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## **Barriers to Safety Planning and Best Practices for Supporting Survivors of Domestic Violence in Rural, Remote, and Northern Regions**

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A thesis submitted in partial fulfillment of the requirements for the Master of Arts degree in Education

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## **Abstract**

Domestic violence (DV) or intimate partner violence (IPV) is defined as physical, emotional, psychological, or sexual harm in an intimate relationship. In extreme cases, it may culminate in domestic homicide which is defined as the killing of an intimate partner, their children or their family members. Intimate partner violence and domestic homicide is prevalent worldwide. Over ninety-nine thousand reports of DV were made to police in Canada in 2018. According to the Canadian Domestic Homicide Prevention Initiative for Vulnerable Populations, some victims may face greater barriers in receiving assistance on a timely basis such as immigrants and refugees, Indigenous people, children exposed to domestic violence, and those residing in rural, remote, and Northern (RRN) regions. This research seeks to understand the barriers to safety planning and best practices for supporting survivors of DV in RRN regions. This study utilized a qualitative thematic analysis of twenty interviews conducted with survivors of DV in RRN regions. Barriers to safety planning included victim-blaming and patriarchal attitudes, geographical barriers, confidentiality concerns, access to firearms and a distrust in systems. Participants made suggestions for those supporting survivors of DV in RRN regions and included meeting survivors where they are at, providing a non-judgmental space, believing, and validating survivors' experiences, and providing appropriate resources. Implications for practice among service providers in these areas are discussed.

*Keywords: domestic violence, safety planning, rural victims, best practices*

## **Summary for Lay Audience**

Domestic violence is defined as any physical, emotional, psychological or emotional harm between members of an intimate relationship – also referred to as intimate partner violence. Intimate partner violence represented one-third of all police-reported crimes in Canada in 2018. Domestic violence is more prevalent among marginalized communities, including women who reside in rural, remote, and Northern regions of Canada. This research aimed to understand the barriers to increasing safety among domestic violence survivors residing in rural, remote, and Northern regions of Canada, and the best practices for supporting these individuals. This research included interviews conducted with twenty survivors of domestic violence residing in rural, remote, and Northern regions. This research revealed that victim-blaming and patriarchal attitudes, geographical barriers, confidentiality concerns, access to firearms, and a distrust in systems acted as barriers to increasing safety among survivors of domestic violence. The women included in this research explained that those supporting survivors of domestic violence should meet survivors where they are at, provide a non-judgmental space, believe, and validate survivors' experiences, as well as provide appropriate resources. These findings provide helpful insights for practitioners looking to improve their response to domestic violence in rural, remote, and Northern regions.

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Lastly, I would like to thank the women whose voices are featured in this project. Their resilience and bravery in the face of violence is profoundly inspiring. Their stories are an invaluable contribution to research on violence against women and in preventing future abuse. I would like to extend my greatest appreciation for their participation in this project.

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## **1. Background**

The present study focuses on the plight of survivors of severe domestic violence in rural, remote and Northern parts of Canada. The study is part of a major national research project on preventing domestic homicides. The research that is the focus of this thesis brings to life the voices of 20 survivors who share their perspectives on the barriers to receiving formal and informal support in seeking safety from abuse. The survivors also suggest ways to reform attitudes of the general public and professionals that could make a difference in preventing repeated domestic violence and homicides. The first section of this research explores what we know about domestic violence and the unique issues faced by victims in rural, remote and Northern Canada.

Domestic violence (DV) is defined as any threat of, attempt at, or completed harm of a sexual, physical, emotional, or psychological nature in an intimate relationship (Statistics Canada, 2019). In this paper, DV will be used interchangeably with intimate partner violence (IPV). Domestic violence is pervasive worldwide, with lifetime rates ranging from 15% of Japanese women to 70% of Ethiopian women (Anderson et al., 2014). Individuals of all social classes and ethnicities are vulnerable to experiencing IPV, but it remains a heavily gendered crime with 8 in 10 victims being women (Statistics Canada, 2021). Domestic violence represents nearly one-third of all police-reported crimes in Canada (Statistics Canada, 2019) with over one hundred thousand reported victims in 2019 (Statistics Canada, 2021). In extreme cases, domestic violence may culminate in domestic homicide (DH) which is the killing of an intimate partner, family members, or children (Musielak et al., 2019). Between 2010 and 2018, six-hundred and sixty-two domestic homicides have taken place in Canada (Jeffrey et al., 2018).

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### *a) Canadian Domestic Homicide Prevention Initiative for Vulnerable Populations*

Several domestic homicide studies aimed to understand the incidence of DH among various populations and the barriers faced by these populations (Bugeja et al., 2015). The existing literature revealed that the prevalence of DV and DH was high among four populations: Indigenous women; children exposed to domestic violence; immigrants and refugees; and women living in rural, remote, or northern (RRN) regions (Jeffrey et al., 2018). In response to this finding, a 5-year research project was launched under the Social Sciences and Humanities Research Council (SSHRC) - The Canadian Domestic Homicide Prevention Initiative for Vulnerable Populations (CDHPiVP; [www.cdhipi.ca](http://www.cdhipi.ca)) (Jeffrey et al., 2018). This national research initiative seeks to understand the needs and unique risk factors that exacerbate exposure to DV among the four identified populations and strengthen cross-sector collaboration. The CDHPiVP aims to uncover barriers to risk assessment, risk management, and safety planning efforts in response to DV among the four populations (Jeffrey et al., 2018). The CDHPiVP will be the source of data for this project. Those living in RRN communities represented the largest vulnerable population examined (23%) and will be the focus of this research project.

## **2. Literature Review**

### *a) Rural vs. Urban Areas*

Generally, rural areas are little understood, likely due to the challenges associated with conducting research in remote locations (Faller et al., 2018). These challenges include isolation of these communities, and distrust of researchers (Northcott, 2011). There is also some ambiguity surrounding what constitutes “rurality” which renders research initiatives difficult (Faller et al., 2018). For the purposes of this research, rural regions of Canada are defined as areas that have small populations (less than 10,000 people) where individuals are widely

dispersed (Faller et al., 2018; Jeffrey et al., 2018). Remote communities are defined as areas that are not road-accessible year-round (Jeffrey et al., 2018). Each provincial government defines what constitutes the Northern part of its province (e.g. for Ontario <https://nohfc.ca/en/#where-we-serve>). All the territories are considered northern. Rural, remote, and northern regions are diverse, and research related to these communities is not easily generalizable (Shuman et al., 2008). Rural, remote, and northern regions have many commonalities - a greater prevalence of farming communities, fewer available resources, high proportion of people living in poverty, widely accepted use of firearms, smaller communities with close-knit ties between members, and a greater adherence to conservative/traditional values (Sandberg, 2013).

### *b) Rural vs. Urban Levels of Violence*

A large body of evidence suggests that individuals residing in rural areas experience higher levels of violence per capita than individuals residing in urban areas (Pruitt et al., 2008; Rennison et al., 2013; Shepherd, 2001; Statistics Canada, 2019). In Canada specifically, women in rural areas of the Prairie Provinces and in the Territories are subjected to the greatest levels of intimate partner violence (Statistics Canada, 2019). Rural women tend to report not only a greater prevalence, but also a greater severity of psychological, physical, and sexual abuse, placing them at an increased risk for domestic homicide (Anderson et al., 2014; Faller et al., 2018; Wuerch et al., 2016). There has been a significant amount of research aimed at explaining the mechanisms that create conditions of increased violence in RRN communities (Annan, 2008; Grama, 2000; Krishnan et al., 2001; Logan et al., 2003). These mechanisms can include risk factors that allow IPV to occur and barriers that prevent survivors from seeking help.

### *c) Factors Contributing to Increased Violence in RRN Communities*

#### *i) Victim-Blaming*

Women from rural areas were more likely to report being shunned by their support networks after disclosing abuse (Eastman et al., 2007). Survivors of IPV from these regions also reported being met with negative attitudes from their peers, namely being blamed for the abuse taken out against them (Eastman et al., 2007). Despite having a clear victim status, many survivors of IPV experience having to “prove themselves” as not having had a hand in their partners’ abusive behaviour (Meyer, 2016). Many survivors describe their support networks not believing them when disclosing abuse, being blamed for the violence, or normalizing the abusive behaviour, all of which are major hindrances to women’s help-seeking process, keeping them bound in violent situations (Bosch & Schumm, 2004).

#### *ii) Traditional/Conservative Values*

Rural, remote, and northern communities tend to have a greater adherence to patriarchal values and gender roles than urban communities (Eastman et al., 2007). Men are more often the heads of household and have economic and decision-making authority over the family (Choo et al., 2011). This economic dependence of women makes leaving dangerous situations difficult. Fundamentalist religious beliefs may be more prominent in RRN regions, prioritizing the maintenance of marital bonds over the safety of survivors in IPV relationships (Musielak et al., 2019). A “stand with your man” sentiment in the community discourages survivors from reporting abuse and encourages them to remain with their abuser (Sayem et al., 2015). Women who do speak out about the abuse they’ve experienced are often stigmatized by their communities for being unable to fulfill their duties as a “good wife” (Sylaska & Edwards, 2014).

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Patriarchal attitudes present in RRN communities normalize violence against women in relationships, which greatly affects the support received by survivors (Grama, 2000).

### *iii) Domestic Violence as a “Private Matter”*

Domestic violence is viewed as a “family matter” in rural areas (Evans & Feder, 2014). Family privacy is valued in these communities, and women who experience abuse are expected to deal with it within the privacy of their own homes (Beyer et al., 2013). Survivors of IPV in RRN regions often fear embarrassment and of bringing shame to their families if they seek outside support (Logan et al., 2003). Outside sources (including family, friends, and police) may be hesitant to help women experiencing IPV due to an attitude that DV should be dealt with in the home, and no one should interfere (Doherty & Hornosty, 2016; Grama, 2000).

### *iv) Geographical Barriers/Isolation*

Rural, remote, and northern areas have a low population density which presents challenges for survivors of domestic abuse. Larger distances between homes results in lower public visibility which contributes to higher frequency of DV incidents (Davis et al., 2001). When the victim’s neighbours are several kilometres away, seeking refuge from violence at a neighbour’s house is not always feasible (Edwards et al., 2014). Since rural communities often encompass a large geographical area, those needing domestic violence services may need to travel long distances to access them (Lanier & Maume, 2009). In fact, rural women need to travel up to three times further to access domestic violence shelters than urban women (Anderson et al., 2014). Emergency services must travel significant distances to reach individuals in danger increasing response times and decreasing the victims’ safety (Wuerch et al., 2016). Public transportation is not readily available in RRN communities, which greatly hinders a survivor’s ability to flee violent situations (Shepherd, 2001). Geographical barriers are particularly

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problematic for women residing in northern regions experiencing extreme weather and road conditions that hinder their ability to access resources (Moffitt et al., 2013). Areas that are the most isolated may have inconsistent or non-existent phone and internet connection, essentially eliminating survivors' ability to contact supports in times of need (Annan, 2008).

### *v) Confidentiality Concerns*

Confidentiality concerns are often associated with survivors of DV accessing support in RRN communities (Doherty & Hornsoty, 2016). Smaller populations increase the likelihood that members of the community know each other and have stronger ties among them (Krishnan et al., 2001). Victims of domestic abuse living under these conditions may be hesitant to reach out for help from friends if there is a chance that this information will be relayed back to their abuser, thereby increasing their risk of more violence (Banyard et al., 2019). In RRN communities, it is also very likely that service providers (i.e. police officers, nurses, social workers, lawyers) know the perpetrator or the victim, which may discourage the survivor from accessing formal support (Ragusa, 2013). The location of domestic violence shelters may be more easily known in smaller communities, which compromises survivors' safety (Van Hightower & Gorton, 2002). Information regarding the survivors' help-seeking process being relayed to the abuser could have very dangerous and potentially lethal consequences (Annan, 2008).

### *vi) Low Service Provision*

Considering that rural areas have smaller populations, there are also a low number of services, including domestic violence services (Faller et al., 2018). A limited number of services available for individuals affected by domestic violence results in long wait-times, keeping victims in dangerous situations (Gray et al., 2015) The significant demand for DV services causes immense strain on the few that do exist, leading to high staff turnover and burnout, further

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limiting service provision (Annan, 2008). The lack of support for survivors of IPV often forces victims to return to or remain with their perpetrator (Jeffrey et al., 2018). Rural areas do not have as many opportunities to engage in professional development and specialized training as those in urban areas (Peek-Asa et al., 2011). As such, women in rural areas wanting to access service from practitioners with specialized training in family violence must endure long wait-times or travel to other communities

### *vii) Access to Firearms*

Existing research has demonstrated that firearm use is often an important aspect of rural life and as such it may not be as highly regulated in these areas (Breyer et al., 2013). Research has demonstrated that the acceptance of firearms resulted in law enforcement officials being less likely to confiscate weapons from domestic violence offenders (Rennison et al., 2013). Firearms and other weapons are commonly used on farms which are more prevalent in rural than urban locations (Doherty & Hornosty, 2016). A wider use of firearms decreases the safety of women in IPV relationships (Lynch, Logan & Jackson, 2018). In fact, family violence has a greater likelihood of becoming lethal due to use of firearms. Knowing that the perpetrator has a firearm may be a significant deterrent for women leaving abusive situations (Lynch et al., 2018). Abusers may threaten their partners with firearms and other weapons if they try to leave the relationship (Annan, 2008).

### *viii) Farming Communities*

Women who reside on farms with their abuser face challenges when trying to leave violent situations as their work and their money is attached to their farm (Doherty & Hornosty, 2016). The survivors' income may be entirely through her farming business, which makes leaving a violent partner much more difficult. Further, working on their own property tending a



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farm with their abusive partner makes it so that the survivor has much more contact with their abuser leading to increasingly dangerous situations ((Doherty & Hornosty, 2016). Many women working on farms have animals in their care which prevents them from leaving violent relationships (Grama, 2000).

### *d) Safety Planning among Survivors of Domestic Violence in RRN Communities*

Considering all of the risk factors that increase the likelihood that women in RRN communities will experience IPV, many survivors must reach out for support in order to access safety – this behaviour is called safety planning. Safety planning is defined as the use of strategies by survivors to protect themselves and can include a wide variety of actions such as getting police involved, moving houses or communities, or getting documents/money ready when they flee from the abuser (Youngson et al., 2021). Research has demonstrated that when survivors face increased spousal abuse, they engage in higher levels of help-seeking behaviour (Anderson et al., 2014).

### *i) Formal vs. Informal Support*

In order to improve the likelihood that survivors of domestic violence can access safety, existing research has examined the pathways through which women reach out for help (Evans & Feder, 2014). They might access support through formal or informal networks (Sayem et al., 2015). Formal support services are those resources that are offered in the community by government-funded or private agencies (Evans & Feder, 2014). These can include law enforcement services (i.e. police, judges, lawyers), health services, and domestic violence services. Informal support includes individuals in the survivors' social circle including friends and family, coworkers, or members of the church (Trotter & Allen, 2009).

### *ii) Formal Support*

#### *1. Law Enforcement*

Survivors facing high levels of danger often reach out to law enforcement (Grama, 2000). Research has demonstrated that survivors of domestic abuse are more likely to get police involved when higher levels of violence are taking place to the point of the victims' life being threatened (Annan, 2008). As such, when women do finally reach out for help from police, they are in need of great protection, support, and empathy (Meyer, 2011) but more than half of domestic violence survivors report that their experience with law enforcement was not helpful (Anderson et al., 2014). In rural areas, there may be very few officers policing a large area and as such there is a long response time experienced by those in need which can have lethal consequences (Rennison et al., 2013). Further, women seeking assistance from law enforcement personnel feared that their reports would be ignored due to the high number of IPV reports responded to by police in rural areas (Eastman et al., 2007). Women in rural areas reported that professionals of the criminal justice system often lacked understanding regarding the complexities of IPV relationships and perpetuated stereotypical and victim-blaming beliefs (Edwards et al., 2014). Some women even report that police officers aggravated the situation and increased their risk for violence (Grama, 2000). Male perpetrators of domestic violence may face limited consequences in court and so survivors of IPV may be hesitant to use the criminal justice system due to its lack of effectiveness in ending the abuse (Meyer, 2011). In smaller communities, where the perpetrator may be known by the police officers, lawyers, judges, and other government professionals, the likelihood that the abuser will face legal consequences is even smaller (Annan, 2008; Grama, 2000). Since violence is more accepted in RRN communities, the legal system may not consider IPV to be problematic (Musielak et al., 2019).

