

---

**Engaging Victims of Domestic Violence in the Drumheller  
Region of Alberta: A Needs Assessment  
Final Report**

---



by

**Leslie Tutty, Ph.D., RSW**  
Academic Research Coordinator, RESOLVE Alberta  
Full Professor, Faculty of Social Work

**Cindy Ogden, MSW, RSW**  
Research Associate, RESOLVE Alberta

**Karen, Wyllie, BSW**  
Research Associate, RESOLVE Alberta

**Gillian Weaver-Dunlop, MSW, RSW**  
Research Associate, RESOLVE Alberta

**Report Prepared for the  
Drumheller and District Association for Prevention of Violence**

**August 2006**

## **Acknowledgements**

This project was conducted on behalf of the Drumheller and District Association for the Prevention of Violence. This organization is an initiative of concerned service providers in the region, who work together to provide information about services for victims of family violence, assess needs and make plans for service delivery.

Funding to conduct the research is from the Alberta Children's Services Prevention of Family Violence and Bullying Community Incentive Fund. We gratefully acknowledge their support.

The design and content of the needs assessment interview schedule were developed in consultation with a Research Advisory team composed of members of the Drumheller and District Association for the Prevention of Violence. They include Kim Telford of Big Country Victim Services, Darcy Ruecker from Family and Community Support Services (FCSS), Patrick Dillon from Child and Family Services, Karen Pease from the Community Crisis Society of Strathmore, Marion Ewing of Alberta Mental Health, Andrea Olson from FCSS, and Cst. Janice Schoepp from the RCMP in Hanna.

Thanks also to Joanne Costello, Brandie Fuder and Ayda Tehrani, who conducted the research interviews under the supervision of and in collaboration with Karen Wyllie and Cindy Ogden.

The research was conducted by RESOLVE Alberta, a family violence research institute based at the University of Calgary. RESOLVE Alberta is part of a tri-provincial research institute with additional offices in Manitoba (at the University of Manitoba) and Saskatoon (the University of Saskatchewan). The functioning of RESOLVE Alberta has been greatly assisted by receiving external funding from the Partnership Program of the National Crime Prevention Program of Justice Canada. Our greatest ongoing support, for which we are extremely grateful, is from the *Prairieaction* Foundation. Their website is [www.prairieactionfoundation.ca](http://www.prairieactionfoundation.ca). The RESOLVE Alberta website is [www.ucalgary.ca/resolve](http://www.ucalgary.ca/resolve).

Most importantly, we would like to acknowledge the key community stakeholders and women affected by intimate partner violence in Drumheller and Hanna who were willing to share their knowledge and experiences. Their input has been invaluable.

## Table of Contents

<b>Executive Summary .....</b>	<b>i</b>
Overview of the Research Results .....	i
Recommendations .....	v
<b>Chapter One: Family Violence and Bullying in Rural Communities .....</b>	<b>1</b>
Alberta Public Opinion Survey .....	1
The Nature of Intimate Partner Violence .....	2
Intimate Partner Violence in Rural Communities .....	4
Rural Strategies to Address Intimate Partner Violence .....	10
Child Abuse in Rural Areas .....	14
Rural Interventions Specific to Child Abuse .....	16
The Abuse of Older Adults in Rural Areas .....	18
Rural Interventions Specific to the Abuse of Older Adults .....	20
Bullying in Rural Areas .....	21
Rural Interventions Specific to Bullying .....	22
General Prevention and Intervention Strategies for Rural Communities .....	24
Summary .....	25
<b>Chapter Two: Drumheller and District and Needs Assessment Methodology .....</b>	<b>27</b>
Overview of the Research Results .....	28
<b>Chapter Three: The Response to Intimate Partner Violence in Drumheller .....</b>	<b>30</b>
Forms of Violence Ratings of Significance .....	30
Factors That Impact Leaving an Abusive Partner .....	32
Services for Victims of Intimate Partner Abuse .....	35
Shelter/Outreach Services .....	36
Victim Services .....	41
General Services for Victims of Intimate Partner Violence .....	44
Challenges for Services working with Victims of Intimate Partner Abuse .....	48
Services for Perpetrators of Intimate Partner Violence .....	53
Challenges in Offering Services for Perpetrators of Partner Violence .....	57
<b>Chapter Four: The Response to Child Abuse in Drumheller .....</b>	<b>59</b>
Children and Family Services .....	60
Other Counselling Services Available to Children .....	65
Justice System Services for Children .....	72
Counselling Services for Child Victims of Sexual Abuse .....	73
Challenges for Services Working with Abused Children .....	74
Services for Child Abuse Perpetrators .....	75
Child Welfare Legislation Regarding Children Impacted by Family Violence .....	76
Summary of Children’s Services in Drumheller .....	78
<b>Chapter Five: The Response to Other Forms of Family Violence in Drumheller ....</b>	<b>79</b>
Services to Prevent and Address Dating Violence .....	79
Services for Victims of Sexual Assault .....	81
Challenges for Services with Sexual Assault Victims .....	83
Services for Sexual Assault Perpetrators .....	84
Services for Adult Survivors of Sexual Abuse .....	85
Services for Abuse Against Older Persons .....	86
Challenges Addressing Abuse Against Older Persons .....	90

