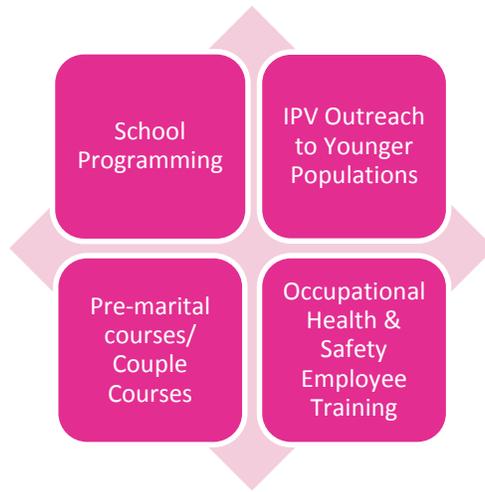
- Education was repeatedly discussed by participants as the key to the prevention of IPV, including:
 - A need to educate school children, youth, cultural groups and the community in general on what is and what is not a healthy relationship
 - It is important to provide education, support, options and accountability to community leaders as some may be involved in IPV relationships and as such prevent services from accessing their communities
 - The small pockets of ‘isolated’ cultural groups may benefit from education and understanding of IPV in general and how it impacts their children, as well as the overall health and resiliency of their culture and community
 - Offering supportive parenting to break inter-generational IPV that emphasizes family values and builds resiliency through programs that focus on effective coping behaviors were viewed as important components of IPV prevention.
- Education topics identified by participants centered on:
 - Contributing factors to IPV included alcohol misuse, mental health issues, stress of separation (e.g. from something or someone), and marital conflict (e.g. sex, finances, partner roles/expectations and parenting)

“Domestic violence, too: separation. The core—I believe the core is separation. This is the research that we’ve been doing at [organization I] in the last little while. We partnered with [organization L] in the neuroscience department. Any new and upcoming stuff for 0 to 5, we are on it. We’re doing a—so that’s another aspect, I think, is learning about the brain and what triggers us, and what can we do about it.” Service Provider, Year Three Focus Group



- Service providers stated that IPV survivors who have healed and moved on to a healthy and positive place in their lives could share their experiences and opinions as a way to inform services and communities about the needs of women experiencing IPV. The development of peer support services involving these experts is another way to reach the women
- Community role models (i.e. athletes, RCMP officers, etc.) were also discussed as potentially being effective in engaging younger people
- The provision of IPV training, especially as it relates to minority populations, for community volunteers was raised as important to northern and rural communities, as many rely on volunteers to provide services
- One frequently mentioned approach to IPV prevention was school programming for children:
 - IPV education and prevention could be integrated into the school curriculum, ensuring that all children receive information about healthy and unhealthy relationships
 - It was acknowledged that in order to access schools, teachers need to be ‘on board’ and open to IPV service providers coming into the classroom
 - Another angle suggested by participants to increase IPV education with youth is for IPV service providers to aim outreach at younger populations. Shelter workers, for example, need to be versed in helping IPV clients who are youth and young adults

“..it is going to be better if kids are coming at 12, saying this is what’s going on now, instead of waiting until they’re 30 and in a different relationship. So for us, we feel there is a lot of progress on that end because of the schools’ programs and the differ—well, you have an officer in there all the time. So there’s so many things that are put in place now that weren’t there years ago...” Service Provider, Year Three Focus Group



- Service providers also noted an opportunity for IPV education through workplace Occupational Health and Safety employee training
 - Training could be flexible to accommodate shift workers and could incorporate a component on IPV prevention. Additional training could be provided for employers and management in ways to identify at-risk employees, engage in difficult conversations, and provide an appropriate level of support when necessary
- Participants also recognized the value of pre-marital courses often offered within the church and suggested that a special module on IPV could be developed and offered to churches, including the contact information for local support services