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Further, it is likely that some police officers may be reluctant to get involved in domestic violence reports due to a belief that such matters are private and should be dealt with in the home in spite of changing policies in this area (Grama, 2000). Many women in RRN regions are unable to afford a private lawyer and pro bono legal services are limited in these areas (Grama, 2000) to deal with the family court proceedings that may arise after criminal charges.

### *2. Domestic Abuse Services*

There are very limited domestic violence resources in rural communities given the small populations in these areas. In RRN regions, the nearest domestic violence shelter may be over 100km away, which is a significant barrier to seeking safety among women in violent situations (Krishnan et al., 2001). The domestic violence shelters that do exist usually have limited funding in rural areas, which means that there are fewer staff to provide services to the women and children in need (Grama, 2000). Women wanting to access domestic violence services may be distrustful of service providers, a phenomenon that is more common in rural areas (Beyer et al., 2013).

### *3. Health Services*

In response to IPV, rural women may attempt to seek help from healthcare providers such as nurses or doctors. Survivors of DV may be hesitant to disclose the presence of violence in their lives out of fear that their perpetrator will find out, or that the professional will breach confidentiality (Annan, 2008). Healthcare professionals in RRN regions were less likely to have established screening policies and standardized screening instruments to address IPV than urban healthcare settings (Dudgeon & Evanson, 2014). Additionally, healthcare providers in RRN regions may face difficulty obtaining training relevant to the complexities of IPV (Dudgeon & Evanson, 2014). In fact, many rural nurses felt that they were unskilled in addressing family

violence (Cox et al., 2001). Research has indicated that many healthcare providers working in RRN regions struggle to address IPV with women due to service constraints (Hughes, 2010). Women in RRN regions who are accessing healthcare support are passed along through different services due to service constraints which prevents women from developing strong relationships with providers and discourages them from reporting IPV (Cox et al., 2001). Research has demonstrated that many survivors wish to be asked about the incidence of IPV by healthcare professionals, but they seldom are (Dudgeon & Evanson, 2014).

### *4. Counselling Services*

Women who have experienced DV in RRN regions have limited access to specialized mental health resources (Gray et al., 2015). Mental health professionals in RRN regions have greater difficulty accessing clinical training on how to best serve women who are experiencing IPV (Logan et al., 2003). Additionally, individuals in RRN regions typically have limited insurance coverage for mental health services which acts as a barrier to accessing these resources (Gray et al., 2015). Many mental health professionals offer telephone counselling in order to overcome geographical barriers present in RRN communities, but telephone counselling may not be a safe option for women in abusive situations (Gray et al., 2015). A belief that domestic violence is a private matter may also prevent survivors from accessing mental health services (Annan, 2008). Therapists in RRN regions may inadvertently reinforce victim-blaming attitudes during sessions which negatively influences the survivors' experience of healing (Annan, 2008).

### *iii) Informal Support*

In RRN communities where formal supports are limited, survivors of domestic violence may turn to their informal support networks for assistance. Informal support networks include the survivors' family and friends, coworkers, or members of the church or community (Evans &

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Feder, 2014). Informal support networks can provide tangible support, including financial resources, housing or assistance with childcare, or emotional support (Evans & Feder, 2014).

Women facing domestic violence situations often reach out to their family and friends for support. In response to stressful life events, friends and family are often willing to provide assistance, but may not be as willing when the survivor faces spousal abuse (Bosch & Schumm, 2004). Women who are met with disapproval and a lack of support from their family and friends after disclosing about IPV experience higher levels of depressive symptoms and are much less likely to permanently separate from their abuser (Bosch & Schumm, 2004). Women who reported that their friends and family were supportive in their help-seeking process were more likely to be free from violence (Van Hightower & Gorton, 2002). Rural women are more likely to have people in their networks that condoned or ignored the abuse, leading to increased isolation of survivors (Lanier & Maume, 2009). Women in abusive relationships often return to their abuser for a variety of reasons, including economic dependence, or threats to the survivor's family, friends, or pets (Meyer, 2015). However, many informal support members often view women who return to their abuser as having a hand in the victimization they have experienced and may be reluctant to offer assistance (Meyer, 2015). It is often the case that the friends and family of survivors of IPV with the most knowledge about domestic violence are the ones who are most supportive (Evans & Feder, 2014). Having a support person who is familiar with the dynamics of IPV relationships, and who actively rejects victim-blaming attitudes can help the victim to recreate their identity as victimization-free, which is an essential component in overcoming stigma and separating oneself from violence (Meyer, 2015).

### ***3. Theoretical Frameworks***

#### *a) Social Ecological Model*

The Social Ecological Model (Bronfenbrenner, 1979) examines a given phenomenon through the lens of various overlapping systems: the individual, couple/family, community and societal levels, and seeks to understand how humans grow and change in response to these systems (Heise, 1998). The Social Ecological Model (SEM) also considers the ways in which these various systems interact to create certain conditions (Eastman et al., 2007). An application of the SEM to domestic violence allows for an exploration of the individual, relationship, community, and societal factors that contribute to heightened violence in rural communities (Heise, 1998).

The first level of this model involves personal history factors that influence the incidents and severity of domestic violence relationships (Shannon et al., 2006). An individual factor significantly associated with being the victim or perpetrator of spousal abuse is having witnessed violence between parents in childhood (Heise, 1998). Perpetrators of sexual violence are more likely to have been the victims of sexual violence in childhood (Heise, 1998).

The microsystem is the next level in the SEM and represents the relationship and the environment in which it takes place (Eastman et al., 2007). Being in a household where the male adult has financial and decision-making authority is a significant microsystem predictor of intimate partner violence (Heise, 1998). Male economic and decision-making authority is especially common in RRN regions (Hilbert & Krishnan, 2000). Having ties to a family farm may also be a microsystem factor contributing to increased IPV in these areas (Breyer et al., 2013). Higher levels of marital conflict and alcohol use are also contributing factors at this level (Heise, 1998).

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The next level in the SEM is the exosystem which refers to the social structures and institutions present in the community (Eastman et al., 2007). Isolation, low service provision, and low socioeconomic status in rural communities are all predictors of greater levels of IPV (Musielak et al., 2019). The macrosystem is the outermost layer of the SEM and represents the general cultural attitudes and beliefs in a given community (Eastman et al., 2007). In RRN regions, patriarchal/conservative attitudes are prevalent, as is a general belief that spousal violence is an acceptable way of dealing with marital conflict (Beyer et al., 2013). Victim-blaming and silencing attitudes towards spousal abuse are other macrosystem factors contributing to IPV in RRN communities.

Some versions of the Social Ecological Model include the mesosystem which represents the interactions occurring between different levels of the model (Heise, 1998). For example, the connections between the individuals' family and other family members, coworkers, or friends (Heise, 1998). The mesosystem may also represent the connections between different social institutions like police departments, domestic violence shelters, and mental health services (Heise, 1998). In RRN communities where people have closer ties to each other and to professionals in the field, help-seeking for domestic violence survivors becomes more difficult and so special attention should be paid to the mesosystem factors (Ragusa, 2013)

The SEM is a useful model for analysis of domestic violence data as it recognizes that risk factors and safety planning efforts can occur at all of these levels (Jeffrey et al., 2018). The Social Ecological Model allows for the integration of individual level theories (i.e. social learning) and societal-level theories (i.e. feminist framework) which is necessary to explain the complexities of intimate partner violence (Cox et al., 2001)

### *b) Exposure Reduction Framework*

The Exposure Reduction Framework understands that preventing domestic violence involves identifying factors that increase a survivors' exposure to their abuser and aims to lessen these factors in order to increase victim safety (Dugan & Nagin, 2003). As such, resources that are aimed at reducing the likelihood that a violent relationship will develop, or at helping survivors to leave abusive relationships, should decrease rates of intimate partner homicide (Dugan & Nagin, 2003). Exposure reduction involves limiting the time that survivors of a violent relationship are in contact with their abuser, and so the strategies that survivors employ to minimize their risk should reduce the likelihood that the victim will be killed by their partner (Dugan & Nagin, 2003). Providing women with economic resources so that they can leave their abusive partner is an example of exposure reduction.

While this concept seems straightforward, there is evidence to suggest that survivors taking actions to minimize their risk can experience a "retaliation effect" from their abusive partner who may increase violence against the victim out of revenge for her help-seeking attempts (Dugan & Nagin, 2003). Services that threaten the abuser without successfully eliminating contact with the survivor exponentially increases the risk of domestic homicide (Dugan & Nagin, 2003). Determining the efficacy of survivors' help seeking actions can therefore be understood through an examination of its ability to reduce survivors' exposure to dangerous situations.

### *c) Intersectionality*

Intersectionality focuses on understanding the ways in which having multiple oppressed identities, such as race, class, gender, geographical location, and age, "intersect" to create an experience of increased oppression (Sokoloff & Dupont, 2005). Adopting an intersectional lens when studying social issues like IPV is essential since the risk factors and safety planning efforts



for women in violent relationships vary significantly by social identity (Conwill, 2010). Without acknowledging that multiple layers of disadvantage impact the way in which DV is experienced and responded to research can lack the ability to inspire relevant and effective practices (Cramer & Plummer, 2009). Indigenous women are at an increased risk of experiencing domestic violence in RRN communities and may face additional challenges in accessing helpful resources due to discrimination and racism (Jeffrey et al., 2018).

An intersectional approach in analyzing the CDHPVP data is essential considering that 23% of the victims of domestic homicide in Canada between 2010 - 2018 belonged to two or more of the vulnerable populations (Jeffrey et al., 2018). Culturally relevant domestic violence resources for Indigenous women are scarce in RRN regions (Faller et al., 2018). Intersectional analysis can be applied to the exposure reduction framework as the risk factors for DV and help-seeking efficacy varies by social identity (Jeffrey et al., 2018). The Social Ecological Model also integrates well with an intersectional approach as it allows for the discussion of privilege and disadvantage at the individual, couple, community, and societal levels (Sokoloff & Dupont, 2005). This thesis aims to adopt an intersectional approach as research has demonstrated its ability to shed light on the voices of marginalized women (Brassard et al., 2015)

#### **4. Purpose of the current study**

There is a body of research concerning the experiences of women in IPV relationships in various rural areas of Canada, Australia, and the US, but research specific to remote and Northern areas of Canada is limited (Faller et al., 2018). There are numerous difficulties when conducting research in rural and remote Canada which may explain the lack of studies related to the experiences of survivors in these areas (Wuerch et al., 2016). These difficulties include the distrust of researchers/providers, and geographical barriers (Wuerch et al., 2016). Considering the heightened prevalence of domestic violence and domestic homicide in RRN regions,

understanding the experiences of help-seeking both formally and informally in these areas is essential to address the barriers to effective risk management (Faller et al., 2018). By understanding the barriers to safety experienced by women in RRN regions, services and practices can be adjusted to better suit the needs of this population and mitigate the risk of domestic violence and domestic homicide (Rennison et al., 2013). Few existing studies have explored risk management and safety planning practices of women in RRN regions (Faller et al., 2018) and even fewer have sought to gain this understanding by utilizing the voices of survivors of domestic violence in these areas (Jeffrey et al., 2018). Without this information, services aimed at preventing IPV and providing resources to women who are being abused can have limited efficacy.

In order to address these research gaps, the current project posed the following research questions:

1. What barriers are preventing safety planning among domestic violence survivors in rural, remote, and northern regions?
2. What are the best practices for those supporting survivors of domestic violence in rural, remote, and Northern regions?

## **5. Method**

### *a) Participants*

As previously mentioned, this research project drew on data from a larger initiative conducted under the Social Science and Humanities Research Council (SSHRC) - the Canadian Domestic Homicide Prevention Initiative for Vulnerable Populations. The overall goal of the CDHPVP was to identify factors that increased the risk for domestic violence among four key populations: (1) immigrants and refugees, (2) children exposed to domestic violence, (3)

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Indigenous women, and (4) women residing in rural remote and northern regions of Canada. The CDHPVP also aimed to assess what safety planning measures have proven useful and not useful in managing the risk of violence for these populations. The CDHPVP consisted of three phases: (1) a systematic literature review concerning the risk factors and safety planning measures of the four vulnerable populations; (2) surveys and interviews with service providers in the field, and (3) interviews with both survivors of severe domestic violence and those proxy to someone who has been killed as a result of domestic homicide. The current project utilizes data from phase three of the project, specifically the survivor interviews. These interviews aimed to understand what formal and informal supports were helpful and unhelpful in reducing risk and enhancing safety when faced with domestic abuse situations. The interviews also aimed to address recommendations for those supporting survivors of DV.

The inclusion criteria for participants in this study were female adult survivors of severe domestic violence who resided in rural, remote, and northern regions (RRN). The participants were adult females who experienced domestic violence between the years of 2006 and 2016 but are no longer in abusive relationships. Participants received a \$50 honorarium for their time in completing the interview. The study gathered all 25 interviews with survivors of DV residing in RRN regions of Canada conducted by the research team between September 2019 and June 2020. Two participants were male survivors of DV and three participants were child survivors of DV. These participants were excluded from the data analysis as they did not fit within the inclusion criteria for this study. Twenty interviews were utilized in the data analysis. Survivors differed by their age, location, relationship with their abuser, and length of the abusive relationship (see table 1).

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Table 1. Demographic characteristics of sample

Variable	<i>n</i> = 20 <i>n</i> (%)
<i>Location of survivor (region of Canada)</i>	
Ontario	6 (30)
Maritimes	4 (20)
Prairies	8 (40)
British Columbia	2 (10)
<i>Population</i>	
Indigenous	7 (35)
Non-Indigenous	13 (65)
<i>Age</i>	
20-30	4 (20)
31-40	5 (25)
41-50	6 (30)
51-60	4 (20)
61-70	1 (5)
<i>Type of Relationship</i>	
Dating	3 (15)
Married	12 (60)
Common-Law	4 (20)
Unknown	1 (5)
<i>Length of Relationship</i>	
1-5 years	8 (40)
6-10 years	5 (25)
11-15 years	2 (10)
16-20 years	1 (5)
Unknown	4 (20)

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Ethics approval to conduct this research was obtained through the University of Western Ontario's Non-Medical Research Ethics Board and the University of Guelph's Research Ethics Board. The ethics approval letter can be found in Appendix A.

### *b) Measures and Procedure*

#### *i) Interview Instrument*

Academics and professionals from the field of DV developed the interview guide for this project. It utilizes a trauma-informed perspective and focuses on principles of safety, choice, empowerment, trust, and cultural integrity (SAMHSA's Trauma and Strategic Justice Initiative, 2014). The interview questions aimed to understand the actions taken by survivors to decrease their risk and increase their safety in domestic violence situations. The interview guide seeks to highlight what supports, either formal or informal, were helpful or unhelpful in increasing the survivors' safety. The participants are asked to reflect on what support they believed should have been in place to more effectively reduce their risk. The interview guide asks participants what advice they would give to others in their circumstance, and what recommendations they would give to those assisting survivors of severe domestic violence. The interview protocol was semi-structured, allowing for further exploration of topics that may have come up.