Bullying.....	91
Working with Children that Bully .....	96
Challenges in Addressing Bullying .....	96
Addiction Issues in Family Violence .....	97
The Justice Response to Bullying .....	104
The Role of Healthcare in Addressing Family Violence and Bullying .....	104
The Role of Healthcare in Addressing Bullying.....	107
Culturally Sensitive Services .....	107
Collaborating to Address Family Violence and Bullying.....	108
Prevention or Intervention Strategies that Work Well in Rural Areas .....	111
Stakeholder Recommendations Regarding Family Violence and Bullying .....	113
<b>Chapter Six: The Response to Family Violence and Bullying in Hanna .....</b>	<b>116</b>
The Importance of Family Violence in Hanna .....	116
Leaving Abusive Intimate Partners.....	117
Services for Victims of Intimate Partner Violence .....	118
The Justice System Response to Violence.....	120
Services for Perpetrators of Intimate Partner Violence .....	123
Services for Victims of Dating Violence .....	123
Services for Victims of Sexual Assault .....	124
Services for Victims of Abuse Against Older Adults.....	125
Services for Abused Children .....	126
Services for Children Exposed to Family Violence.....	128
Services for Perpetrators of Child Abuse.....	129
Services for Victims and Perpetrators of Bullying .....	129
Education and Primary Prevention .....	131
The Response of Health Care Professionals .....	132
Addictions and Family Violence .....	133
Collaboration.....	134
Culturally Sensitive Services .....	135
Stakeholder Recommendations for Hanna and Area.....	135
<b>Chapter Seven: The Drumheller and District Association for the Prevention of</b>	
<b>Violence.....</b>	<b>137</b>
Awareness of DDAPV .....	138
Awareness of the DDAPV Activities .....	138
What is Working Well? .....	139
Challenges for DDAPV .....	140
DDVAP Goals for the Future .....	142
<b>Chapter Eight: Summary and Recommendations.....</b>	<b>145</b>
Overview of the Research Results .....	145
Recommendations.....	149
<b>References.....</b>	<b>153</b>
<b>Appendix One: RESOLVE Alberta Stakeholder Interview Guide.....</b>	<b>158</b>
<b>Appendix Two: Drumheller and District Victim Interview Guide .....</b>	<b>161</b>

## **Executive Summary**

While the serious nature of various forms of family violence has been generally acknowledged in Canada, the differential impacts and the difficulties addressing abuse in rural communities has not been well highlighted. Although various forms of violence are at least as prevalent in rural communities as in urban areas, rural communities have not benefited from the array of services generally available to urban populations.

The purpose of the research is to assess the need to develop services and /or better engage the victims and perpetrators of domestic violence in Drumheller, Hanna and surrounding region. The major research method was conducting in-depth interviews with 59 key community stakeholders including representatives from community services and counselling agencies, child welfare, education, the police, Crown prosecutors and others determined by the Research Advisory Team. The interviews gathered opinions with respect to knowledge and attitudes about domestic violence, services available in the region and the needs for services. A further component was interviewing the women victims of violence about their perceptions of the availability of services and the efficacy of the domestic-violence specific services in the region.

The interview guide developed in partnership with members of the Drumheller and District Association for the Prevention of Violence was broadly focused and detailed. It yielded a substantial number of comments, many that presented common perceptions of issues and some that identified controversies and competing views. The goal of this report is to identify such issues, not to provide solutions. The responses to any issues need to emerge from the community, from those that understand the strengths and limitations of operating within their environment as suggested by several authors (Breton et al, 1997; Edleson & Frank, 1991; Hornosty & Doherty, 2001; Jiwani et al., 1998).

### **Overview of the Research Results**

The stakeholders interviewed for the current needs assessment were from a variety of jurisdictions, from those that work directly with victims and perpetrators of violence such as individuals that work in child welfare, counselling and Victim Services, to those that at times become aware that one of their clients, patients and students has been affected by family violence or bullying, to those that have no little or no direct experience with these issues. The key informants represented the major systems that respond to family violence: justice, health, mental health and education. Although the interviews were conducted with a relatively small number of individuals in the Drumheller and Hanna district, the depth and breadth of their responses provide a comprehensive picture of the community response to the problems and gaps or challenges in the response.