“I see prevention as where you can have influence. So for instance, as part of [organization G] in this area, they require all those who are getting married to have a pre-marriage course, and I’m involved in teaching that course, so you’re teaching communication. But it’s more than that; you’re making a connection... When babies are born, there is some impact in terms of follow-up, and certainly, there can be checks in the house, how’s the home doing, you know, those kinds of things. So what are some of the natural ways that there can be accountability built into the community, I think, would be a helpful preventative kind of way to go, as long as you have a mindset of what else might be going on that triggers red flags and then how can you help them.” Service Provider, Year Three Focus Group

- Other participants conceptualized the social determinants of health (i.e. Aboriginal status, gender, disability housing, early life income and income distribution, education, race, employment and working conditions, social exclusion, food insecurity, social safety net, health services, unemployment and job

security³) as a place to start a preventative model, which would be important to addressing the complexity of IPV

- Overall, service providers stated there is a pressing need to develop IPV preventative models. They also suggested that future research investigate the integration of prevention and effective responses to violence across sectors, including health, education, social development, sports and justice.

MOVEMENT TOWARDS NON-VIOLENT COMMUNITIES

Participants agreed that for IPV prevention to be successful, a community must recognize IPV as wrong, not normal, and be willing to advocate together for a non-violent community. Service providers identified a number of indicators moving toward non-violent communities:

- Increasing positive social connections in the community and participating in social networks that value gender equality are important to the creation of non-violent communities
- A significant step towards creating non-violent communities occurs when friends and families involve, encourage and support women experiencing IPV to reach out for help
- Other means to create non-violent communities were raised such as initiatives to build resiliency among children and youth, which equates to crime prevention, including IPV.

“...it seemed like the referrals that came from the rural Child and Family Services office were people who had moved in from out of province or from other parts of [location A], and so they were newer in the community, which says that they didn’t have as many supports, they didn’t have as many connections to the community, and it imploded on the family. And I think that’s a critical factor here, looking at protective factors: how are these people really connected to the community, and in a good way, in a positive way. And that makes a difference as well.” Service Provider, Year Three Focus Group

³ For more information on the social determinants of health, see Mikkonen, J., & Raphael, D. (2010). Social Determinants of Health: The Canadian Facts. Toronto: York University School of Health Policy and Management.

RECOMMENDATIONS

FOR ALL

- Wrap-around supports must be increased to aid women in recovering from the traumatic experience of IPV. This support needs to extend beyond the shelter stay, as it is often difficult for a woman experiencing trauma to attend to her own spiritual and psychological wounds while also caring for the needs of her children. Service providers suggested that by providing the supports and time to heal, there was a significantly increased likelihood that a woman would be able to successfully establish and maintain independence, or substantially decrease risk factors if she chose to stay in the relationship. This wrap-around support may include:
 - Access to housing such as second-stage, subsidized, or other
 - Access to transportation by increasing public transportation options, or offering subsidized transportation
 - Economic assistance at a level reflective of the cost of living in rural and remote areas of Alberta
 - Parenting/childcare support
 - Increased access to mental health therapists, healing circles and building community connections for emotional support
 - Increased education funding to provide long-term, self-sustaining employment possibilities, coupled with the provision of childcare services
- Service providers stressed that perhaps the single most important factor in supporting women experiencing IPV is establishing a trusting relationship, whereby the service provider keeps promises and commitments made. This relationship, creates the foundation where women feel safe to confront and counteract common and intense feelings associated with IPV, such as self-blame, low self-esteem, and unworthiness
- Providing a navigator-type person who communicates clear and correct information about women's rights and choices, how to access needed services, and whom to contact for support, is crucial to informing and supporting women. IPV service providers need to outline clear pathways of service utilization so women know what to expect and have realistic guidelines of when a service provider is able to attend to their situation. For example, if a woman gets a service provider's voicemail, it should outline an estimated time a call back can be expected

"I think we also need to be doing a better job of meeting people where they're at, not placing support for help or validation solely on if she chooses to leave or not leave. Because a lot of women feel so much shame about having left and then going back that they won't—they feel that it's conditional, that this is what she has to do to access that, and providing, "If this is what you want to do, we'll work with a safety plan. We'll still provide you with support and resources..." Service Provider, Year Two Individual Interviews