#### *c) Data Collection*

Participants were recruited through the CDHPVIP website, the networks and websites of partners and collaborators, CDHPVIP email lists, partners' newsletters, and social media blasts using a recruitment poster (Appendix B). Interviews with survivors were conducted from 2019 to 2020 by trained research assistants and graduate students either face-to-face, over the phone, or through video conference software. Participants were invited to have an interpreter if English was not their first language and a support person present at the interview if needed. Screening interviews were conducted to establish rapport, determine eligibility for the study, ensure their

safety, and to inform participants on the nature of the study and of the interview. Interviewers utilized an information letter and consent infographic for this process (Appendix C). Eligible and interested participants scheduled an appointment for the full interview. The full interviews (Appendix D) lasted 1-2 hours. Participants were encouraged to take breaks during the interview and were able to discontinue at any time.

### *d) Data Analysis*

The interviews were audio recorded and transcribed verbatim with identifying information removed. A thematic analysis was conducted regarding the survivors' experiences with barriers to safety planning and their suggestions for those providing support to survivors of DV in RRN regions. The analysis included an investigation of both implicit and explicit themes (Braun & Clarke, 2006). Having both inductive and deductive reasoning methods present allows for the data to be understood from both an established theoretical model while remaining flexible for the emergence of new themes. Thematic analysis was conducted through a multi-stage process. First, a codebook was developed based on a review of the existing literature. The preliminary codebook was reviewed by a team of researchers and graduate students. This process involved using the codebook to analyze four trial transcripts by this researcher and a fellow graduate student. The codes that emerged from the trial transcripts were compared to determine the suitability of codes, the presence of additional themes, and consistency among coders. When excerpts were coded differently, the research team discussed the discrepancies and either suggested a different code that was more reflective of the excerpts meaning or altered the code definition to incorporate the excerpt. The research team stopped reviewing transcripts together when no more new or discrepant codes emerged.

The updated codebook was presented to a team of graduate students and a principal investigator for the CDHPVP. All relevant transcripts were uploaded to a qualitative analysis

computer program called Dedoose (V.8.1.8.) and coded using the updated codebook (Appendix E). Consultations with the research team were ongoing throughout the coding process to ensure that the analysis was conducted consistently and that results were representative of the data. The most prevalent themes were selected for analysis and the quotes presented in the current paper are a best reflection of these themes.

### *e) Ethics*

Ethics approval was obtained through the University of Western Ontario's Non-Medical Research Ethics Board and the University of Guelph's Research Ethics Board (Appendix A). The interview involves asking victims of severe domestic violence to recount stories that may be embarrassing, frightening, or upsetting, and so there is a risk to participants for re-traumatization. When conducting research where individuals reflect on moments of high distress, the risk of harm is present and must be addressed. In this particular context, the risk to participants is mitigated by asking the participants to describe what actions they took to help them feel safer, rather than talking directly about the danger and violence they experienced. Participants were asked about their access to a support person or an existing counsellor after the interview to ensure that they could debrief with a trusted source of support. In addition, the interviewers made an effort to highlight the survivors' resilience in the face of the violence they experienced. Participants may experience a low to moderate level of distress upon completing the interview, but this distress may be much less than the benefits that result from participating in the study.

This research is critical to understanding the nature of survivors' access to support which could reveal gaps in the practices and services meant to keep survivors safe and in turn can inform the development of more effective resources. Knowing that their experiences and knowledge can help keep other women safe may be empowering. Research has demonstrated that those who engage in trauma-focused research benefit from feelings of empowerment,

validation, and community, in addition to feeling that they are helping others (Clark et al., 2012). Participating in research that has them reflect on their experiences and the strength they've exhibited in periods of extreme distress may be a significant part of their healing process (Clark et al., 2012).

### *f) Trustworthiness*

Several steps were put in place to ensure integrity in data analysis. To establish internal validity, this research included a literature review, voluntary participants, and the development of codes as a collaborative process. Conducting a literature review provided a basic understanding of barriers to safety planning among DV survivors in RRN regions which allowed for the development of sound preliminary codes. Having voluntary participants ensures that responses are truthful. Collaboration with fellow graduate students and researchers within the CDHPVP increased understanding of emerging themes.

Interpretation of data was noted during the coding process and discussed with the research team. The collaborative process of developing codes and sorting excerpts allowed for the integration of multiple interpretations of the data, preserving its richness. The primary investigator was born and raised in a rural and remote location in Northern Ontario. This lived experience allowed for a basic understanding of the barriers to safety planning among DV survivors in RRN regions. Having a closer connection to the research may result in a biased interpretation of the data. Being aware of this bias may lessen its impact on data analysis as does the continuous review of the literature and collaboration with the research team.

## **6. Results**

### *a) Overview*

The aim of the current study was to answer two research questions: what barriers prevent survivors of domestic violence from safety planning in rural, remote and northern regions, and



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how can community members and practitioners best provide assistance to DV survivors in rural, remote, and northern regions? Themes were developed and organized using Dedoose (V.8.1.8).

### *b) Sample Characteristics*

Twenty interviews with survivors of domestic violence residing in RRN regions of Canada were included in this study. The participants lived in different areas of the country. Most participants were located in the Prairies (n = 8) and in Ontario (n = 6). The rest of the participants were located in the Maritimes (n = 4) and in British Columbia (n = 2). Slightly less than half of the participants identified as Indigenous (n = 7). Most participants were between the ages of 41-50 (n = 6), with a mean age of 41.25 years. The majority of the participants reported that they were married to their abuser (n = 12). The relationship between the participant and their abuser was unknown for one participant. Analysis of survivor interviews informed themes concerning barriers to safety planning for DV survivors in RRN regions, and suggestions for those providing assistance to DV survivors in RRN regions.

### *c) Research Question One: Barriers to Safety Planning Among DV Survivors in RRN Regions*

Six major barriers to safety planning emerged from the data: victim blaming, patriarchal values, geographical barriers, confidentiality concerns, access to firearms and distrust in systems.

#### *i) Victim-Blaming*

Victim blaming by support services, friends, family, acquaintances and strangers was the most prominent theme to emerge from the data. Most survivors reported that the presence of victim blaming attitudes in various forms was a barrier to increasing safety. Friends and family distancing themselves from the survivor after a disclosure of DV was a common theme. One survivor reported that:

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*Friends and family they'll disown you while you're in this relationship. A lot of people say that the abusive partner isolates you from your family and friends, but at the same time, your family and friends isolate from you, because they don't want to see you in that situation. (Participant 1, Age 41, Maritimes)*

Many participants recounted that their disclosures of abuse were not taken seriously by professionals and that their statements and evidence did not have significant weight in their trials. One survivor recounted her experience of testifying against her abuser in court:

*The lack of communication, the lack of understanding, the lack of input that I had, he was allowed to say anything he wanted, he was allowed to put out anything he wanted. I was so restricted in everything I said, not only in my testimony but my victim impact statement was censored. I never had an opportunity to speak about anything other than what he did to me that night. And he was allowed to say anything and everything he wanted about me, true or not true. He didn't have to prove anything. (Participant 2, Age 50, Prairies)*

Another survivor notes a similar experience of her abuser's rights being prioritized in the legal system: *"so much power and weight is given to [the abuser]. It feels like no weight and nothing is being given to the victim, it's all about his right, his protection, his rights to the kids as a father."* (Participant 3, Age 40, Maritimes) This survivor elaborated on this experience, noting:

*I knew that after that experience with the criminal [justice system] - I had no evidence. My voice was not evidence. My voice didn't matter, that's what that taught me. My voice did not have power. Which is a shitty thing to feel, and is a shitty thing to experience and to realize. You know what the truth is. I knew what the truth is, I know what the reality was, but no one was listening to the truth. They were listening to lies. And they were questioning truth. And I knew my voice meant nothing so I needed more than me. (Participant 3, Age 40, Maritimes)*

Another survivor explained that since the marks that the abuser left on her were not visible, she was not believed in court. She explained, *"it was always just assumed that I was lying because I didn't have any evidence - because most of my scars were between my legs. They couldn't see and therefore there was doubt."* (Participant 4, Age 40, Indigenous, Ontario)

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Many participants reported that various support services blamed them for the abuse they experienced. One participant explained that elders in her community warned her about her abusers' nature and as such were reluctant to provide support. She stated that the elders said, *"we told you not to marry him, we told you this was going to happen, it's your own fault."*

*(Participant 5, Age 41, Ontario)*

One participant who was a police officer herself was told that she could not be a professional in the community while also being a victim of domestic violence. She explained that the police officers told her *"to suck it up, I can't be a victim and a police officer, if I don't like being stalked, I should leave town."* *(Participant 7, Age 41, Ontario)* The same participant explained that the police blamed her for the abuse she experienced because they believed that she was having sex with the abuser. She stated that *"the officer told the crown attorney in writing that I was condoning this harassment because I was having sex with him during that time and that didn't happen. He forced me to have sex during that time so that was his account of it and they never asked me."* *(Participant 7, Age 41, Ontario)*

Another participant explained that she contacted police whenever she noticed her abuser breaking the terms of his probation and was told by police that she was harassing her abuser. The survivor explained that *"in provincial court [the abuser] got a lifetime ban on animals which he breached, and I reported him. The cops turned around and said you got to leave this poor guy alone. [The abuser] said you're harassing him."* *(Participant 5, Age 41, Ontario)* One survivor recounted being told by police that she would not be believed in court if she testified because too much time has passed since the abuse occurred to make a report. She explained that:

*I wanted to report it but when I talked to the police, they said, 'Oh it's so old now you're just trying to cause trouble. Nobody's going to believe you.' So I didn't continue, because that's the way the officer was talking to me. (Participant 8, Age 49, Indigenous, Ontario)*

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A survivor recalls receiving sub-par healthcare because the doctor believed she would return to her perpetrator. She explained that [the doctor], “treated me like this had happened to me before and I should have known better... I will probably just go back.” (Participant 9, Age 52, Indigenous, Maritimes) One survivor recounted the experience of being mother-blamed in court. She explained that while testifying,

*[The abusers'] lawyer was just calling me the worst mother even though I was being truthful to every detail that happened that night that led up to it. What came from it was I was an alcoholic, I was a drug user, I was a bad mom. (Participant 10, Age 26, Indigenous, Prairies)*

One survivor explained that being victim-blamed from a variety of support services can lead to internalized self-blame among survivors' of DV. One survivor explained, “*the barrier w[as] my own shame...the same language that the lawyers are using against me I used against myself.*” (Participant 3, Age 40, Maritimes) Finally, many survivors recounted that victim-blaming occurred in many different services at various levels. One survivor explained that “*whether it was just lay people, whether it was supposed to be government workers, social workers, mediators, lawyers, and judges, it floored me, the victim blaming that was done by all those levels.*” (Participant 11, Age 51, Indigenous, Prairies)

### *ii) Patriarchal Values*

Individuals residing in RRN regions were likely to adopt patriarchal/fundamentalist beliefs which acted as a barrier to increasing safety among DV survivors. Several survivors reported that violence in relationships is normalized in RRN regions which greatly compromised their safety. One participant stated that “*any reserves are complex because these social problems are so normalized to everybody and violence especially it's just a part of a relationship it's sad to say.*” (Participant 10, Age 26, Indigenous, Prairies) Another participant explained that she lived in an environment that condoned DV. She recalled,

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*I was 16 years old when the whole domestic relationship was happening, and it was not taught to me that 'you are not allowed to be hit', 'you are not allowed to be put in that type of way.' So I was in a small community [where] was ok to be hit or be domesticated. And if you were to walk around with a black eye, it was hush hush. (Participant 12, Indigenous, Age 31, Prairies)*

Another common patriarchal value in RRN regions is the prioritization of marital bonds over survivors' safety. One participant recounts her sisters' reaction to her disclosure of marital abuse. She explained that her sister *"shouted in my face and told me I had to go back and make my marriage work, so that was very difficult that I didn't have family support."* (Participant 13, Age 61, BC) One participant explained that she was told to be grateful for any male attention, even if it includes domestic violence. She recalled her friends' father saying, *"if a man likes you, you should be grateful for it, because women are trash, and you take what you get."* (Participant 14, Age 30, Prairies) Men being the head of the household and having ultimate authority over all family decisions was another barrier to safety planning among DV survivors in RRN regions. One survivor recalled that *"the husband is the head of the home and the wife is the submissive wife. If your husband says we're moving to Timbuktu well, you pack your stuff and you be in submission."* (Participant 5, Age 41, Ontario)

### *iii) Geographical Barriers*

Survivors reported that geographical characteristics associated with RRN regions prevented them from accessing support. Houses in these regions are typically farther apart than in urban areas, making it difficult or impossible for survivors to reach neighbours on foot when in danger. One survivor highlighted this barrier, stating that, *"there was nothing I could do. I would have froze. I would have to go a long way. I don't think I'd get very far if I ran."* (Participant 15, Age 51, Prairies) Another participant raised the same concern, explaining that

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*“[she] ran barefoot, trying to run to the [neighbours], but the acreage was quite large.”*

*(Participant 19, Age 35, Prairies)*

In RRN regions, properties are larger than in urban areas, and so survivors trying to yell out for help are often not heard. One survivor raised this concern, stating that *“there’s no neighbours close, there’s nobody around, no one hears anything.”* (Participant 3, Age 40, Maritimes) RRN regions typically cover a large geographical area, and as such emergency services do not always make it to survivors in danger in a timely manner. One survivor explained that the police would take too long to reach her in an emergency. She recalls asking the police,

*Best case scenario, how long would it take [the police] to get here?’ And [the police] said ‘20 minutes’ that’s if they hammer down on the speed. And that was in their detachment...cause the area that they cover is quite big it’s pretty rural here. That’s if we’re not out at this area or this area. Best case scenario we’re looking at anywhere from 20 minutes to maybe 2 hours. If he’s standing on my steps, 20 minutes is too long.*  
*(Participant 2, Age 50, Prairies)*

Several survivors explained that since RRN regions are geographically large, services aimed at supporting women in DV situations are located far away from those needing them. One survivor recounted that her community is *“a pretty significant area where there’s no services for women for sexual violence, for domestic violence, for hundreds of kilometers.”* (Participant 2, Age 50, Prairies) The same survivor explained that the *“nearest RCMP detachment is about 45 minutes away.”* (Participant 2, Age 50, Prairies)

RRN regions are exposed to extreme weather, such as large amounts of snowfall and flooding. A survivor reports experiencing feelings of isolation from support due to a large amount of snow in her area. She explained that she was,

*Not able to leave the home for a week because there was so much snow, nobody came to clear the snow off the driveway, and we had back-to-back storms and I remember feeling very isolated during that time.* (Participant 13, age 61, BC)

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Another survivor recounts that services were shut down due to flooding. She recalled that “*the flooding shut down the court system, so it was held at the university so there was less security.*”

*(Participant 3, Age 40, Maritimes)*

### *iv) Confidentiality Concerns*

RRN regions have smaller populations than urban areas, and as such, members of the community are more likely to know each other, which presents challenges for DV survivors trying to improve their safety. Survivors reported that in RRN communities, their chances of running into their abuser were high. One survivor describes the fear associated with living in the same small community as their abuser. She explained that “*you cannot live successfully in the same community, because there’s so many opportunities to randomly run into somebody, getting groceries...going to the doctors, getting the gas.*” *(Participant 16, Age 51, Maritimes)* Survivors’ whereabouts and activities being revealed to the abuser compromises their safety. One survivor explained that she was fearful to tell police officers about the abuse she experienced because of a risk that the perpetrator would find out that she reported the crime. She explained that “if I was the one that actually said to them, yes it was [the abuser] that did it, I was going to be in huge trouble if he ever found me, so I just didn’t say anything.” *(Participant 17, Age 41, BC)*

Survivors reported being hesitant to disclose their experiences of domestic violence due to a fear of being gossiped about by members of the community. One survivor explained that she,

*Had nowhere to go at all, and I had nowhere to take space. Even if I did, all our friends they knew – it was a small town, who was I going to tell? If I did, they’d tell everyone else. (Participant 6, Age 28, Ontario)*

Another survivor echoed this sentiment, explaining that “people are scared to be gossiped about. Who is going to talk about how they felt, or just anything that they shared because they’re scared who are they sharing with?” *(Participant 12, Age 31, Indigenous, Prairies)* Another