The community stakeholders perceived issues of family violence and bullying as of significant concern. Their perception was not necessarily that family violence and bullying happens more often in their district, but that when these issues arise, it is critical that they be addressed and appropriate assistance provided. Their concerns are congruent with the findings of the Alberta Public Opinion Survey (EKOS Research Associates) conducted in 2005 that reported that residents of rural areas are more likely than urban residents to believe that family violence should be an urgent priority for the provincial government

The stakeholders from Drumheller and Hanna identified a number of issues with systems already in place to address family violence and bullying, such as the justice, child welfare and health systems. Of the various forms of family and other violence addressed in this needs assessment: intimate partner violence, child abuse, the abuse of older adults, dating violence, sexual assault and bullying, according to the key informants, the issue of most immediate concern in both Hanna and Drumheller is the response to child abuse. Child welfare workers were perceived as responsive to referrals, but, with significant caseloads, as not following through on many cases that the stakeholders considered worthy of intervention.

Another significant issue was that, while the key informants commented that some individuals affected by family violence and bullying are well-served by members of the justice, health, mental health and educational systems, this is often individual-specific. Some staff intervene effectively, while others respond in ways that not only minimize the significance of the abuse, but exacerbate the problem. Examples of ineffective responses provided by the stakeholders included perpetrators of spousal abuse receiving light sentences or no repercussions at all, victims being refused emergency protection orders, and health professionals not utilizing screening protocols.

Such diversity of professional response is certainly not any more prevalent in rural communities than urban centres. For example, research on the justice response to domestic violence both in terms of police services, the judiciary and justices of the peace (with regard to emergency protection orders) show difficulties across Alberta communities (Tutty, et al., 2005). Even when domestic violence screening protocols in hospital emergency departments are mandated by the administration, the utilization of the screening varies considerably from staff member to staff member (Thurston, Tutty, Eisener, Lalonde, Belenky, & Osborne, under review). Ultimately, the issue is not whether one lives in an urban or rural community, but raising public awareness and providing specialized domestic violence training to change the culture of the institution to make it unacceptable to treat victims inappropriately or to not utilize available tools that give victims the choice to seek assistance.

The key informants identified a number of services or individuals with specialized knowledge or interest in violence issues that are resources to those affected by family violence and bullying in the communities of Drumheller, Hanna and the surrounding district. While there were some identified gaps in service for specific groups of victims or perpetrators and access to the available services was not necessarily ideal (to be addressed later), the major resources considered essential to assisting victims were primarily in place. For example, although there is no shelter for abused women in Drumheller, outreach services for women abused by intimate partners and groups to provide intervention with men who abuse partners have been provided over the years by the Crisis Community Society from Strathmore and AADAC. Such long-standing partnerships are essential in rural communities and demonstrate the resourcefulness that is necessary in rural constituencies. Some services or programs were not widely known about, suggesting the need to develop a strategy to document and circulate information on what services and programs are available locally.

The challenges identified in the literature with respect to providing appropriate and comprehensive services for those affected by domestic violence and sexual assault in

small rural communities were echoed in the key community stakeholder interviews of the current needs assessment. These include having specialized services for various forms of family violence, the stigma and lack of privacy embedded in living in a small community that can be a barrier to seeking assistance and transportation/access to services. Each is addressed below.

In comparison to urban settings, rural communities such as the Drumheller and Hanna region have fewer specialized services or professionals with advanced training to intervene with the victims and perpetrators of domestic violence and bullying. Training and community collaboration are even more essential in rural settings because of the paucity of specialized services.

Finding ways to more effectively engage victims was another concern raised in both the literature and by the key stakeholders interviewed for the current study. The greater lack of privacy and confidentiality that accompanies living in a small town or rural community can certainly be a barrier to those that need services but wish to retain their anonymity, especially when in the early stages of exploring their victimization. Two factors are interwoven in this particular issue: providing anonymity and reaching out to those affected by various forms of violence.

With respect to the need for confidential and sometimes anonymous services, the stakeholders suggested strategies to provide greater security such grouping services together so that an outsider could not ascertain if a woman was going for counselling or to see a doctor for a medical complaint. Other communities put social services and counselling offices into shopping malls for the same reason. Creative alternatives to the traditional means of engaging clients are one option. The toll-free 24 hour crisis telephone line offered by the Community Crisis Services of Strathmore certainly provides both anonymity and the opportunity to explore issues related to living with violence before taking actions that result in the public becoming aware of these very sensitive and personal problems.

The second question is how to engage victims of family violence and bullying in the hope of providing services early enough to prevent potential long-term problems associated with such violence such as depression, anxiety and substance abuse. While privacy and confidentiality are particularly challenging to ensure in rural communities, difficulties engaging victims are common in larger urban centres as well.