- When accessibility is an issue due to geographical challenges, service providers encouraged the consideration and use of online technologies to meet the needs of women:
 - Online technologies were mentioned for a range of services from therapy to “appearing” in court. Skype or Facetime would enable women to attend court without leaving their homes, eliminating many barriers such as transportation
 - “Safe Tracks” GPS technology was also mentioned as a way to respond as quickly as possible to IPV incidents by locating women instantly

- All professionals (e.g. frontline, managerial, and executive levels) that work with women directly or indirectly, need IPV training that provides:
 - An understanding of current best practices in working with women experiencing IPV and their children who have witnessed IPV
 - A mandatory but introductory course in specialized IPV training for all formal service providers within their first year of being hired
 - Cross-cultural training of IPV service providers that considers the complexity of their cultural social circumstances and norms to better serve and advocate for these sub-populations
 - Example: In some cultures, unequal power distribution in relationships is the norm and/or violence is common, as such women may not recognize the behavior as abuse. In these circumstances, service providers need to have a multitude of ways to inquire into relationship behaviors and ways to approach the issue of abuse perceptively

- Service providers strongly expressed the need to increase accessibility and availability of services beyond weekdays and beyond 9:00am to 5:00pm in rural and northern communities. Additionally, the provision of 1-800 phone numbers (i.e. a phone number that will not appear on the family’s phone bill) or the ability to text women’s shelters directly, would increase accessibility
 - Translator services are desperately needed with some communities having many diverse languages
 - In order to gain a better understanding of LGBT-specific needs for services, a needs assessment should be conducted in each community

- On a community and larger societal level, steps need to be taken via media campaigns, public awareness and education events (see IPV/Family Violence Awareness and Education p.27 and Movement Towards Non-Violent Communities for a detailed discussion p. 30) to increase awareness about IPV and gender equality.

“...there’s nothing specifically offered when you come from an urban setting and are going to a rural setting. I received no specific training.” Service Provider, Year Three Focus Group

GOVERNMENT AND POLICY MAKERS

- Across focus communities, service providers repeatedly stated that there is an acute need to increase and fully fund IPV-related programs:
 - To create positions, recruit, and retain professionals within the mental health field, to offer a variety of counselling programs specific to the needs of women and men experiencing IPV in northern and rural communities
 - To provide economic assistance at a level reflective of the cost of living in rural and remote areas of Alberta
 - To establish more domestic violence courts that would include judges specializing in IPV/family violence legal proceedings, increasing efficiency and decreasing caseload turnover time
 - To increase opportunities for urban centres with available IPV resources to collaborate and partner with rural communities in close proximity, in order to leverage outreach capacity
- To provide access to housing such as second-stage, subsidized, or other, and to transportation by increasing public transportation options, or offering subsidized transportation to women experiencing IPV:
 - Example: Community business plans need to give priority to creating more second-stage and subsidized housing projects when considering residential development
 - Example: Change subsidized housing landlord rules to remove the need for rental references when women are without a rental history, as well as allow women without children to receive priority placement in subsidized housing
 - Example: Service providers also agreed that issues of transportation both locally and to larger centers need to be addressed, which may include the provision of shuttle services, expanded bus routes and/or subsidized taxi service
- As a way to increase participation in the court system, service providers discussed the necessity of offering women resources to attend court, such as affordable/available legal representation, transportation to and from court, childcare on-site, and per diem expense coverage for accommodation and food, if an overnight stay is required to attend court
- Providing a navigator-type person, who communicates clear and correct information about women's rights and choices, how to access needed services, and whom to contact for support, is crucial to informing and supporting women. IPV service providers need to outline clear pathways of service utilization so women know what to expect and have realistic guidelines of when a service provider is able to attend to their situation. For example, if a woman gets a service provider's voicemail, it should outline an estimated time a call back can be expected
- Cross-cultural training of IPV service providers that considers the complexity of cultural circumstances and norms to better serve these sub-populations