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survivor shared this concern, stating, “everybody’s close with each other so that whole month when [the abuser] did that, I was the talk of the reserve.” (Participant 18, Age 27, Indigenous, Prairies) Several survivors reported that neighbours or friends are reluctant to report DV when they witness it due to a lack of anonymity in reporting in RRN regions. One survivor stated:

*I think that in the city you would be a little more likely to call in if you were to see something, maybe because you could be a little bit more anonymous than you are here. Everybody knows everybody here, so nobody really wants to have the fall out come their way. So, everybody sits real quiet, turn the blind eye. After they’ll ask if you’re OK but they certainly won’t intervene at the time. (Participant 2, Age 50, Prairies)*

Survivors included in this study were more likely to have their family members, their abusers’ family members, or the abuser themselves working for services aimed at assisting women in DV situations which is a major barrier to accessing these services. One survivor reported that her “mother-in-law works for the provincial government. And all her friends work there. I could never go into that office. There was no way that I could ever get income support.” (Participant 19, Age 35, Prairies) Another major barrier for women accessing support in RRN regions is the increased likelihood that the survivor will know the judges, lawyers, and police officers providing assistance in the community. One survivor explained that,

*I was scared of going to court because I know the judges, the lawyers. It’s really embarrassing to say I’m a victim of domestic abuse. The judges knew [the abuser] because he was still a case worker and it was a small community. Everybody knew us. (Participant 8, Age 49, Indigenous, Ontario)*

Considering the small populations in RRN regions, many survivors travelled outside of their community to access services in order to avoid being seen by someone they know. One survivor reported that she and her abuser “went to see a native lady in [name of community] It was 67 kilometers from where we lived. He didn’t want to go anywhere we knew people, and neither did I.” (Participant 8, Age 49, Indigenous, Ontario)



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### *v) Access to Firearms*

Survivors reported that the presence of firearms in the home was often used to intimidate them and prevent them from accessing support services. One survivor reported that her abuser would “*leave [the guns] around the house. He would leave other weapons lying around the house which I felt was intimidating and it was a tactic like ‘you better keep your mouth shut...if you tell anybody that’s it.’*” (Participant 5, Age 41, Ontario) One survivor explained the experience of her abusers’ lawyer arguing that the perpetrator needed to keep his guns due to farming and hunting responsibilities. She reported that her abusers’ lawyer,

*Did a great debate on gophers versus coyotes versus predatory birds and the effect they have on a rancher's ability to do well because gophers create holes which breaks legs of livestock - this is all coming down to why my ex needed to keep his weapons.*  
(Participant 2, Age 50, Prairies)

One survivor disclosed that she had difficulty getting police officers to take her perpetrators’ guns. She recalled the police asking her,

*‘Does he have guns in the house?’ ‘Yes he does.’ There wasn’t enough to warrant [the police] taking them. But a month later [the abuser] completely went off the rails. He threatened to hurt himself and actually threatened to take his life with a gun. That’s when [the police] went in and took the guns.* (Participant 20, Age 39, Ontario)

One participant explained that she needed to pretend that the guns didn’t bother her in order to stay safe. She stated that “*sometimes when there were guns involved or different weapons involved, I would act as if it didn’t bother me or just do whatever I needed to do to stay alive at that point.*” (Participant 4, Age 40, Indigenous, Ontario)

### *vi) Distrust in System*

Women reported not trusting the systems in place aimed at assisting DV survivors as a barrier to improving safety. One survivor stated that many women in DV situations do not trust

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social workers or police as they worry about repercussions of having drugs in the home and of the potential of their children being apprehended. This survivor explained,

*Nobody trusts social workers, nobody trusts cops, because everybody thinks if they've got an addiction issue going on in their house, they can't call the cops because the cops are going to take their kids because they're using drugs to cope with what's going on.*  
(Participant 16, Age 51, Maritimes)

Survivors of DV in RRN regions appeared to share a general mistrust in police officers, specifically. One survivor shared that “*every time I see a cop car, I am scared. I don't feel they are a place to go for help. They are a threat.*” (Participant 11, Age 51, Indigenous, Prairies)

Another survivor shared this sentiment, stating, “*I did not feel comfortable with the police.*”  
(Participant 13, Age 61, BC)

An indigenous participant shared that she did not trust systems because of the historical abuse towards Indigenous people by Canadian institutions. She explained that,

*I don't trust colonial systems, even going to [supervised child visits] where it's all white workers. I had friends who did that and that kept them safe and their kids safe for the exchanges. But for me, again, I don't feel the workers are safe for me.* (Participant 11, Age 51, Indigenous, Prairies)

This same participant explained that she is disadvantaged in the court systems because of her status as an Indigenous woman. She stated that her abuser “*knew I was terrified of going to court even before I knew how bad it was because again, I'm a brown woman, he's a white man.*”  
(Participant 11, Age 51, Indigenous, Prairies)

*d) Research Question 2: Recommendations for those assisting DV survivors in RRN regions*

The women participating in this study made recommendations for those assisting survivors of domestic violence in RRN locations. These recommendations fall into four

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categories: meeting survivors where they are at, providing a non-judgmental space, believing/validating survivors' experiences, and providing appropriate resources.

### *i) Meeting Survivors Where They Are At*

Survivors of DV in RRN regions explained that support offered to them must be in line with what they are ready to accept at that time, otherwise it is not effective and may actually decrease safety. One survivor explained that support people who try to get a survivor to leave before she is ready are making the situation more difficult. She explained the importance of,

*Finding someone that you can trust, somebody that you don't have to manage. Which is tough I think people want to... especially for somebody that cares about you. They want to protect you, but it can't just be a spur of the moment thing. And that I kept saying to my friends like 'you can't be one more thing I have to manage. I have enough right now with him.' He's all I could manage." (Participant 2, Age 50, Prairies)*

Another survivor shared a similar sentiment. She stated that those supporting survivors shouldn't "get frustrated with people because they choose to stay where they are and accept things as they are. With people that are in those situations, they will change it, just let them know that you're there." (Participant 1, Age 41, Maritimes) Most participants agreed that telling the survivor to leave the abuser before they're ready is not helpful. One survivor stated "don't ever tell a woman to just pack up and leave. If you want to see them leave, don't tell them to do it, tell them what supports are in place so that they can do it. And don't walk away from them when they do." (Participant 16, Age 51, Maritimes) Another survivor echoed this statement, explaining that support should not be conditional on the survivor leaving. She said, "even if you don't agree with the decision at the time, saying, 'I'm here for you,' and not making your support conditional on 'only if you leave him by Tuesday.'" (Participant 6, Age 28, Ontario)

It was suggested that those supporting survivors of DV should not discuss things that the survivor is not ready to discuss. One survivor explained,

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*One-on-one counselling is really hard because you're going to talk about situations that are so horrible that when you bring them up, they just haunt you and you feel like you're there. That's horrible to do to somebody if they're not ready to talk about those things. (Participant 8, Age 49, Indigenous, Ontario)*

Those supporting DV survivors should meet survivors where they are with respect to grieving the end of the relationship - even an abusive one. One survivor explained that support people should “*stay with them as long you can, just to ensure their safety. Offer that emotional support. Reassure them they don't deserve that. Because you're grieving your relationship.*”

*(Participant 10, Age 26, indigenous, Prairies)* One survivor explained the importance of support people acknowledging the multiple truths present in DV relationships. She explained that,

*Both can be true. You can miss him and sometimes regret doing it, and it still could have still been dangerous. But I would say for friends, just listen. I would say, don't expect them to leave right away. Even before I told anybody about what was going on, I tried to leave [the abuser] five times. (Participant 6, Age 28, Ontario)*

### *ii) Providing a non-judgmental space*

Survivors of DV in RRN regions explained that those providing support should offer a non-judgmental space. Survivors stated that they need a non-judgmental space to talk about what they experienced, even if the support person is uncomfortable with what is being discussed. One survivor stated that support people should “*be patient, don't judge, don't give up. Don't walk away. Even though you're uncomfortable with what's going on, stick around.*” *(Participant 8, Age 49, Indigenous, Ontario)* Many survivors shared that support people should provide a non-judgmental space for the survivor to discuss her experiences, even if she does not plan on taking action. One survivor explained “*you might leave, or you might not choose to leave, which is fine. It's your own journey. But I like having somebody to be able to just to talk to and listen.*” *(Participant 19, Age 35, Prairies)* One participant stated that support should be offered in a non-judgmental space even if abuse continues. She said,

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*Our biggest thing is shame. You don't want to tell anybody 'oh, he beat me again.' So if you find that one friend, that one person, that will stick by you and listen non-judgmentally, say what you need to hear. (Participant 15, Age 51, Prairies)*

One survivor expressed the importance of being non-judgmental when offering support to the survivor even if she has returned to the abusive partner. The survivor explained that,

*Talking about it was really helpful for me. To be able to speak to people and talk about it. And they listen. And not judge me for always going back, or as being the girl who doesn't learn her lesson. (Participant 19, Age 35, Prairies)*

### *iii) Believing/validating survivors' experiences*

Survivors of DV describe the need for their disclosures to be believed by friends, family, and support services. One survivor explains the need for support services (including police, social workers, counsellors, and health professionals) to validate survivors' physical and emotional experiences of trauma. One survivor explained that the experience of trauma can be quite alarming, and so having support people validate that these symptoms are normal for someone who has experienced high levels of stress is important. She stated that,

*Outside of my life I felt different from everybody else...they provided that 'yeah I get it' kind of thing. What you're feeling is absolutely on par for what you should be feeling, for what you've been through. The [sexual assault center] provided that. (Participant 2, Age 50, Prairies)*

Many participants experienced feeling devalued by support systems. Participants explained that those assisting survivors of DV should make her feel important and validated. One participant explained that those assisting survivors should “*make them feel important. Validate that person.*” (Participant 1, Age 41, Maritimes) One survivor explained that emergency services such as police officers and ambulances may see a lot of upsetting situations during their shifts, but that they should still validate survivors' experiences of DV even if it isn't the “worst” thing they've seen that day. One survivor explained that,

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*As a first responder you deal with so much, there's so many things you see and a lot more of them are awful than good. And I know that this might seem minor compared to some other things you've dealt with today, but to me it feels like life or death. And to me, I feel unsafe, and I feel like maybe the people who are here to protect me, like maybe I'm just not worth protecting. Maybe my concerns about being safe aren't valid, and when you make someone feel that way it makes me feel like 'well then why am I doing all this work to get out?' (Participant 6, Age 28, Ontario)*

### *iv) Providing appropriate resources*

Survivors of DV stated that it is beneficial when support people research information about resources available to them and share it. One survivor explained that she,

*Has family members and I have people around me that know things around the systems, but I still was lost. I was like 'I don't know what I need to do.' There needs to be some kind of, 'when you leave, these are things to consider.' It's not that 'oh you need to do this, this, and this', but there needs to be some kind of protocol when someone comes in going 'these are things you might need to consider.' And it's not to give all when you first come in because it's overwhelming. (Participant 3, Age 40, Maritimes)*

Survivors of DV reported that being relayed information about appropriate resources is helpful, but that support people helping survivors to navigate the systems in place is particularly beneficial. One survivor explained that it's helpful when support people, “[offer] to go with them if you're able to. If your work schedule provides, if you can go with them when they are in court, go with them when they go to the police, stuff like that.” (Participant 6, Age 28, Ontario) One survivor explained that offering tangible support is helpful for those in DV situations. She stated that support people should “do things for them instead of telling them. Make the phone calls, or find out the information for them, and then give them the information. Make dinner for them.” (Participant 11, Age 51, Indigenous, Prairies)

## **7. Discussion**

The present study addressed challenges that women living in rural, remote, and northern regions in Canada face in seeking support in dealing with domestic violence. The research was part of a national study on domestic homicide prevention with vulnerable populations. A

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qualitative thematic analysis of twenty interviews conducted with survivors of severe domestic violence identified barriers to safety planning and advice for service providers on how to be more responsive to the needs of victims. Barriers to safety planning that were identified included victim-blaming and patriarchal attitudes, geographical barriers, confidentiality concerns, access to firearms, and a distrust in systems. More support for victims was suggested through meeting survivors where they are at, providing a non-judgmental space, believing, and validating survivors' experiences, and providing appropriate resources. The links from these findings to current research and the implications as well as limitations of the study are discussed below.

### *a) Barriers to Safety Planning for Survivors of DV in RRN regions*

The participants of this study provided their lived experience related to barriers to safety planning in RRN regions in addition to suggestions on how to best support survivors of domestic violence. Their responses strengthen and add to existing literature on the nature of help-seeking in RRN locations.

The women included in this research described experience of victim-blaming by friends, family, community members, and practitioners in various forms. Many survivors cited that their disclosures of IPV to family or friends were ignored and condoned, and that they were often blamed for the abuse they experienced. Bosch and Schumm (2004) describe individuals who respond to disclosures of DV in this manner as “nonsupportive persons”. Nonsupportive persons are found to hinder women's safety planning efforts, question survivors of DV, try to rationalize the abusive behaviour, condone abuse, and believe that the situation should be dealt with privately (Bosch & Schumm, 2004; Bosch & Bergen, 2006). Nonsupportive persons negatively impact survivors' access to resources and keep women trapped in abusive environments (Bosch & Schumm, 2014). Existing literature suggests that while rural communities may display greater degrees of helping than their urban counterparts, this prosocial behaviour did not extend to

women in violent relationships (Shuman et al., 2008). Those who had a friend or relative reach out for help in the context of DV did not want to know about the abuse, did not want to be involved (Bosch & Bergen, 2006), or did not want to acknowledge that someone in their lives could commit abuse (Wendt & Hornosty, 2010).

In addition to disclosures of abuse being dismissed by informal support networks, reports of IPV were not taken seriously by professionals in the community. Existing literature on the responses of formal support networks to IPV indicates that a significant portion of women residing in RRN regions who seek help from legal, medical, and social services are met with victim blaming attitudes and are ignored or dismissed (Rennison et al., 2013). Many professionals practicing in rural communities lack adequate training on responding to the complexities of IPV and are limited by the scarcity of resources in the area (Sandberg, 2013).

Women in this study disclosed that their statements and evidence for their domestic violence cases did not have significant weight in their trials and that their abuser's rights were prioritized in court. This finding coincides with the results of research conducted by Wuerch et al., (2016), which revealed that perpetrators of IPV experience a lower level of accountability in court when compared to criminal court findings in urban areas. Existing literature related to domestic violence cases in RRN regions reveals that IPV is not considered to be as important as other crimes (Sudderth, 2006). Judges in RRN regions are likely to endorse attitudes accepting of violence between married couples and therefore rarely find offenders guilty (Sudderth, 2006). Survivors of domestic violence are forced to tell and retell traumatic stories on the witness stand, often without support people in the court room. Victims often feel that justice will not be served, which deters women from reporting in the first place (Wuerch et al., 2016; Sudderth, 2006).



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One of the participants in this research described the experience of trying to ensure that protective orders were followed and was told by police that she was harassing her abuser. Research has indicated that protective and no-contact orders instated in RRN regions are not enforced as consistently as those in urban areas (Lynch et al., 2018) and in fact, there are more violations of these orders in rural communities (Dudgeon & Evanson, 2014). Many of the women included in this research experienced unhelpful and even victim-blaming responses from police officers. One participant describes the experience of being discouraged from reporting her abuser to police. Existing research suggests that police officers in RRN regions were unlikely to arrest male perpetrators of DV and take these disclosures seriously (Sudderth, 2006). Further, some women in abusive relationships tended to view the response of police officers to be disrespectful, and officers seldom informed women on their options for action (Sudderth, 2006). Law enforcement in RRN regions has been found to lack sympathy towards survivors and endorse gender stereotypes and stigmatizing attitudes about IPV (Moffitt et al., 2013).

One survivor in this study described the experience of receiving sub-par health care from a doctor due to a belief that the victim would return to the perpetrator. Research concerning the responses of medical professionals to IPV survivors in RRN regions shows that practitioners located in rural communities may refuse to assist women in abusive relationships and ignore the abuse or are reluctant to become involved (Riddell et al., 2009).