However, it is a mistake to assume that women abused by intimate partners all have the same needs for services. Further, as identified by several key informants in the current research, there is a fine line between finding ways to offer services and assuming that those affected by family violence and bullying are helpless victims, rather than having made sometimes difficult choices to continue living under challenging circumstances. These comments suggest that the emphasis be on public awareness and providing information about resources so that they are visible and accessible when needed.

Transportation to specialized services such as shelters is another commonly noted difficulty both in the literature and with respect to Drumheller and Hannah. There were no suggestions in the published literature with respect to this issue. Importantly, the Drumheller and District Association for the Prevention of Violence has made this a

priority issue. Nevertheless, transporting women and children to shelters is common across the province, whether it is from full urban shelters to smaller rural ones with a vacancy or rural districts that have no shelter to the closest shelter in a larger community. Consulting with the shelter representatives or the Alberta Council of Women's Shelters might provide additional ideas to address this significant barrier.

The key-stakeholder interviews identified a number of available services to address a number of forms of family violence issues. Nevertheless, the most obvious service gap identified in this study was a shelter for abused women and their children situated in Drumheller. Other gaps in services included the following:

- Lack of counselling services, couples and individual counselling
- Lack of services to treat child abuse perpetrators
- Nothing that addresses bullying outside of the schools.
- Few of culturally sensitive services

Others mentioned services that are available but are under-utilized or people seem not to be aware of them:

- People not aware of Legal Aid.
- People not using the Family Court counsellor.

Finally, other services are available but not adequately funded:

- Increased funding for the perpetrator groups would allow groups to be offered more frequently as need dictates; and individual counselling could be more readily available to the men.
- More local services for sexual assault victims and offenders are needed. Increased funding for the psychologist associated with probation could allow them to come out more than once a month

Other services exist but do not seem adequate to meet the need:

- There's a perception that Mental Health and Child and Family Services are not providing enough services to Hanna.
- Health care professionals often do not screen for abuse

Another theme that emerged from the interviews were issues about which there seemed to be a lack of awareness or attitudes that suggest the need for additional training and education:

- abuse against older adults
- dating violence
- Lack of understanding of the dynamics of intimate partner violence among health care and justice professionals.
- Attitudes of justice professionals toward sexual assault – some have the attitude that women victims get what they deserve.



## **Recommendations**

The following are recommendations that stemmed from the research results for consideration by the Drumheller and District Association for the Prevention of Violence.

### **Recommendation One: Review the issues and stakeholder suggestions identified in the current needs assessment to prioritize issues and develop action plans.**

The needs assessment interviews inquired about many forms of family violence: intimate partner assault, child abuse, dating violence, sexual assault, the abuse of older persons and bullying. Although there are commonalities across these forms of abuse, each form has separate literatures and often different intervention strategies. Without setting priorities, the committee could become overwhelmed if members attempted to address every issue. Some issues were clearly of more immediate concern, such as the child welfare response to child abuse, access to shelter for abused women and the response of some professionals with respect to understanding the dynamic of family violence and bullying and responding appropriately.

The key informants provided their suggestions of priorities for addressing family violence and bullying. As these reflect the opinions of local community members, they deserve particular consideration. Those mentioned most frequently were continued public awareness, education and prevention programs as well as enhancing the services already available. Also seen as essential is continuing to training professionals to identify, assess and intervene when, in the course of their regular work, they encounter individuals who present with issues that could reflect having been impacted by family violence or bullying.

The suggested need for increased training also stems from some stakeholders' critiques of the justice, child welfare and shelter system responses to individual circumstances. Cross-training, inviting professionals from different spheres of service, such as the police and child welfare workers, has recently been recommended with respect to education in family violence. Learning about the perspectives on family violence from these different players is important in assisting service providers understand the strengths and limitations of the possible responses of each to referrals.

### **Recommendation Two: Catalogue the existing services in the district, who offers them and how they are funded.**

The needs assessment interviews identified the core services in Drumheller, Hanna and district that address the needs of victims of family violence and bullying through either agencies specific to the abuse, or organizations that could provide services in staff were trained to detect and address the issues. Nevertheless, some service providers lacked awareness of the services offered. As such, it could be helpful to develop a resource handbook or pamphlet similar to that developed by the Camrose Family Violence Action Society in Camrose or the Action Committee Against Violence in Calgary that catalogues the available services, what they offer and how to contact them.

### **Recommendation Three: The DDAVP Committee consider a strategic planning process to decide future goals and directions**

The Drumheller and District Association for Prevention of Violence has existed in for the past 15 years. An interdisciplinary committee, it has and continues to mount a number of public awareness and information activities including the yearly Red Rose campaign among others. Those aware of the DDAVP Committee spoke positively about their activities. Besides the Red Rose campaign, bringing in speakers such as the Rev. Dale Lang, agency fairs, posters and brochures with respect to various forms of family violence were all mentioned as valuable contributions to raising the awareness of the serious nature of such violence in Drumheller and District.