- Example: Screening foreign women entering Canada for IPV, while providing culturally sensitive resources and services to follow-up
- Continue to research and develop IPV preventative models, possibly incorporating the social determinants of health integrating sectors such as health, justice, education, social development, and sports

“...And I think sometimes we get so immersed in the problem and how to solve the problem, that we don’t see really helpful solutions, and unless we can see a helpful solution, it’s hard to imagine it. I think that’s the struggle. We can see, yeah, this is a problem, intimate partner violence is a problem, and we can prove that and show it, right. But how do we conceptualize something that could prevent that. We don’t have very good models around that we are experimenting with or are looking at, and I think that’s part of the struggle of where can we invest dollars and say, yeah, this is going to work, because it’s a little more slippery, it’s not as easy to identify....” Service Provider, Year Three Focus Group

- Participants highlighted the need to include all forms of abuse into definitions of family violence and domestic violence, similar to the definition of IPV
- Finally, for a better system to track the prevalence of IPV statistically, participants indicated a need for IPV crimes reflected under the Criminal Code of Canada to include more of a range of physically, sexually, and psychologically coercive and controlling acts. This inclusion would provide professionals more tools to better address IPV at the community and court system level.

POLICE

- Participants stated that safety plans need to have many choices that take into account the complexity of each woman’s life circumstances. This understanding honors the autonomy and rights of women and is key toward building a trusting and open-door relationship with women. Such action supports anti-oppressive practices through implementation of harm-reduction strategies
- Front-line services need to operationalize creative outreach opportunities for women to access IPV services, ensuring privacy, confidentiality and safety
- Police participants expressed a need to provide police training specific to working in rural areas where officers are expected to “wear many hats”, as well as to expand RCMP DV training beyond the current course to a set of courses that addresses the complexity of IPV

“What we have is a lack of research, police research specifically, in this area and Canada. There’s no academy of policing that’s doing any form of research as to how we’re doing. We’re basing it on crime stats and qualitative anecdotes about whether we’re doing the right things or not.” Service Provider, Year Three Focus Group

- The provision of employee health and wellness programs are needed
- Police participants emphasized the need for more research and evaluation of current programs, in order to have a clearer sense of outcomes to better inform and guide the allocation of resources.

JUSTICE AND COURT PROFESSIONALS

- Train all justice and court professionals working with women experiencing IPV to have an understanding of current best practices in working with women experiencing IPV and their children who have witnessed IPV. A mandatory but introductory course in specialized IPV training for all formal service providers within their first year of being hired, as well as cross-cultural training to better serve sub-populations, and consider the complexity of their social circumstances and cultural norms
- Establish more domestic violence courts that would include judges specializing in IPV/family violence legal proceedings, increasing efficiency and decreasing caseload turnover time
- Create more meaningful consequences of IPV behavior, reflective of current values toward gender equity
- Justice system responses to IPV need to take into account the complexity of each woman's life circumstances. This understanding honors the autonomy and rights of women and is key toward supporting anti-oppressive practices through implementation of harm-reduction strategies
 - Example: Legal changes that would allow farm women to have access to the financial benefits of the farm
 - Example: Providing more flexibility around no-contact orders so that women can choose whether or not to employ this approach based on their knowledge of their own safety needs
- As a way to increase participation in the court system, service providers discussed the necessity of offering women resources to attend court, such as affordable/available legal representation, transportation to and from court, childcare on-site, and per diem expense coverage for accommodation and food, if an overnight stay is required to attend court
- Participants also made clear that attending court is often a challenging and emotionally painful experience for women, as it often involves reliving the IPV trauma, as well as reliving deeply complex feelings towards their partner. It was recommended that special services be offered to women to debrief and emotionally process their experience, decreasing the likelihood of traumatic impact along with creating an opportunity to explore next steps
- Finally, for a better system to track the prevalence of IPV statistically, participants indicated a need for IPV crimes reflected under the Criminal Code of Canada to include more of a range of physically,

sexually, and psychologically coercive and controlling acts. This inclusion would provide professionals more tools to better address IPV at the community and court system level.