When faced with such prominent attitudes of victim blaming among survivors of DV in RRN regions, it is not surprising that survivors can begin to internalize self-blame. Survivors included in this research did report feelings of self-blame for the abuse they experienced. This finding is consistent with research conducted by Riddell et al., (2009), which revealed that frequent exposure to victim-blaming attitudes by religious leaders, law enforcement personnel,

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and community members in general led to feelings of self-blame and shame among survivors of DV. The experience of self-blame further prevented survivors of DV from accessing support services in the community (Riddell et al., 2009).

Participants involved in this research reported the prevalence of patriarchal values that acted as a barrier to enhancing their safety in DV situations. This finding is in line with existing research that demonstrates that RRN regions tend to adopt more traditional values (Bosch & Bergen, 2006; Pruitt et al., 2001.; Riddell et al., 2009). Rural areas have diminished exposure to evolving, egalitarian values which may explain a greater endorsement of patriarchal beliefs (Pruitt et al., 2008). The women included in this research explained that the culture in RRN regions normalizes the use of violence in relationships. In fact, a study by Riddell et al., (2009) revealed that patriarchal values in RRN regions resulted in social control being maintained through the use of violence. Traditional gender roles that normalize men's use of violence toward their female partners allow IPV to be accepted and prevents women from help-seeking (Faller et al., 2018; Wendt & Hornosty, 2010).

Women in this study noted that patriarchal values in their communities resulted in a prioritization of marital bonds over their personal safety. They explained that disclosures of IPV to their informal support networks resulted in being told that they should "make their marriage work". This result aligns with research conducted by Wendt & Hornosty (2010) which found that women who reached out to informal support networks in rural regions were discounted in favour of maintaining marriage bonds. Women in rural communities faced pressure to preserve their relationship with their partner regardless of the circumstances, including abuse (Wendt & Hornosty, 2010). The permanence of marriage was held as an important value by rural communities and women facing DV were expected to maintain this status quo (Bosch & Bergen,

2006; Youngson et al., 2021). Rural law enforcement officers may also endorse this attitude and be reluctant to become involved in IPV situations, viewing them as private or personal matters (Ragusa, 2013).

One participant in this study remarked that her community reinforced the notion that any type of male attention is positive and should be appreciated, even abuse. This patriarchal attitude condoned the use of abuse in relationships, perpetuated the notion of the inferiority of women, and prevented women from being free from abuse (Sudderth, 2006). Further, a greater prevalence of fundamentalist religious beliefs in RRN regions may exacerbate the notion that women must obey their husbands at all costs (Dudgeon & Evanson, 2014).

A major theme in this study was participants' views about a community patriarchal attitude of the men being the head of household and having ultimate decision-making authority as another barrier to safety planning. Riddell et al., (2009) found that survivors' requests for assistance in helping them escape from abuse were denied in favour of the male's power over her. Abusers were able to exert their male control over women and deny women access to monetary resources, transportation, or communication with others, keeping her trapped in the relationship (Sudderth, 2006). One participant explained that her husband wanted to relocate her to an even more rural area to further isolate her from her support network and continue abuse. Existing literature has demonstrated that perpetrators relocating their family to isolated areas is a common abuse tactic, and patriarchal values perpetuating female subordination prevent women from opposing this decision (Dudgeon & Evanson, 2014).

A common theme in this study was geographical barriers preventing women in abusive situations from accessing support. Living in an RRN region presented several geographical challenges for safety planning among survivors of DV. Houses in rural areas are often spread

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further apart than in urban areas which made it difficult to walk to a neighbors' house when faced with dangerous situations (Dudgeon & Evanson, 2014). Further, this greater distance between homes in RRN regions reduces the likelihood that neighbors will be able to hear or see DV occurring and intervene (Dudgeon & Evanson, 2014). Survivors' inability to walk to a neighbors' house in rural communities is exacerbated by extreme weather conditions that are more common in these areas, such as very cold temperatures or large amounts of snow (Shepherd, 2001). These conditions vary by time of year, and so the conditions associated with winter months in RRN communities acts as a barrier to safety planning among survivors of DV (Wuerch et al., 2016). This finding is in line with a concern shared by one of the participants to explained that flooding in her community limited access to legal services. The isolation of RRN communities resulted in a small number of resources for women experiencing DV including shelters, social services, and health care (Dudgeon & Evanson, 2014). Women included in this research explained that their communities often encompassed a large geographical area which resulted in difficulties accessing services because they needed to travel great distances to reach them. In line with this finding, existing research has revealed that women in RRN communities are required to travel up to three times further to access services than urban women, which prevented them from help-seeking (Wuerch et al., 2016). The participants in this study explained that the isolation of their communities resulted in longer response times for emergency services. When faced with severe domestic violence, these long response times from emergency services negatively impacted the safety of survivors (Beyer et al., 2013). Research has also indicated that these long response times prevented survivors from calling emergency services when faced with danger (Faller et al., 2018).

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Survivors in RRN communities explained that the smaller population size was associated with a lack of confidentiality, which acted as a barrier to safety planning. One survivor in this research explained that she was hesitant to report her experiences of DV to the police due to a fear that her perpetrator would find out she reported the crime. Many participants in this study described a fear of her activities and whereabouts being relayed back to her abuser. A study by Faller et al., (2018) supported this finding, stating that the smaller size of communities made it more likely that someone that knew the victim would see her accessing various support services and inform her abuser. Several participants involved in this research explained that they were scared to be gossiped about in the community after disclosing the incidence of DV. This finding is supported by research conducted by Wendt (2009), which stated that gossip networks in RRN communities acted as a form of social control and prevented survivors from disclosing experiences of abuse and seeking help to enhance their safety.

Several survivors from this study explained that bystanders may be reluctant to intervene when they witness IPV due to a lack of anonymity and fear that their report would come back on them. Bayard et al., (2019), found that a lack of anonymity made community members resistant to report IPV out of fear that this association would negatively impact their reputation. Many participants in this research explained that a smaller population size resulted in a greater likelihood that someone they knew would be working at services aimed at assisting survivors of DV, which prevented them from help-seeking. The abuser's family or friends may be employed in positions that support survivors of DV; and these individuals may refuse to serve victims if they are part of their family or friend group. This finding is supported by research conducted by Wuerch et al., (2016), which explained that maintaining confidentiality in RRN regions is difficult, and that there is a greater likelihood that legal, police or health support will be run by

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those who are acquainted with the abuser, limiting the survivors' ability to obtain assistance.

Research conducted by Shepherd (2001), revealed that police officers in RRN regions were more likely to be friends or acquaintances with the abuser and so survivors of DV are often reluctant to call police out of fear that it won't help and would make the abuser angrier. Another barrier to safety planning for DV survivors in RRN regions was the greater likelihood that the survivor will know the judges, lawyers, and police officers working on her case. Research has indicated that the greater likelihood that the survivor will know those assisting her with her case inhibits women from accessing formal support when faced with IPV (Dudgeon & Evanson, 2014, Shepherd, 2001; Wuerch et al., 2016). Considering these confidentiality concerns in RRN communities, one participant from this study explained that she travelled to a different community to access resources. Research conducted by Youngson et al., (2021), described that the presence of stigma and lack of anonymity associated with accessing DV resources in RRN communities deterred women from accessing these resources in their own communities or from accessing them at all.

A greater prevalence of access to and acceptance of firearms was described as a barrier to safety planning among the DV survivors in RRN regions. Many participants in this research explained that firearms were kept in the home to intimidate them and prevent them from accessing support. Logan et al., (2018), found that perpetrators of DV in RRN regions were more likely to make threats with weapons in comparison with urban perpetrators of IPV. Further, access to firearms was found to be the most significant predictor of domestic homicide (Campbell et al., 2003).

Some women included in this research revealed that support services often rationalized the abusers' use of firearms as essential to their farming and hunting responsibilities. Research

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conducted by Youngson et al., (2021), found that the use of firearms was indeed considered more acceptable in RRN regions for tasks such as hunting, farming, and protection. One participant in this research described the experience of her abuser's lawyer arguing in court that he needed to keep his weapons. This finding is supported by existing research that indicated that the use of weapons is seen as integral to life in RRN communities, and as such it is difficult for support services to have these weapons confiscated (Shepherd, 2001).

Women involved in this research explained that they did not trust the systems in place to help them when faced with domestic violence. One participant explained that there is a hesitance to have support services become involved out of fear of repercussions of having used drugs to cope with the stress of domestic violence. This participant also explained that there was a fear of having children removed from the home after requesting the involvement of support services. Existing literature supports this finding, explaining that women feared disclosing IPV because of a possibility that their children would be removed from the home (Wuerch et al., 2016). This research found that survivors of DV in RRN appeared to share a general mistrust in police officers, specifically. Several survivors explained that they did not feel like the police had their best interest in mind and that they were not helpful in increasing their safety when faced with domestic violence. Some participants reported feeling that police officers were more of a threat than a helpful service. Research conducted by Faller et al. (2018), explained that police response to domestic violence calls were slower than other reports, perhaps reflecting the negative attitudes held by police towards women who are facing IPV. Indigenous women included in this study reported a distrust in colonial systems run by white people. While this finding is not unique to RRN regions, it is likely that this phenomenon is more prevalent in these communities because of the higher proportion of Indigenous people who reside in RRN regions. Further, more

intolerant and racist attitudes in RRN communities towards Indigenous women by professionals may exacerbate this issue (Shepherd, 2001). Faller et al. (2018), have found that the extensive abuse of Indigenous people by Canadian institutions has led to resistance by Indigenous people in accessing resources when dealing with IPV.

### *b) Best practices for supporting survivors of domestic violence in RRN regions*

The women in this research gave several meaningful suggestions for how individuals can best support those experiencing domestic violence in RRN communities. The first suggestion brought up by survivors in this research was that support people should meet survivors' where they are at. This means that those supporting survivors of DV should offer support that is in line with what the survivor is ready to receive at the time. Any attempts at providing help beyond what the survivor is ready to accept will not be effective and may even decrease safety. Research conducted by Bosch & Schumm (2004) reveal that survivors of DV often find it quite stressful to have support people try to offer assistance before they are ready – and it results in increased abuse from the perpetrator. Participants in this research mentioned that support people should not become frustrated when a woman has decided not to leave yet. Wuerch et al., (2016), found that women trying to leave abusive relationships often try to leave several times before they permanently separate from their abuser. This research indicated that support people should not pressure a survivor to leave as she will leave when she is ready, and any attempts to rush this process may further endanger and isolate the victim (Lanier & Maume, 2009). By extension, those supporting survivors of DV should not become frustrated with the survivor if she chooses not to leave the abusive relationship. Davis et al., (2001) explain that those supporting survivors of DV need to recognize that leaving an abusive relationship is scary, and a great deal of patience needs to be provided to these women. A unique finding of this research is that survivors of



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domestic violence express the need to have support people honour the multiple truths that exist in leaving abusive relationships; the survivor can be relieved that they are no longer in an DV relationship, while simultaneously mourning the end of their relationship and fearing that they would regret their decision.

Survivors participating in this research explained that those supporting victims of DV needed to provide a non-judgmental space for survivors to process their experiences. The women who participated in the study noted that those supporting them should offer a non-judgmental space for them to talk about the abuse they experienced. Grama (2000), found that survivors of IPV required a safe and open space to discuss their experiences without guilt or shame. Survivors who experience helpful social reactions from support networks lessened the negative impacts of victim-blaming (Bayard et al., 2019). The participants included in this research mentioned that a non-judgmental space must be offered even if the survivor does not leave her abuser or returns to her abuser. Sudderth (2006) found that police officers may be angry with women who return to their perpetrators because it means they might have to arrest the abuser again. Victim advocates were understanding that a woman will require many appointments with them before they make the decision to leave their abusive partner – this was especially important to note in RRN regions where limited services are available and victim-blaming attitudes are prevalent (Sudderth, 2006). One survivor included in this research explained that support people providing assistance that is conditional on her leaving is not helpful. In fact, Bosch & Bergen (2006) found that support offered with contingencies is not helpful in allowing women to be free from their abuser.

The women included in this research project noted that those supporting survivors of DV should believe and validate survivors' experiences. One participant explained that the physical and emotional symptoms of trauma she was experiencing were alarming, and that it was helpful

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when support people normalized these symptoms in light of the abuse she endured. She noted that it was very helpful when support people would explain that the symptoms she was experiencing were to be expected in the face of extreme levels of violence, since she felt as though she was not normal for experiencing trauma symptoms. Bosch & Schumm (2004) found that women who were experiencing trauma symptoms often felt as though they were emotionally unstable, and having people validate their abusive experiences was helpful.

The survivors included in this study noted that support systems needed to ensure that survivors felt important and validated. Research has found that those who have supportive people in their network who knew about the abuse would be more likely to access formal support services (Bosch & Schumm, 2004). Existing literature has demonstrated that practitioners need to ask women about the presence of IPV, listen to concerns and validate experiences in a non-judgmental atmosphere (Neill & Hammatt, 2015). One survivor explained that she feared reaching out for help from emergency services due to a belief that they would discount or ignore the severity of her experience because of a desensitization to violence. This perspective is in line with findings from research conducted by Faller et al., (2018), that reported that women were hesitant to report IPV to emergency services because they feared these service providers were desensitized to frequent reports of violence.

Survivors of DV who participated in this research explained that it is helpful when support people provide information related to appropriate resources for IPV victims. One participant noted that it can be overwhelming to try to figure out what resources are available for survivors of DV and may need the assistance of others to obtain the appropriate resources. Research conducted by Neill & Hammatt (2015), reveals that professionals must be knowledgeable about the complexities of IPV, and aware of the resources available in their

community. Women seek out emotionally supportive individuals, but it is also important that support people research available resources and share them with survivors (Bosch & Schumm, 2004). One participant involved in this research project explained that it might not be enough for support people to share information, but that they should also be willing to help survivors navigate these systems. Bosch & Bergen (2006) noted that survivors' support networks must help them to know about what resources are available and help them access those services. Riddell et al., (2009) also found that assisting women in finding helpful resources and supporting them in navigating these resources was imperative to their process in being free from abuse. Several participants involved in this research noted that it is helpful when support networks provide tangible support, such as providing rides to appointments, attending appointments with them, and making meals for them. This finding coincides with results from research conducted by Bosch & Bergen (2006) which explained that providing rides to appointments, running errands for the survivor, providing childcare, helping them to access professional counselling or medical attention were helpful for the survivors' safety planning.

The results of this research fit within the theoretical frameworks outlined: the social ecological model, the exposure reduction framework, and intersectionality. The barriers for safety planning among DV survivors in RRN regions fall into various levels within the SEM. Personal factors that act as a barrier to safety planning by DV survivors includes access to firearms. The perpetrators' access to firearms served to decrease safety among survivors of DV. Several factors at the relationship level of the SEM served to inhibit safety planning among survivors of DV. These factors included a greater presence of violence in relationships in RRN regions, in addition to a greater acceptance of men as the head of the household. Several barriers to safety planning among survivors of DV in RRN regions occur at the community level.

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Confidentiality concerns and geographical barriers are community characteristics of RRN regions that prevent women from safety planning. Attitudes and beliefs that exist in the societal level of the SEM include victim-blaming beliefs, patriarchal values, and a distrust in systems. The layer that represents the interactions between various levels of the SEM is applicable in this context (Heise, 1998). Considering the ways in which various systems in RRN regions interact, and the ways in which community members interact with the systems in place is important to note when improving responses to IPV in RRN communities.

The findings of this research integrate nicely with the Exposure Reduction Framework. The participants in this study noted that the patriarchal attitude of marital bonds being more important than survivor safety prevented them from reducing their exposure to their abuser. Survivors struggling to access resources due to geographical barriers negatively impacted their ability to reduce exposure to their perpetrator. Many participants included in this research explained that they worried about the consequences of their perpetrator finding out that they accessed resources. The participants were describing a fear of the retaliation effect – where the abuser increases power and control over the victim out of revenge for her help-seeking actions. It is clear that survivors required support that would eliminate their exposure to their abusive partner without aggravating the perpetrator and increasing abuse (Duggan & Nagin, 2003).