The Drumheller and District Association for Violence Prevention seems to be at a critical point with respect to their mandate and direction. Over the years, the committee has successfully embarked on public awareness activities such as the Red Rose Campaign and bringing in public speakers. Recent shifts in the committee membership have resulted in some exciting new initiatives and an expanded sense of purpose. The comments from the committee members are divided with respect to whether the Association's focus should continue with their current awareness or education activities or expand the public awareness and training initiatives, perhaps even providing direct services to those affected by family violence and bullying. If the association were to respond to the community need to enhance training and public education as identified in the current need assessment, it would certainly need to expand by applying for funding for a part-time or full-time coordinator.

Engaging in community meetings and a strategic planning process to re-visit the goals and mission of the organization would be an important step before making a dramatic shift to expanding their activities. Part of the strategic planning process could be to review committee membership and address the claims of territoriality and conflict between some DDAVP members identified by several key informants.

**Recommendation Four: Consult with Alberta representatives of rural models that address family violence and bullying.**

Although there are few well developed rural models to address any form of family violence, there are examples of organizations and individuals in Alberta who have successfully developed rural initiatives. The DDAVP committee could consult with some representatives to assist their decisions about priorities, including the Alberta Council of Women's shelters and various rural communities that have successfully developed programs to address family violence and bullying.

In conclusion, the comprehensive information provided to the needs assessment by the key community stakeholders from the Drumheller and Hanna area provides valuable feedback about perceptions of the current contingent of services available to address family violence and bullying, gaps in services and future directions.

## **Chapter One: Family Violence and Bullying in Rural Communities**

While the serious nature of various forms of family violence has been generally acknowledged in Canada, the differential impacts and the difficulties addressing abuse in rural communities has not been well highlighted. This chapter begins by presenting the results of a recent public opinion survey of Albertans' attitudes and understanding of the issues of family violence and bullying with comparisons of rural and urban respondents. The remainder of the chapter focuses on research with respect to the unique features of the rural experience of four common forms of violence: intimate partner violence, child abuse, the abuse of older persons and bullying. The characteristics of each are presented as well as interventions that have been especially tailored for use in rural communities.

### **Alberta Public Opinion Survey**

In the fall of 2005, EKOS Research Associates (2005) conducted a public opinion survey of Albertan citizens to assess their understanding and level of concern about the many forms of family violence and bullying. The survey was conducted with a province-wide telephone survey of a random sample of 803 Alberta residents 16 years and older. Overall, the results confirmed that:

Albertans generally believe family violence has become a more serious problem over the last ten years. While recognizing that family violence is a serious social problem, there is a tendency to view family violence as occurring far from one's own backyard. Almost half of Albertans (42 per cent) think that family violence occurs not very often or not at all in their own community. The majority of Albertans (three-quarters) place a high priority on the issue of family violence both for governments and for their own community. Individuals generally disagree that the issue has been overstated by the media. (p. ii & iii)

Further, a majority of Albertans have been exposed to media or other information about family violence. With respect to a question about the availability of such information:

More than two in three Albertans have read or heard information about family violence in the last year and the majority of Albertans feel well-informed about the issue, with television and newspapers being most frequently mentioned sources. The extent to which individuals have been exposed to information about family violence has an important and positive impact on a number of other attitudes about family violence (e.g., broader definition of family violence, concern about the issues heightened) and is correlated with a greater willingness and capacity to intervene in situations of family violence.

Nonetheless, having heard about the issue does not mean that individuals would respond to the issue in helpful ways.

The Alberta Public Opinion Survey identified several differences in responses from Albertans living in rural as compared to urban communities. These differences are as follows:

- *“People who are violent are usually out of control and not responsible for their behaviour”*. Urban Albertans are more likely than rural respondents to agree with

this statement, as are visible minorities (e.g., 37 per cent of visible minorities agree compared with 24 per cent of other Albertans). (p. 27)

- Those living in rural areas are more likely than urban dwellers to feel that family violence should be an urgent priority for the provincial government (94 per cent of rural and 81 per cent of urban respondents identify this as an urgent provincial priority), while those in urban centres are somewhat more likely to feel it should be a priority at the local level. (p. 29)
- Women are more likely than men to have known someone who was experiencing family violence. The same is true of rural compared to urban dwellers (73 per cent of rural respondents have known someone who experienced family violence compared with 60 per cent of urban respondents). Residents of Calgary are less likely to have known someone in a situation of family violence. (p. 42)
- Rural residents are more apt than urban residents to report knowing of a situation involving spousal violence (65 per cent of rural versus 50 per cent of urban residents report a situation involving spousal violence). (p. 43)
- Women are far more likely than men to have intervened in the family violence situation identified (56 per cent of women were able to intervene compared with 38 per cent of men). Urban respondents are also more likely to intervene in comparison to rural Albertans. (p. 45)
- Women more often recall hearing or reading something about bullying within the past year compared with men (74 per cent of women do compared with 66 per cent of men). The same is true of Albertans living in rural locations (77 per cent of rural Albertans have heard or read something on the topic compared with 69 per cent of urban residents). (p. 70)
- Respondents in urban locales are more likely than rural dwellers to include violence in gay, lesbian or transsexual relationships within their definition of family violence (86 per cent compared with 76 per cent of rural Albertans). p.6)

In summary, according to this public opinion survey, many Albertans living in rural communities have a solid grasp of the issues related to domestic violence and bullying.