WOMEN'S SHELTERS

- Service providers stressed that perhaps the single most important factor in supporting women experiencing IPV is establishing a trusting relationship, whereby the service provider keeps promises and commitments made. This relationship, creates the foundation where women feel safe to confront and counteract common and intense feelings associated with IPV, such as self-blame, low self-esteem, and unworthiness
- Participants stated that safety plans need to have many options that take into account the complexity of each woman's life
- Front-line services need to operationalize creative outreach opportunities for women to access IPV services, ensuring privacy, confidentiality and safety
- Increased levels of training for shelter workers was discussed, as workers frequently face high-needs clients who require mental health and other interventions that are outside most shelter workers' levels of competency
- Participants noted that women could really benefit from a navigator-type person perhaps within women's shelters, someone who communicates clear and correct information about women's rights and choices, how to access needed services, and whom to contact for support. IPV service providers need to outline clear pathways of service utilization so women know what to expect and have realistic guidelines of when a service provider is able to attend to their situation. For example, if a woman gets a service provider's voicemail, it should outline an estimated time a call back can be expected

SOCIAL WORKERS, PSYCHOLOGISTS, COUNSELLORS AND OTHER HUMAN SERVICES PROFESSIONALS

- Service providers stressed that perhaps the single most important factor in supporting women experiencing IPV is establishing a trusting relationship, whereby the service provider keeps promises and commitments made. This relationship, creates the foundation where women feel safe to confront and counteract common and intense feelings associated with IPV, such as self-blame, low self-esteem, and unworthiness
- Provision of a range of mental health programs targeting IPV survivors, women currently experiencing IPV, children expose to IPV, IPV offenders, and for couples that elect to stay together

- Front-line services need to operationalize creative outreach opportunities for women to access IPV services, ensuring privacy, confidentiality and safety
- Participants also made clear that attending court is often a challenging and emotionally painful experience for women, as it often involves reliving the IPV trauma, as well as reliving deeply complex feelings towards their partner. It was recommended that special services be offered to women to debrief and emotionally process their experience, decreasing the likelihood of traumatic impact along with creating an opportunity to explore next steps
- Increased professional growth opportunities are needed, as well as the provision of employee health and wellness programs

DISCUSSION

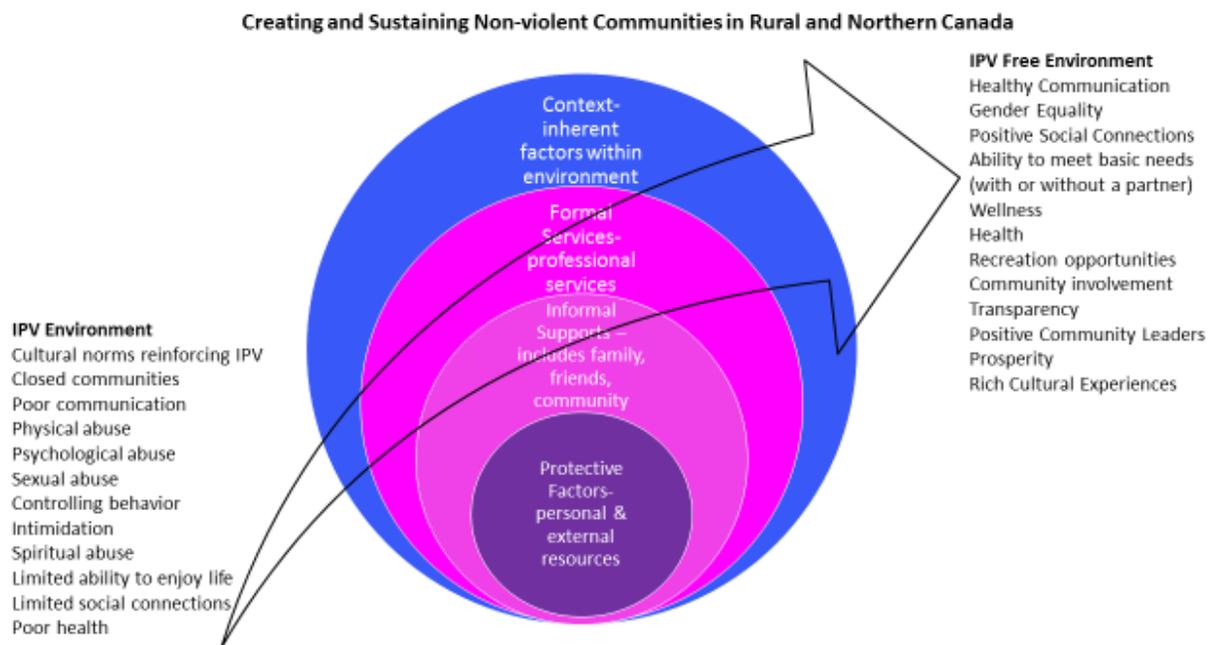
It is disheartening to see that the basic needs to keep women safe (housing, access to childcare, accessible support services, reliable and affordable transportation) are the same today in rural and northern communities as they were decades ago. While enormous strides have been made in other areas of Alberta, our rural and northern communities seem to be woefully underfunded in a number of human services sectors, IPV prevention and intervention services only one among them. Perhaps it is the geographical distance from major centers or the small pockets of population that has always endured despite on-going challenges in meeting the needs of its diverse people that has rendered them as forgotten or forgettable. But as mentioned above, there's a different kind of fish in Alberta's rural and northern communities and this time it's not the bull trout, it's the people who live and work in these northern and rural communities. They may be considered a culture unto themselves.