The intersectionality framework applies to this data. The Indigenous women who participated in this study noted experiences of racism when dealing with police and judges in their communities. Therefore, it is evident that domestic violence is responded to differently by social identity. The intersection of an individuals' status as Indigenous with their gender identity, physical ability, or their educational background can render safety planning increasingly difficult.

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An intersectional analysis of research that focuses on RRN communities is necessary. Rural, remote, and Northern regions differ significantly, and characteristics associated with each individual community have implications for barriers to safety planning and best practices for supporting survivors. For example, areas that are increasingly remote and/or Northern have limited access to resources, food costs are significantly higher, and transportation is rendered increasingly difficult.

Other axes of privilege and oppression impact the experience of DV. For example, some participants in this study explained that the experience of safety planning was impacted by their own monetary resources – those who suffered from greater financial struggle experienced a greater difficulty accessing legal resources. In line with the framework of intersectionality, the participants in this research with oppressed social identities experienced greater difficulties in safety planning.

### *c) Implications for Practice*

The suggestions for those supporting survivors of DV provided many implications for those providing services in RRN regions. These suggestions can be broken down into several subcategories: public education to change attitudes about DV in RRN regions, professional education for police, and considerations for professionals in health and mental health sectors.

#### *i) Public Education to Change Attitudes about DV in RRN Regions*

Considering the high prevalence of victim blaming when survivors attempt to enhance their safety, it is very important that individuals in RRN regions actively reject victim-blaming attitudes. The rejection of victim-blaming attitudes and adoption of more victim-centered responses is associated with better survivor outcomes (Bayard et al., 2019). Since patriarchal values are more prevalent in RRN regions than in urban areas, individuals must make an effort to

denounce those values and promote equality in relationships. Those residing in RRN regions need to address the normalization of violence within their community and work with the survivor and the community to reject the use of violence in relationships in order to sustain non-violent communities (Wuerch et al., 2016). Especially important is the idea that this non-judgmental support is not contingent on the survivor leaving her abuser. Having support that is only available under certain conditions is proven to negatively impact the survivors' healing (Bosch & Bergen, 2006). Practitioners, friends, family and acquaintances supporting survivors of DV need to display a great deal of patience while the survivor processes her experiences and decides what her course of action will be (Hilbert & Krishnan, 2000).

The Center for Research and Education on Violence against Women and Children (CREVAWC) launched a public education campaign entitled Neighbours, Friends, and Families. This campaign seeks to raise awareness around the signs of woman abuse so that individuals can provide assistance to women facing DV (CREVAWC, n.d.). This campaign outlines many warning signs to be aware of when they suspect the presence of violence against women and safety planning steps survivors can take to increase their safety. This campaign can be altered to include warning signs for women abuse present in RRN regions, and safety planning measures that acknowledge the barriers in RRN regions.

### *ii) Professional Education for Police Officers*

Distrust in the systems in RRN regions was a common barrier to safety planning among DV survivors. Since many survivors of DV report that police officers are not helpful in enhancing their safety, both in this research and in preexisting research (Faller et al., 2018; Sudderth, 2006; Wuerch et al., 2016), divesting from police services and investing into other community resources may result in better outcomes for survivors of DV. Considering that police

officers are the gatekeepers to the justice system, officers must have a well-rounded understanding of the complexities of IPV so that survivors can access the appropriate resources (Saxton et al., 2020). Professional education around addressing IPV by police officers is required since access to specific training, the presence of evidence-informed policies, and the knowledge and attitudes of police officers impacts the way that IPV is responded to (Saxton et al., 2020). This training for police officers needs to be an ongoing process. Training needs to exist within the police college, as well as within each specific detachment as officers continue to serve their communities. Opportunities for additional training need to be offered to police over the course of their entire careers. Officers serving Indigenous women need to acknowledge the legacy of colonialization and trauma at the hands of Canadian institutions in order to avoid creating further damage to their communities (Faller et al., 2018).

### *iii) Improving Health and Mental Health Responses to DV*

Considering the geographical barriers associated with RRN regions, practitioners might consider providing virtual services if they are able (Gray et al., 2015). Further, collaboration between sectors may help to decrease response times in RRN regions (Youngson et al., 2021). Confidentiality was a major concern for survivors residing in RRN regions. Practitioners serving these individuals should create a thorough confidentiality agreement, inform women of the limits to confidentiality, and revisit the confidentiality agreement throughout the process of service in order to address survivors' worries about breaches in confidentiality.

Considering the fact that many community members and law enforcement personnel were not found to improve survivor outcomes, healthcare and mental health professionals need to act as victim advocates (Sudderth, 2006). Since victims of domestic violence are often discouraged from disclosing abuse, therapists, doctors, nurses and other community professionals should ask

every person who accesses their services if they are experiencing IPV (Shuman et al., 2008).

Research conducted by Riddell et al., (2019), suggested that practitioners in RRN regions should be aware of opportunities to develop their education around the issues facing survivors of DV in their communities in order to better serve these individuals and critically evaluate their own assumptions about the nature of IPV.

Survivors in this research explained that any help that is offered to them should be in line with what they are ready to receive at the time. Practitioners must hold space for survivors to get the support that they need without pushing them to leave the abusive situation or make any other big decisions before they are ready (Peek-Asa et al., 2011). Counsellors who are providing emotional support to survivors of domestic violence must recognize the multiple truths that exist in the survivors' life – she may be relieved that she has left her abusive partner while still feeling sadness that a relationship has ended. This research has indicated that those supporting survivors of DV should provide a non-judgmental space for the survivor to process what she has experienced. Providing a non-judgmental space has been showed to alleviate the negative symptoms associated with victim-blaming responses (Bayard et al., 2019).

Survivors explained that they required support networks to believe them and validate their experiences. This research found that survivors often felt as though they were unstable or abnormal due to the physical and emotional effects of trauma they were experiencing (Hughes, 2010). Practitioners supporting survivors of DV need to validate survivors' experiences of trauma and reassure them that what they are experiencing is a normal response to extreme stress (Coker et al., 2002). Therapists may provide survivors with psychoeducation around the body responses to trauma in order to assist them with their healing. Emergency services who deal with a large proportion of violent incidences need to have time to engage in self-care so that they can



continue to provide empathetic and understanding responses to future victims (Neill & Hammatt, 2015).

Those supporting victims of DV should be aware of services available in their communities so that they can pass that information along to survivors. Providing individualized responses to survivors of IPV results in the best outcomes (Neill & Hammatt, 2015).

Practitioners should be able to provide information about available services and help survivors navigate those services in order to promote their healing (Bosch & Schumm, 2004). Research conducted by Riddell et al., (2009), explained that healthcare providers play an essential role in helping survivors discover and navigate available services. In addition, incorporating Indigenous ways of healing into existing systems may result in better outcomes for Indigenous women (Faller et al., 2018).

### **8. Limitations**

While the findings of this research may address some of the barriers to safety planning among survivors of DV, RRN regions are incredibly diverse and the barriers and needs of one rural area can be very different from those in another rural area (Neill & Hammatt, 2015). The extent to which a community is remote or northern has varied implications for practice in these areas. While all interviewers in this project were trained in the same way, various interpretations of the interview guide and different personal connections with the project can result in inconsistent methods of interviewing and in turn different interpretations of the questions by participants. Most participants included in this research project were from Ontario, the Maritimes, and the Prairies. As such, unique findings related to RRN regions in British Columbia and the territories may have been overlooked. There was some missing data with respect to the

length and type of relationship for a few of the participants which limits the ability to make inferences about the nature of domestic abuse in RRN regions by type and length of relationship.

As well, this study was part of a larger study looking at different vulnerable populations across Canada. Although survivors shared unique perspectives from their region and social location, the study did not provide an in-depth analysis of these factors. For example, some survivors in RRN area may face additional struggles because of language and cultural barriers or face limitations in leaving an abusive relationship because of having parenting responsibilities for young children. These issues did not receive the attention they require and should be the focus of future studies.

### **9. Future Directions**

This research is one of the few studies that examine barriers to safety planning and best practices for those supporting survivors of DV in RRN regions employing qualitative methodology and utilizing the voices of survivors themselves. More research of this nature is required to gain a better understanding of how practitioners and community members alike can decrease the prevalence of IPV in RRN locations (Youngson et al., 2021). Continued research is required concerning the efficacy of training for police officers to be more responsive in RRN communities (Saxton et al., 2020). More research with respect to the ways in which mental health practitioners specifically can best support survivors of IPV in RRN regions is needed (Gray et al., 2015). Further, future research should aim to examine the impact of public education campaigns designed for rural communities, specifically (Youngson et al., 2021). An analysis of the ways in which community members can best support Indigenous women who have experienced IPV in RRN regions is also needed (Shepherd, 2001). Research concerning the ways that community practitioners in RRN regions can collaborate to enhance the response to

DV would be beneficial in order to make best use of the limited resources available (Youngson et al., 2021).

### **10. Conclusion**

This research demonstrates that there are many barriers to safety planning among survivors of DV in RRN regions. Understanding these barriers from the perspective of survivors of domestic violence in these areas is crucial to implementing community level changes to best support women. Those supporting victims of DV need to acknowledge the barriers that prevent survivors from engaging in effective safety planning including victim-blaming, patriarchal attitudes, geographical barriers, confidentiality concerns, access to firearms and a distrust in systems. Understanding the barriers preventing survivors from safety planning is necessary in order to provide effective services and avoid further traumatizing and re-victimizing survivors. Having survivors themselves explain the best practices for supporting women faced with DV in RRN regions leads to the best outcomes. Within this research, best practices for supporting survivors of DV included meeting survivors where they are at, providing a non-judgmental space, believing and validating survivors' experiences, and providing appropriate resources. Enacting survivor-centered approaches to service can empower women to disclose abuse to the appropriate support networks reduce silence and secrecy around family violence, promoting healthier communities.

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**Appendix A: Ethics Approval Form**



**Date:** 17 May 2020

**To:** Dr. Peter Jaffe

**Project ID:** 112430

**Study Title:** Canadian Domestic Homicide Prevention Initiative with Vulnerable Populations - Survivor and Proxy Interviews

**Application Type:** Continuing Ethics Review (CER) Form

**Review Type:** Delegated

**Meeting Date:** 05/Jun/2020

**Date Approval Issued:** 17/May/2020

**REB Approval Expiry Date:** 28/May/2021

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Dear Dr. Peter Jaffe,

The Western University Non-Medical Research Ethics Board has reviewed this application. This study, including all currently approved documents, has been re-approved until the expiry date noted above.

REB members involved in the research project do not participate in the review, discussion or decision.

The Western University NMREB operates in compliance with the Tri-Council Policy Statement Ethical Conduct for Research Involving Humans (TCPS2), the Ontario Personal Health Information Protection Act (PHIPA, 2004), and the applicable laws and regulations of Ontario. Members of the NMREB who are named as Investigators in research studies do not participate in discussions related to, nor vote on such studies when they are presented to the REB. The NMREB is registered with the U.S. Department of Health & Human Services under the IRB registration number IRB 00000941.

Please do not hesitate to contact us if you have any questions.

Sincerely,

Daniel Wyzynski, Research Ethics Coordinator, on behalf of Prof. Randal Graham, NMREB Chair

*Note: This correspondence includes an electronic signature (validation and approval via an online system that is compliant with all regulations).*

**Appendix B: Recruitment Poster**



TO HELP PREVENT DOMESTIC HOMICIDE AND DOMESTIC VIOLENCE,  
the CDHPI would appreciate hearing from you:

**Are you a survivor of severe domestic violence who is now safe?**

or

**Were you close to a victim of domestic homicide?**

Did the survivor/victim belong to one or more of the following groups?

- Indigenous Peoples
- Immigrants and/or refugees
- People living in rural, remote, and/or northern communities
- Children exposed to domestic violence or parents/caregivers of children killed in the context of domestic violence

We want to learn from people with experiences that occurred between 2006 and 2016. Participants must be at least 18 years and willing to have their interview audio-recorded. Interviews can be in the language you are comfortable speaking as long as we can find an appropriate interpreter and will take approximately one to two hours to complete.

**Participants will be offered a \$50 gift card or a viable alternative to thank you for your time.**

You can share your story with us by phone, video conference, or in-person at the [Co-Investigator university] or at a CDHPI partner agency. If needed, translation services are available, and travel and/or childcare costs will be covered.

***We will work with you to protect your safety and privacy.***

For more information, or to participate in this project, please contact:



## BARRIERS TO SAFETY PLANNING FOR RURAL VICTIMS OF DOMESTIC VIOLENCE

This project has been reviewed and approved by the University of Guelph [REB #19-02-013] and from all other appropriate universities and territorial licensing bodies. If you have any questions about your rights as a research participant, you may contact The Office of Human Research Ethics at Western University at [REDACTED]

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**Appendix C: Letter of Information and Consent Infographic**



**Letter of Information and Consent Infographic**

We are inviting you to take part in a research project by the Canadian Domestic Homicide Prevention Initiative with Vulnerable Populations which is funded by the Social Sciences and Humanities Research Council of Canada. This letter describes the project so you can decide if you want to participate in an interview. We have reached out to community service agencies to assist with recruitment and we have reviewed media reports to learn of any potential participants. We are asking you to take part because you are a survivor of severe domestic violence, or someone close to you was a victim of domestic homicide (e.g. killed by an intimate partner).

The purpose of this project is to learn how to reduce domestic violence and homicide within four vulnerable populations:

- Indigenous Peoples
- rural, remote and northern communities
- immigrants and refugees, and
- children exposed to domestic violence

These populations experience domestic violence and homicide at a higher rate than the general population, and/or face particular challenges and barriers around accessing supports and resources.

Through interviews with people like you, survivors and family/friends of victims of domestic homicide, we hope to learn more about what worked and did not work when trying to be safe, and what might help other people experiencing domestic violence. We hope that these interviews will give you an opportunity to tell your story as a survivor or to share your perspective as someone who was close to a victim of domestic homicide. We will use information from the interviews to develop better ways to prevent domestic violence in the future and we will hold a CDHPVP conference in 2021 to share the findings and we will provide up-to-date publications, presentations and reports on our website.

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We are interested in hearing from people who were exposed to domestic violence or domestic homicide between 2006 and 2016. All participants must be 18 years of age or older and willing to take part in an audio-recorded interview.

To participate in this project, you must be:

**A survivor of domestic violence** who:

- feared, or who others feared, for your safety due to domestic violence
- is currently safe from violence
- identifies as one or more of the following:
  - Indigenous
  - immigrant or refugee
  - living in a rural, remote, or northern location
  - a parent/caregiver of a child who was killed in the context of domestic violence or an adult who experienced severe domestic violence as a child

**OR**

**Someone close to a victim of domestic homicide** (e.g. family member; friend; co-worker; neighbor; religious leader; and/or formal support person) where the victim identified as one or more of the following:

- Indigenous
- immigrant or refugee
- living in a rural, remote, or northern location
- a child who was killed in the context of domestic violence.

If you participate in this project you will be in contact with the research team on four occasions:

1) when contacting the research team to learn more about the project and to be screened to see if you meet the criteria, 2) when scheduling the interview, 3) at the interview, 4) one week after the interview as a follow up and answer any further questions or concerns you may have.

You can choose to take part in an interview by phone, video conference, or in-person at a university office of a Co-Investigator or partner agency affiliated with the CDHPVIP project. The interview will take approximately one to two hours and will be audio-recorded along with your verbal consent to participate. The interview can be conducted in the language of your choice as long as we are able to find an appropriate interpreter. You may have a support person act as an interpreter, or we can provide a professional interpreter who will be required to sign a confidentiality agreement. If a professional interpreter is needed, we will give you their name before the interview to make sure that you do not know each other. If you identify a professional or formal support person that was familiar with the domestic violence case whom you felt was important in obtaining safety, we will ask for your permission to contact them for an interview to learn about what worked. If you give us permission to contact them, we will ask for your verbal consent and their contact information which will be audio-recorded. In some cases, we will ask for your permission for a trainee to attend the interview to learn how to conduct sensitive interviews. We will ask you in advance of the interview date, the decision is completely up to

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you, and you may decline without a reason. If you agree to have a trainee present, we will ask for your formal consent at the interview. All trainees are required to sign a confidentiality agreement before joining the project.