### **The Nature of Intimate Partner Violence**

Currently, “intimate partner violence” is the term most commonly used to describe the physical and psychological abuse of married or cohabiting couples. Most Canadian couples do not behave abusively to each other, however when serious violent and psychologically abusive acts are used intentionally against one’s loved ones, the results can be tragic.

Both men and women can be victimized by intimate partners, however, it is generally acknowledged that women are the most seriously affected and at risk of injury and death, resulting in specialized services to address their safety such as violence against women shelters and support groups. As the 2004 General Social Survey on Victimization conducted by Statistics Canada (2005) clarifies, while the self-reported rates of abuse of

men and women are relatively equal, abuse against women by male partners occurs more often and tends to result in more serious consequences such as fear of death. In this study, 44% of women reported being injured, compared to 19% of men. 13% vs. 2% sought medical help. Women were almost twice as likely as men to report having been beaten (27 vs. 15%), and three times more likely to report having been choked (25 vs. 8%). Perhaps most informative is that women fear their partners' violence to a significantly greater extent: 34% of women compared to 10% of men admitting being afraid for their lives at some point (Statistics Canada, 2005).

This is not to deny that men can be victims of intimate partner violence, in relationships with either women or men. However, the serious abuse of men by women intimate partners is not as prevalent; estimates suggest that 8 to 9 times as many women as men are abused, and there is no documentation that men commonly need resources such as shelters (Tutty, 1999a). Arias and Corso (2005) of the Centers for Disease Control and Prevention in Atlanta recently reported that the health costs for injuries caused by intimate partner violence for women were twice that for men. Women were not only more likely than men to use hospital emergency and inpatient facilities, but were more likely to need to take time off work and from child care responsibilities because of their injuries.

The abuse that women endure from intimate male partners takes many forms and typically extends throughout the relationship. Intimate partner abuse is different from the marital disagreements that all couples experience. While some violent acts may begin as arguments, the core issues are more typically control or jealousy. Partner abuse is not about anger in reaction to a dispute but the intentional and instrumental use of power to control the woman's actions (Kimmel, 2002). The force and form of the violence far outweighs the import of the precipitating issue. Women are not merely pushed, shoved or slapped, they are beaten or injured. Every year across Canada, women are murdered by their partners as the tragic result of violence in their relationships.

Physical abuse comes immediately to mind when we think about abuse, but psychological abuse, including deliberately hurtful comments and degrading sexual slurs, erode women's self-esteem over time. Partners are often extremely jealous or force women to account for their whereabouts at all times. Financial abuse, taking control of the family income, including her pay-cheque, and failing to provide adequate money to cover food, and other family basic needs, is common.

The control and degradation of being emotionally abused by an intimate partner may have as strong or stronger effects on a woman's self-esteem and, thus, impact her ability to protect herself or her children (Dutton & Goodman, 2005). Psychological abuse entails making berating ones partner with comments that target the most private and personal aspects of a woman's life. Psychological abuse also includes death threats that elevate the risk of harm to a new level that must be taken seriously, especially if the partner possesses a weapon such as a firearm, which is more common in rural communities (Tutty, 1999b).

The physical abuse of women by their partners often results in serious injuries and, for some, life-long disabilities. At the extreme, the assaults are brutal. In interviews in shelters in Alberta (Tutty & Rothery, 2002), the women reported having had "lots of

broken bones,” being “flipped over, smacked on the head and punched in the crotch,” being “thrown out of a car at highway speed”, having head or internal injuries. One woman’s partner deliberately broke her arm - another, after surgery, deliberately kicked his wife in the site of her incision. Such serious and degrading abuse occurs more often than generally thought.

Women are commonly raped and/or sexually coerced by abusive partners (Bergen, 2004; Campbell & Soeken, 1999). Sexual assault may result in serious physical injuries. In the context of being in an ongoing intimate partner relationship, the assaults are likely repeated, rather than being a one-time traumatic event, as is more often the case in stranger or acquaintance rape.

Woman abuse often extends beyond the relationship in the form of stalking and criminal harassment (Beattie, 2003). Abused women are often threatened with having their children kidnapped. Some research suggests that woman and children are at more risk of being murdered by partners after they have left the relationship.