Service providers in all of our focus communities were eager to share not only their concerns and frustrations with systemic and budgetary issues, they were just as eager to share their ideas, recommendations for change, present experiences and hopes for the future. Telephone interviews provided endless amounts of information and stories to share with the researchers. Many expressed both surprise and gratitude that the 'outside world' was taking an interest in their 'small town' problems. Knowing that their voices would be combined and shared not only with the other areas in the research project, but also with those in a position to make significant change, served to rekindle the homefires of hope.

The attention given to the complexities and seriousness of IPV seems to be changing on a global level as more and more leaders are acknowledging the value of equality on a multitude of levels – including gender equality. From celebrity Emma Watson's speech to the UN, to Prime Minister Trudeau's gender balanced cabinet, to the plethora of videos, images and quotes readily available and shared on social media – people are speaking out.

It is timely then, that the voices of our valued IPV service providers in our rural and northern communities be heard too.

Intimate partner violence is a complex issue that spans all cultures, all socio-economic status, and relationship dynamics. Examining the needs of women in rural and northern communities is immeasurably important, but is also part of a much bigger picture. A few areas for additional/supplementary research might include the needs of men who experience IPV, the needs of children who have witnessed or live in homes where IPV exists, community needs in implementing a model for acknowledging and preventing IPV in their communities, developing culturally appropriate education, prevention and intervention programs for specific cultural communities, and so on. The list of possibilities is likely endless. As acknowledged by service providers, however, the most important factor for working with women impacted by IPV is the development of trusting, reliable and compassionate relationships that honor the autonomy, rights, and safety of women.



CONCLUSION

Through this research, four areas affecting women experiencing IPV in rural and northern Alberta were identified: 1) protective factors: presence of personal and external resources available to women, 2) informal supports: support women receive from family, friends, and community which may include cultural, faith, and/or geographical communities, 3) formal services: the provision of professional services to women, ideally within integrated case management, and 4) context: environmental and geographical factors that impact daily life for women in rural and northern communities in Alberta. Issues regarding affordable housing and

transportation, accessible support services, and a supportive justice system were identified in each of these levels.

Service providers also shared what they believe works well in addressing the unique barriers of this population including education and awareness campaigns, collaborative approaches, and the provision of IPV specialized training to service providers and other community members. Based on the individual interviews with IPV service providers, as well as focus group participants, a number of valuable recommendations were developed that can be used as a compass to guide future directions for those on the front-lines all the way up to our government and policy makers.