The details that you may choose to share in the interview may be hard to discuss and may be potentially triggering since they relate to your experiences with domestic violence or domestic homicide. Your interviewer will have a background in violence and trauma-informed practice and will stop the discussion if they sense you do not want to continue or if you tell them that you would like to stop the interview. You may also refuse to answer any of the questions. Your emotional safety is our top priority and you will be asked to share any of your concerns so that they can be addressed before being asked to provide consent to participate in the interview.

The interviewer will audio-record your verbal consent and interview. At the end of the interview, they will transfer the audio-recordings to a secure electronic environment and any audio-recordings made on a recorder will be deleted. We will save your interview audio-recording and transcript using a unique code. Your personal identifying information will not be included in your interview transcript. The audio-recording and the transcript will be stored on password protected and encrypted devices, so that even if the device is stolen, the data will be un-readable. All identifying information will remain confidential and only the research team will have access to it. We may use direct quotes from your interview in our findings, however, we will remove any direct or indirect identifiers when we publish any of your information or direct quotes from this project. For example, we will never use any names or locations that could identify you in any publications. Your name will be changed to a pseudonym or alias when using direct quotes from your interview and we will broaden your geographic location. After the project is complete, the audio-recording of your interview will be destroyed. The Co-Directors, Project Manager, and National Research Coordinator will have access to your personal information including your name and contact information in the case you need to be contacted in the future. This information will be kept in a secure electronic environment that is separate from your transcript interview data. Your interview transcript data will be kept electronically on encrypted and password protected computers maintained by the Centres affiliated with the CDHPVP Co-Directors (The Study and Social and Legal Responses to Violence at the University of Guelph; the Centre for Research on Violence Against Women and Children at Western University). Only the Co-Directors and CDHPVP team members will have access to the data for the purposes of conducting analyses. The data will be retained for seven years after the project is complete and will then be destroyed. Your safety and privacy are important and we will work with you to make sure you are protected.

There are some risks and benefits of participating in this project:



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**Risks.** You may experience distress telling your story. If our researcher feels that you might be in distress, they will remind you that you can withdraw from the project at any time with no penalty for doing so. Our researcher will give you a list of counselling services, hotlines, and support groups that are available in your local area for you to contact if needed and you can also view these supports at [www.cdhipi.ca](http://www.cdhipi.ca) and [www.sheltersafe.ca](http://www.sheltersafe.ca). You can have a support person with you during the interview. Their role will be to provide emotional support to you and they will not be answering any of the interview questions. If you choose to have a support person attend the interview, please pick someone who knows the details of your experience. Your support person must give verbal consent and acknowledge the terms of the confidentiality agreement, which will be audio-recorded.

**Benefits.** Your story is important and may benefit others who may be living in similar circumstances. Your insights may help to inform strategies to prevent domestic homicide in the future.

Under certain circumstances, confidentiality may not be guaranteed. The research team is under legal obligation to report to the authorities any unreported child abuse or explicit threats of self-harm or harm to others. If you disclose any unreported child abuse (abuse to a child under the age of 16), you will be encouraged to inform child protective services in the presence of a research team member. If you decline to report it, the research team member is legally obligated to report the child abuse to child protective services. Also, if you make any explicit threats of suicidal or homicidal ideation about yourself or someone else, the research team member is legally obligated to report this to the police immediately. If there is no explicit threat of self-harm or harm to others, but the research team member has reason to believe that a threat may exist, they will encourage you to seek help and will assist in removing barriers to doing so (e.g. call a cab to take you to the hospital; encourage you to contact a mental health professional that you have seen or one from our list of contacts). Although it is unlikely, a court may order the research team to provide them with information obtained from your participation in this project. The use of web-based applications may not be secure and therefore, if you choose to have your interview through video conference, complete confidentiality of the data cannot be guaranteed because it is collected via the internet. While we will be using the video aspect of the interview strictly to enhance the rapport between yourself and the interviewer, video aspect of the recordings will not be part of future analyses in any way. However, please note that confidentiality cannot be guaranteed while data are in transit over the internet. Lastly, representatives of Western University's Non-Medical Research Ethics Board and other representatives from other universities and territorial licensing Research Ethics Boards may require access to your study-related records to monitor the conduct of the research.

Participation in this project is **completely voluntary**. As a participant you will be responsible for answering the interview questions as you see fit and you may refuse to answer any questions or

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withdraw from the project at any time up until one month after the interview has been conducted with no consequences. You may also request to review your transcript up until one month after your interview has been conducted. After that, your interview will be included and combined with other interviews for our project analyses. If one month has transpired and you would like to withdraw your transcript, efforts will be made to remove it from future analyses, however, any data that has already been used in existing analyses cannot be removed. You do not waive any legal rights by agreeing to take part in this study.

If you participate, you will be offered a \$50 gift card for your time or a viable alternative and you will be reimbursed for travel and/or childcare costs upon providing receipts. If you decide to participate in an interview, we encourage you to keep an electronic or paper copy of this Letter of Information and Consent Infographic for your records if it is safe for you to do so. To learn more about this project, or to view our reports from this project, please visit our website at [www.cdhipi.ca](http://www.cdhipi.ca).

If you have any questions or concerns, feel free to contact the Co-Directors of this project, Drs. Peter Jaffe and Myrna Dawson via email or telephone.

This project has been reviewed by the Research Ethics Board at the University of Guelph for compliance with federal guidelines for research involving human participants and has been approved by the University of Guelph Research Ethics Board [REB # 19-02-013], and [Local institution] Research Ethics Board [REB # \_\_\_\_\_]. If you have questions regarding your rights and welfare as a research participant in this study [REB # 19-02-013], please contact: \_\_\_\_\_

\_\_\_\_\_. You may also contact The Office of Human Research Ethics at Western University at \_\_\_\_\_

Thank you for your time.

Sincerely,

Dr. Peter Jaffe

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Dr. Myrna Dawson

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## Definitions

### Domestic Homicide

For the purposes of the current research project, the following definition will be used to identify domestic homicide cases:

Domestic homicide is defined as the killing of a current or former intimate partner, their child(ren), and/or other third parties.

- Intimate partners include current or former intimate partners, including legally married, common-law, or dating relationships.
- Third parties may include children, new partners, extended family members, friends, neighbours, co-workers, helping professionals, and bystanders.
- The domestic homicide case must be deemed “closed” by the police.

### Domestic Violence

Domestic violence is any use of violence, actual or threatened, in an intimate relationship. It may include a single act of violence, or a number of acts forming a pattern of abuse through the use of assaultive and controlling behaviour. The pattern of abuse may include:

- Physical abuse;
- Emotional and Psychological abuse;
- Sexual abuse;
- Coercive control;
- Criminal harassment (stalking);
- Threats to harm children, other family members, pets, and property.

The violence is used to intimidate, humiliate or frighten a partner in an intimate relationship, or to make them feel powerless.

### Survivor of High-Risk Domestic Violence

For the purposes of this research project, the following definition will be used as inclusion criteria for survivors of high-risk domestic violence including those who:

- feared, or others feared, for their safety due to domestic violence
- is currently safe from violence
- identifies as one or more of the following:
  - Indigenous
  - immigrant or refugee
  - living in a rural, remote, or northern location

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- a parent/caregiver of a child who was killed in the context of domestic violence or an adult who experienced severe domestic violence as a child.

### **Proxies of Victims of Domestic Homicide**

For the purposes of this research project, the following definition is used to identify proxies of victims of domestic homicide:

- Someone who was close to a victim of domestic homicide where the victim identified as one or more of the following:
  - Indigenous
  - immigrant or refugee
  - living in a rural, remote or northern location
  - or a child who was killed in the context of domestic violence.
- Proxies must be able to share their perceptions about the domestic violence the victim experienced and how the victim managed their safety;
- Proxies may be a family member, friend, co-worker, neighbour, religious leader, and/or formal support person (e.g. police officer, shelter worker).

### **Indigenous Peoples**

For the purposes of this project, Indigenous is an inclusive term that encompasses all Indigenous Peoples and identities including:

- Indian;
- Aboriginal;
- Native;
- First Nation;
- Métis; or
- Inuit.

The term recognizes Indigenous Peoples and identities who:

- have status or non-status;
- live on or off reserve.

### **Immigrants and Refugees**

For the purposes of this project, immigrants and refugees are heterogenous, foreign born, and come from different:

- ethnic;
- cultural; and
- religious backgrounds.

Immigrants and refugees can be:

- undocumented or documented;
- legal or illegal;
- non-citizen or non-status;

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- permanent resident or refugee status;
- minority or visible minority groups; and
- immigrant decedents.

### **Rural, Remote, or Northern**

For the purposes of this project, rural, remote, or northern refers to:

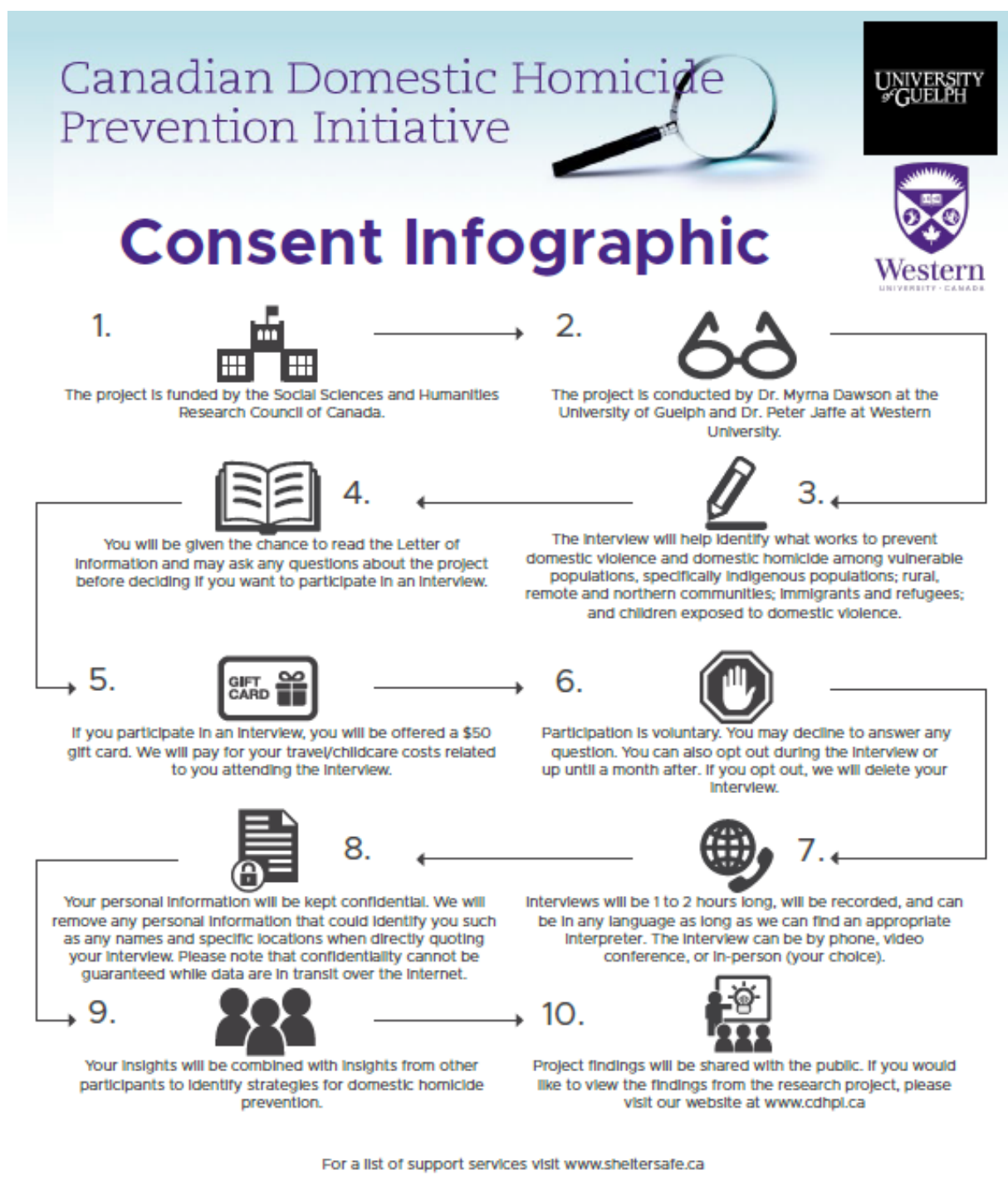
- a community or geographic location with a small and widely dispersed population distribution (less than 10,000) [Rural];
- and/or that is not accessible by road year-round [Remote];
- and/or designated by the provincial government as being the Northern part of the province [Northern] (e.g. for Ontario - <https://nohfc.ca/en/#where-we-serve>).
- All the territories are considered Northern.

### **Children Who Were Exposed to and/or Killed in the Context of Domestic Violence**

For the purposes of this project, the following definitions are used when referring to children and parents involved in circumstances relating to children exposed to domestic violence and/or domestic homicide:

- Children include those who were under the age of 18 at the time of the severe domestic violence or domestic homicide;
- parents include biological parents, step-parents, foster parents, and/or other caregivers (e.g. mother/father's new intimate partner, other family member acting in a caregiving role).

For the purposes of this project, severe domestic violence involving a child or domestic homicide involving a child includes circumstances that were reported either officially (e.g. police) or unofficially (e.g. friends, family).



CO-DIRECTORS OF THE PROJECT:



## Participant's consent to participate in the interview:

- I have been given the opportunity to read the Letter of Information and the Consent Infographic describing this research project.
- All of my questions have been answered.
- I agree to participate in this research project and to have the interview recorded.
- (If applicable) I agree to allow a project trainee to attend my interview for training purposes only.
- I agree to allow direct quotes and insights from my interview to be used in reports and publications with my personal identifying information removed.

☐ Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Support person's consent and acknowledgement of confidentiality agreement:

- I have been given the opportunity to read the Letter of Information and Consent Infographic describing this research project.
- All of my questions have been answered.
- I understand that I am attending this interview as a support person only.
  - (If applicable) I will act as an interpreter as requested by the participant.
- I understand that I will not be contributing to the interview by providing any information about the participant's experiences.
- I agree to keep everything said during the interview confidential. I will not share anything about the interview with anyone else.

☐ Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Participant's verbal consent to contact formal support person for an interview:

I agree the researcher may contact [formal support person name] \_\_\_\_\_,  
a professional or formal support person from [organization] \_\_\_\_\_  
for the purposes of conducting an interview about this domestic homicide case, at  
[contact information] \_\_\_\_\_.

☐ Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Appendix D: Full Interview Guide**



**SURVIVOR INTERVIEW GUIDE**

**Notes for the interviewer**

**Interview Goals:**

- To use a narrative approach so that the research participants can share their story without our asking (only) specific questions about risk and safety.
- To invite research participants to reflect on and share their experiences, and describe their efforts to assess/manage risk and/or plan/enhance safety.
- To learn about victims' help-seeking behaviours, barriers to seeking help, and the kind of help that may have been more helpful.
- To allow participants' experiences of risk/safety to provide context for the risk factors that we identify in the CDHPVIP database and Key Informant interviews.

**Framing:**

Focus is on actions taken and/or strategies (used by victims on their own, by formal services/systems/supports, and/or with informal supports) aimed at managing risk and enhancing safety rather than the actual violence itself.

Hi, my name is \_\_\_\_\_.