Threats to kill women (and perhaps the children) are common in seriously abusive relationships and raise the level of fear to new heights. Some abused women and their children are murdered by their partners. Alberta reportedly has one of the highest rates of domestic homicide in the country: “Between 1974 and 2000, an average of 10 women and three men were murdered each year by their spouses (Statistics Canada, 2000).

Though considerable research has documented the traumas and negative consequences for women who live with abusive partners, we are at risk of the perceiving the women as “helpless” victims, not seeing their strengths and coping abilities to both endure abuse and, ultimately, decide to leave. Acknowledging their resilience and finding ways to support their strengths is a critical aspect of intervention (Tutty, 2006).

In summary, the nature of the abuse that women suffer from their partners is serious and disconcerting. While focusing on physical injuries is important, many women endure years of intense psychological abuse that devastate their lives and the lives of their children. Most women are abused in multiple ways, each of which has a cumulative effect on their feeling trapped and ineffective in either addressing the abuse or fleeing their abusive partners.

### **Intimate Partner Violence in Rural Communities**

According to Statistics Canada (2005), there is no difference between the rates of domestic violence reported in rural versus urban areas. This finding is supported by researchers in the United States, who reported the rates of wife abuse in rural areas to be on par with the rates in urban areas (Straus, Gelles, & Steinmetz, 1980, cited in Edleson & Frank, 1991; Websdale & Johnson, 1997, cited in Hornosty & Doherty, 2001; Krishnan, Hilbert & Pase, 2001).

Other researchers have documented rates of domestic violence that are higher in rural than urban areas (MacLeod, 1989, cited in Breton et al., 1997; Johnson & Elliot, 1997). In their study of family practice clinics in rural versus urban areas, Johnson and Elliot (1997) reported that women who visited their family physician in urban settings were significantly less likely to be in a current battering relationship than women from rural communities. The researchers also noted some demographic differences in the two

groups of women, in that the rural participants in their study were significantly older, less likely to be employed or educated beyond high school, and had more children. Other demographic differences between rural and urban women that have been well-documented in American literature are that rural women have their first pregnancy earlier in life than do women in larger communities, a greater percentage of rural women are married, and a smaller percentage are divorced or work outside the home (Johnson & Elliot, 1997).

Recent research comparing the help-seeking and coping strategies of rural versus urban abused women confirms there are significant differences in demographics between the two populations, and also provides evidence that rural women may experience more severe levels of abuse than their urban counterparts (Biesenthal, 2000). Shannon, Logan, Cole and Medley (2006) studied 378 rural and 379 urban abused women, and reported there were more Caucasians in the rural sample (98% compared with 67% in the urban sample; more rural women were married; rural women were in the abusive relationships for longer periods of time; more rural women were unemployed; more urban women were employed full-time; more rural women had incomes of less than \$15,000 per year, more urban women had yearly incomes over \$15,000; and, 80% of urban women had a high school education compared with 65% of rural women. Shannon et al. (2006) also noted that significantly more of the rural women had experienced severe violence and significantly higher frequencies of both psychological and physical abuse in their relationships.

Rural women may be at elevated risk when they are victims of domestic violence (Jiwani, Kachuk & Moore, 1998), due to a number of factors some researchers suggest are especially prevalent in the rural lifestyle, including: a reluctance to leave abusive situations because of the fear of losing the farm; lack of anonymity in rural areas, leading victims to not disclose abuse; significant isolation of families, including geographical, socio-cultural, psychological isolation and poverty.

As a cautionary note, a group representing farm women warns against making generalizations and stereotyping individuals from rural areas. They suggest that the literature has been biased in representing farms as poor, uneducated, and patriarchal, and that these generalizations create barriers in working together with people from rural areas in addressing family violence in rural areas (Scott & VanDine, 1995).

Farm women have identified one important barrier to leaving abusive relationships as their emotional attachments to the farm. Men and women who farm typically feel strong emotional connections to the land, which represents their ability to be self-sufficient. These families also value their close ties to neighbours and friends, the rural life, and privacy. Rural families are strongly bonded with their animals, which are often considered part of the family (Scott & VanDine, 1995).

Women frequently have a strong feeling of responsibility for the farm. Scott and VanDine (1995) explain that, "if faced with abuse or losing the family farm the victim will often take the abuse. The fear of causing economic ruin for the farm is a very real deterrent to victims dealing with abuse" (p. 37). If the victim leaves the farm, she loses her job, her business, and valued business relationships. She may also be concerned about

losing her investments in the farm business, and defaulting on commitments to the bank and local business people.