Service providers who have committed themselves to supporting those who are physically, spiritually and psychologically impacted and often devastated by IPV, have shared their concerns and frustrations as well as ideas for change and hopes for the future. The question is no longer what can be done but what will be done to honor their voices and implement change?

REFERENCES

Creswell, J. W. (2007). *Qualitative inquiry and research design: Choosing among five approaches*. Thousand Oaks, CA: SAGE Publications.

DeRiviere, L. (2014). *The Healing Journey: Intimate partner abuse and its implications in the labour market*. Manitoba: Fernwood Publishing.

Ellsberg, M. & Heise, L. (2005). *Researching Violence Against Women: A Practical Guide for Researchers and Activists*. Geneva, Switzerland: World Health Organization.

Government of Canada, Department of Justice (2015), downloaded from: <http://www.justice.gc.ca/eng/ci-ijp/fv-vf/about-apos.html>

Province of Alberta (2013) *Protection Against Family Violence Act*. Alberta Queen's Printer.

Government of Canada, Department of Justice

“Family violence is when someone uses abusive behaviour to control and/or harm a member of their family, or someone with whom they have an intimate relationship. Family violence includes many different forms of physical and emotional abuse, as well as neglect carried out by family members or intimate partners. It may include a single act of violence, or a number of acts that form a pattern of abuse. Family violence can have serious-and sometimes fatal-consequences for victims and for those who see or hear the violence.” “Although the **CRIMINAL CODE** does not refer to specific "family violence offences", many **CRIMINAL CODE** offences could be used to charge someone with acts of family violence...While there is no specific offence of family violence in the *Criminal Code*, most acts of family violence are crimes in Canada. Relevant criminal offences could include”:

Offences related to the use of physical and sexual violence such as:

- assault (causing bodily harm, with a weapon and aggravated assault) (ss. 265-268), kidnapping & forcible confinement (s. 279), trafficking in persons (ss. 279.01), abduction of a young person (ss. 280-283), homicide - murder, attempted murder, infanticide and manslaughter (ss. 229-231 and 235), sexual assault (causing bodily harm, with a weapon and aggravated sexual assault) (ss. 271-273), sexual offences against children and youth (ss. 151, 152, 153, 155 and 170-172), child pornography (s. 163.1)

Offences related to the administration of justice such as:

- disobeying order of court (s. 127), failure to comply with condition of undertaking (s.145(3)), failure to comply with probation order (s. 733.1), breach of recognizance (peace bond) (s. 811)

Offences related to some forms of psychological or emotional abuse within the family that involve using words or actions to control, isolate, intimidate or dehumanize someone such as:

- criminal harassment (sometimes called "stalking") (s. 264), uttering threats (s. 264.1), making indecent and harassing phone calls (s. 372), trespassing at night (s. 177), mischief (s. 430)

Offences related to neglect within the family such as:

- failure to provide necessities of life (s. 215), abandoning child (ss. 218), criminal negligence (including negligence causing bodily harm and death) (ss. 219-221)

Offences related to financial abuse within the family such as:

- theft (ss. 322, 328-330, 334), theft by person holding power of attorney (s. 331), misappropriation of money held under direction (s. 332), theft of, forgery of credit card (s. 342), extortion (s. 346), forgery (s. 366), fraud (s.380(1))” (Government of Canada, 2014). Government of Canada, Department of Justice (2015), downloaded from: <http://www.justice.gc.ca/eng/cj-jp/fv-vf/about-afv.html>

Protection Against Family Violence Act- Province of Alberta

“family violence” includes

- (i) any intentional or reckless act or omission that causes injury or property damage and that intimidates or harms a family member,
- (ii) any act or threatened act that intimidates a family member by creating a reasonable fear of property damage or injury to a family member,
- (iii) forced confinement,
- (iv) sexual abuse, and
- (v) stalking,” Province of Alberta (2013) Protection Against Family Violence Act. Alberta Queen’s Printer, p. 3.