Thank you for agreeing to participate in this research interview about risk assessment, risk management and safety planning regarding domestic violence. If you are interested, we can provide you with more information about these terms, however, the overall hope is to learn more about what worked and did not work when trying to be safe, and what might help other people experiencing domestic violence. This interview is being conducted as part of the Canadian Domestic Homicide Prevention Initiative with Vulnerable Populations. The Co-Directors are Dr. Peter Jaffe and Dr. Myrna Dawson, and the Co-Investigator for this region is \_\_\_\_\_.



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This interview asks about what you did to try to stay safe or reduce risk when faced with a range of harmful behaviours by an intimate partner in an effort to understand how to improve safety for individuals seeking help when experiencing violence. Some questions I will ask may trigger emotional responses. You may choose to take a few moments to yourself before deciding whether you would like to continue. You may find that the things you talked about during this interview leave you feeling unsettled and may affect your well being, which is why we provided you with a list of regional/local agencies during the screening process. If you have not already done so, these agencies can help you work on a care plan. This list includes local crisis lines should you need someone to speak with outside of business hours.

Before we begin, I want to make sure we have gone through the Letter of Information and Consent Infographic and that you have had an opportunity to have any questions addressed.

*Prompt:* Review the Letter of Information and Consent Infographic.

Do you have any questions? Do I have your permission to audio-record your consent now and then begin the interview? YES NO

*If no, explain that audio-recording their consent and interview is a criteria to participate in an interview. If they are not comfortable being audio-recorded, thank them for their time.*

Now that it is audio-recording, do you agree that:

- You have been given the opportunity to read and understand the Letter of Information and the Consent Infographic describing this research project.

YES NO

- All of your questions have been answered if not what remaining questions to do you have?

YES NO

- Agree to participate in this research project and to have the interview audio-recorded.

YES NO

- Agree to allow direct quotes and the insights from your interview to be used in reports and publications with your personal identifying information removed.

YES NO

This interview will take about one to two hours to complete. You are free to withdraw from the interview at any time. If we run out of time, and you wish to complete the interview, do I have your permission to contact you at a later date to complete the interview?

YES NO

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Are there any other concerns or anything else you need in order to feel comfortable before we begin?

Is the audio clear?

I just want to remind you that if you feel like you need to, please feel free to let me know if you would like to take a break and remember you can take time to reach out to your supports that you spoke about during the screening process or to contact any of the agencies from the regional/local lists we provided to you.

Thank you.

### **INTERVIEW TEXT: INTRODUCTION**

Now that we have reviewed the consent form, I would like to introduce the interview in a bit more detail. I understand that you experienced high-risk domestic violence, where you feared for your safety, the safety of your children and/or family. I realize it may be difficult to talk about these experiences, so direct input from a survivor like yourself will be a very valuable part of this project so thank you for taking to the time to talk to me today. Myself, the research team, and the project as a whole recognize how difficult it can be sharing these experiences and are grateful for you sharing your experiences with us today.

### **PAUSE**

I am not going to be asking specific questions about the violence you experienced, but as you answer the questions, if the violence comes up, that's fine. As we talked about in the consent process, we'll be exploring issues related to risk and safety.

We want to hear about what people do to try to stay safe or reduce risk when faced with a range of harmful behaviours, including physical or sexual violence, or emotional abuse. We understand that every person's situation is different.

I am going to invite you to tell me a few stories about times that you did something to feel or be safer. This could include something you did on your own or a time when you looked for support elsewhere. The supports might have been informal, such as family and/or friends, or more formal supports from agencies and/or community services. You can tell me about times you reached out to services, family, friends, or co-workers – whatever experiences come to mind.

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I am going to ask for a few different stories depending on the time and how long you would like to continue the interview. For each story, I am going to ask you some questions about the story, and what the story meant for you.

Do you have any questions before we begin?

### CONTEXT

First off, can you tell me a little about yourself and the experiences that brought you to participate in this study?

***Note for interviewers:*** This question is aimed at having some context about the violence but there is no need to probe for details. Remember, the interview is not specifically about the violence. Just let the participant say as much or as little as they would like about the violence.

### STORY PROMPT

I'm going to invite you to think of a specific time when you did not feel safe. I'm interested in hearing what you did to feel or be safer. Can you describe what happened?

***Note for interviewers:*** This question is the “story prompt”—it’s intended to solicit a narrative or an anecdote about something that happened. We hope that the prompt will solicit just one specific experience but sometimes participants will tell several stories in one. You should try to parse out individual stories and ask the subsequent questions about each one. If you do get more than one story here then follow up when the participant seems to have finished talking by saying something like the following: “I am hearing a few distinct stories here so let’s see if we can talk about them each individually—it sounds like there is one story about [fill in the details], another about [fill in the details] [and so on . . .].” Then let the participant know that in your next questions you would like to talk about each story, one at a time.

You may have to ask questions to keep the narrative going (e.g., “and then what happened?” or “can you describe what happened next or what you did next?”)

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### STORY EXPLORATION

**Note to interviewers:** Ask the following questions about this specific experience.

What were you feeling during this time? What emotions do you remember?

In your story, you talked about [*mention the actions described*]. Would you say these actions you described were more helpful or unhelpful in reducing your risk or enhancing your safety?

- *If these actions were more **helpful** at reducing risk or enhancing safety, ask:* What about these actions do you think made you feel safer and/or reduced your risk?
- *If these actions were more **unhelpful** in reducing risk or enhancing safety, ask:* How would you change this story to make you feel safer and/or reduce your risk?

Was there anyone else, formal or informal, you think should have been involved at this point?

- *If yes:* Who should have been involved? How do you see that they could have become involved and what should (or could) they have done?
- What might have prevented you from accessing supports?
- What might have prevented supports from providing assistance to you?

You've lived through this and your insights are very valuable. Based on this story, what advice would you give to another person who is in similar circumstances as you?

Based on this story, what advice would you give to the people involved around providing effective support to reduce risk and enhance the safety of someone in similar circumstances as you?

- *Prompt for formal support services:* For instance you mentioned [agency/service involved in case] was involved?
- *Prompt for informal supports:* For instance you mentioned [e.g., family, friend, neighbour] was involved?

### STORY INTERPRETATION

The next question is to help me understand what these actions meant to you. I am wondering, if you were going to write about the actions you just described, what would the title be? The idea is to think of a way to sum up the story you've just shared in a few words. You could try to think about a book title, a song title, or maybe a newspaper headline.

**Note for the interviewer:** This question is designed to gain an understanding of the research participant's interpretation of their own story. This follows principles of narrative research whereby we try to avoid asking about opinions and instead probe the participant's interpretation of their own story. We are interested in what they think their story is about. Some people may find it difficult to come up with a title, while others really like thinking

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about this question. Be sure to pay attention to whether they are struggling to think of something and to let them know that it's sometimes hard to do this. Let them move on to the next questions and that they can let you know anytime if they think of something.

### REPEAT STORY PROMPT, EXPLORATION, AND INTERPRETATION

**Note to Interviewer:** Repeat the story prompt to generate another action and ask the follow up exploration and interpretation questions. The questions could be repeated as time and energy allows (approximately 2-3 stories or up to 90 minutes).

Thank you for sharing these stories with me.

**Note to Interviewer:** Ask the question below if all the stories were helpful or if they were all unhelpful. We want to make sure we capture both positive and negative stories, if they had both kinds of actions, so we can learn about effective strategies as well as missed opportunities.

Do you feel these strategies/interactions with agencies were helpful or unhelpful to your experience with domestic violence? If so, can you share the helpful and unhelpful experiences you had and explain why you felt this way?

- *If yes*, repeat questions regarding this action.
- *If no*, invite another story, whether helpful or unhelpful.

### OVERALL EXPERIENCE

I have a few questions about your actions as a whole:

What overall advice would you give to another person in similar circumstances as you to help them stay safe?

Now I'd like to have you think of a scenario where a victim of domestic violence has approached you asking for help. What advice would you give them based on your own lived experiences to reduce/manage the risks and/or enhance their safety?

*Prompt if needed:* I'm thinking here of informal supports, like family and friends [or others referred to in the interview], or more formal supports, like [say formal supports referred to in interview but if no formal supports involved, say police or social workers as examples].

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If you could make two or three changes to help support people going through what you went through, what would they be?

Thank you for sharing your advice and ideas for changes that would help support people going through what you went through. Your advice and suggestions are really valuable. If you would like the opportunity to review your transcribed interview to make sure that it accurately reflects what you said, please reach out to me by [30 days after interview].

## DEMOGRAPHICS

I'm going to now ask some demographic questions that will help me understand a bit more about you and your circumstances at the time of the actions you described. The information we're asking here is for background purposes only. We won't use any identifying information in any reports, articles or presentations. We would just like some demographic information about the people whose stories we have heard.

**Note to Interviewer:** Ask all questions as open-ended questions. Options below are included in case the participant needs options to answer the question and so you can check the appropriate response(s) instead of writing out the answers to each question. Check more than one box if needed.

You can choose not to answer any question that makes you uncomfortable.

**What year were you born?** \_\_\_\_\_

**How do you identify your gender?**

- ☐ Woman
- ☐ Man
- ☐ Trans woman
- ☐ Trans man
- ☐ Genderqueer / gender variant / gender fluid
- ☐ Non-binary
- ☐ Two-Spirit
- ☐ Participant identified as: \_\_\_\_\_
- ☐ Preferred not to answer

**Which ethnic or cultural group do you identify most with?**

- ☐ Indigenous (First Nations, Metis, Inuit, other Indigenous)

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- ☐ White/Caucasian (Including European decent)
- ☐ African, Caribbean or Black
- ☐ Latin American
- ☐ Arab
- ☐ East Asian (e.g. Chinese, Japanese, Korean)
- ☐ South Asian (e.g. East Indian, Pakistani, Sri Lankan, etc.)
- ☐ Southeast Asian (e.g. Vietnamese, Cambodian, Laotian, Thai, Filipino, etc)
- ☐ West Asian (e.g. Iranian, Afghan, etc.)
- ☐ Other, please specify: \_\_\_\_\_
- ☐ Preferred not to answer

**What was your relationship with the person who harmed you during the time of the actions you described?**

- ☐ Dating
- ☐ Married/common law and living together
- ☐ Married/common law but not living together
- ☐ Divorced/separated
- ☐ Other \_\_\_\_\_

**What is your current relationship with the person who harmed you?**

- ☐ Dating
- ☐ Married/common law and living together
- ☐ Married/common law but not living together
- ☐ Divorced/separated
- ☐ Other \_\_\_\_\_

**What period of time is covered by the actions you described? (not exact dates, but years/months) \_\_\_\_\_ to \_\_\_\_\_**

[For immigrant and refugee only] **At what point did the domestic violence start in your migration journey? \_\_\_\_\_**

**Did you have any children at the time you were being harmed?**

- ☐ Yes
  - How many children? \_\_\_\_\_
  - What were their ages at the time of the stories you described? \_\_\_\_\_
  - \_\_\_\_\_
  - Who were they living with at the time of the stories you described?
  - \_\_\_\_\_
  - Were the children exposed to the domestic violence or did they experience violence themselves? (if indicate children had experienced violence ask to what level to determine if homicide occurred) \_\_\_\_\_

## BARRIERS TO SAFETY PLANNING FOR RURAL VICTIMS

☐ No

In what city/community and province did the stories you described take place? As a reminder, the name of your city/community will not be identified in any reports or papers. You can also share if it was a rural community/farm or city if that is more comfortable.

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## PARTICIPATION EXPERIENCE

We are coming to the end of the interview. These last questions ask about your experience doing this interview and participation in this study.

1. How do you feel about participating in this research study, now that you have completed the interview?
  - *Probe:* Were there any questions that prompted negative feelings or difficult emotions for you? Were there any positive feelings that came up?
2. If you had known in advance what participating in this research interview would feel like, would you still have agreed to participate? Please explain. [Note for interviewer: Report any negative participant experience responses to the Regional Coordinator.]

We have now come to the end of the interview. We appreciate you taking the time to participate in an interview for this research project. Your contribution is important and will be used to educate service providers and the wider community on helping other people who are experiencing domestic or intimate partner violence.

We would like to take this opportunity to remind you of [the care plan and] the list of local and regional agencies that are available to provide you with further support and we encourage you to connect with them after the interview.

Thank you.



### Appendix E: Codebook

#### Barriers to safety planning among DV survivors in RRN communities

- **Confidentiality Concerns:** woman cites that limited confidentiality in RRN regions was a barrier to safety planning
- **Access to firearms:** Woman cites that having firearms in the home inhibited safety planning
- **Family Loyalty:** Woman cites being discouraged from help-seeking because of a duty to stay loyal to her family
- **Victim Blaming:** Woman cites being blamed for the abuse she's experienced
- **Conservative Values:** Woman cites patriarchal/conservative/fundamentalist values in her community as inhibiting her from safety planning
- **Geographical barriers:** Woman cites geographical barriers (e.g. long distances to services, weather conditions) as preventing her from safety planning
- **Lack of access to transportation:** Women citing a lack of access to public transportation as a barrier to safety planning
- **Farming responsibilities:** Woman cites that having farming responsibilities (e.g. farm animals, finances tied to farm) prevents her from safety planning
- **Financial Barriers:** Women citing lack of access to monetary resources as a barrier to safety planning
- **Low Service Provision:** Woman cites a limited amount of services available in her area as a barrier to safety planning
- Recommendations for those assisting survivors of DV

## BARRIERS TO SAFETY PLANNING FOR RURAL VICTIMS

- **Providing a non-judgmental space:** Women explain that those assisting them should provide a non-judgmental space for them to disclose about domestic violence
- **Ask about DV:** Women explain that service providers and allies should not be afraid to inquire about the possibility of DV
- **Create safety plans:** Women cite that having supports form safety plans with them was a helpful means of reducing risk
- **Meet survivor's where they're at:** Women explain that supports should provide assistance to survivors based on their needs (e.g. not telling the woman she needs to leave the abusive situation if all she wants is a listening ear).
- **Providing appropriate Resources:** Survivors of DV explain that supports should be able to provide information about appropriate domestic violence resources

## BARRIERS TO SAFETY PLANNING FOR RURAL VICTIMS

### Curriculum Vitae Sara Kohtala

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#### Education

09/19 - 06/21      **Master of Arts, Counselling Psychology**  
*University of Western Ontario*

09/13 - 04/17      **Bachelor of Arts Honours, Psychology**  
*University of Guelph*

#### Academic Experience

09/19 - 04/21      **Masters Thesis**  
*Center for Research and Education on Violence against Women and Children - University of Western Ontario*

09/16 - 04/17      **Honours Thesis**  
*Women's Health and Well-being Research Group - University of Guelph*

10/16 - 04/17      **Research Assistant**  
*Psychology, Society, and Technology Research Lab - University of Guelph*

10/16 - 03/17      **Women's Day Academic Conference Co-coordinator**  
*Women's Health and Well-being Research Group - University of Guelph*

09/15 - 02/16      **Research Assistant**  
*Sexuality and Diversity Research Lab - University of Guelph*

#### Work Experience

10/19 – 04/21      **Research Assistant**  
*Centre for Research and Education on Violence against Women and Children*

04/17 - 06/19      **Behaviour Therapist and Psychometrist**  
*Cochrane Temiskaming Resource Centre - Full Time*

05/16 - 09/16      **One-to-One Support Counsellor**  
*Canadian Mental Health Association - Full Time*

05/14 - 09/14      **Day Program Counsellor and Coordinator**  
*North Eastern Ontario Family and Children's Services - Full Time*

#### Volunteer Experience

09/20 - Present      **Counselling Intern**  
*Daya Counselling Center*

06/16 - 03/17      **One-to-One Support Worker**

## BARRIERS TO SAFETY PLANNING FOR RURAL VICTIMS

*Canadian Mental Health Association - Waterloo Wellington Dufferin*

09/15 - 06/16

**Mealtime Supervision - Eating Disorders Unit**  
*Homewood Health Centre*

05/15 - 09/15

**Recreation Therapy Assistant - Addiction Medicine Unit**  
*Homewood Health Centre*