Researchers have suggested that victims of domestic violence who reside in rural areas may be less likely to seek help than their urban counterparts because they do not feel they can do so anonymously (Forsdick Martz & Sarauer, 2000; Hornosty & Doherty, 2001). Rural communities tend to be so small and tight-knit that it is difficult to protect one's privacy. Shannon et al. (2006) reported that rural abused women were significantly less likely than urban abused women to discuss their experiences of domestic violence with friends.

Breton et al. (1997) researched domestic violence in rural New Brunswick, concluding that personal visibility and privacy were important issues for residents. The participants reported that they had a general familiarity with the usual routines and habits of one another, so were reluctant to seek professional help because of fear that others in the community would find out they were experiencing family problems. As a victim of domestic violence in rural Saskatchewan explained:

*In a small town, everybody knows everybody's business and sometimes that's even scarier and you stay because you are not going to leave your husband because the whole town might know (about) it and what are they going to think about me? That's the way it works, plain and simple. (Forsdick Martz & Sarauer, 2000, p. 23)*

The women in Breton et al.'s study in rural New Brunswick reported incidents of having their confidentiality violated by service providers who had also come from the local community and had sometimes discussed their clients' private affairs with others.

Listening to police scanners is commonly used in rural areas to discover what is happening in their communities, and so the women were reluctant to involve the police in abuse situations because the use of these scanners could potentially make their private life public (Breton et al., 1997). A recent study confirmed that rural abused women tend not to use the services of police and victim's advocates as often as urban abused women. Shannon et al. (2006) reported that significantly more urban than rural women used police and victim's advocacy services, while significantly more rural women than urban women utilized the services of a lawyer.

Furthermore, rural women were significantly less likely than urban women to rate criminal justice services as helpful, particularly with respect to their interactions with judges. It is important to note, however, that rural women in the Shannon et al. study still rated the helpfulness of criminal justice system resources as relatively good, rating them higher than other formal and informal resources they had utilized.

Aside from the social stigma that is unfortunately attached to being victimized by intimate partners, women also are at risk should a partner find out that she has told others about the abuse (Forsdick Martz & Sarauer, 2000). Breton et al. (1997) noted that in rural New Brunswick, the fact that people were usually connected with a large extended family meant that not only would a woman face retaliation from her abuser if she told others about the abuse, but also from his numerous family members.



Rural women are not alone in their reluctance to disclose abuse to service providers. Krishnan, Hilbert and Pase (2001) reported that although 20-35% of women in non-rural hospital emergency rooms were abused by their intimate partners, less than one third of these women had discussed the violence with health care providers.

Isolation has been identified as one of the most significant barriers for rural women living with violence in their homes (Jiwani et al., 1998). Three different types of isolation are relevant to abused women in rural areas: geographic isolation, socio-cultural isolation, and psychological isolation. Geographical isolation refers to physical isolation, socio-cultural isolation arises from gender roles defined by patriarchy, and institutional isolation stems from a lack of needed services (Jiwani et al., 1998).

While rural areas tend to be tightly knit socially, in physical terms farm women are very isolated. Abuse that occurs in a farmhouse is likely not witnessed by neighbours, who may live kilometers away. The RCMP may take hours to respond to a call for assistance. Scott and VanDine (1995) note that deliberate isolation by abusers “is easily accomplished given the distance to neighbours and friends if phone calls and driving is controlled / restricted by the husband. Men who want power and control often manipulate the living arrangements so their family is virtually captive and the rest of the world is excluded” (p. 52).

The literature suggests a tendency in rural Canada for attitudes and beliefs about gender roles to be patriarchal and legitimize male social control over women (Hornosty & Doherty, 2001; Forsdick Martz & Sarauer, 2000). Hornosty and Doherty (2001) state, “researchers have found that traditional norms around marriage and the family are more prevalent in rural communities, as are patriarchal attitudes that devalue and objectify women” (p. 8). Websdale coins the term “rural patriarchy” to refer to values, beliefs, and ideas in which rural women are seen as subordinate to rural men (1998, cited in Hornosty & Doherty, 2001).

Forsdick Martz and Sarauer (2000) suggest that conservative, patriarchal attitudes have led to reluctance in rural areas to recognize domestic violence as an issue that affects them. Other research suggests that the denial of violence against women is problematic in both urban and rural areas, however due to the small size and the close-knit nature of a rural community, such denial may be intensified. Furthermore, denial may be a significant barrier to abused women in rural communities because there is a lack of other alternatives such as advocacy groups, supports, and services (Jiwani et al., 1998).

Farm women themselves do not unanimously support the assumption that patriarchy is more prevalent in rural Canada. Some farm women argue that rural and farm people are no more patriarchal than people from cities, and that there are various types of models of family farms operational in Canada, including matriarchal and egalitarian farms (Scott & VanDine, 1995). These women suggest that even if a farm is run according to a patriarchal model— this does not necessarily lead to violence.

Some researchers suggest that financial dependence of rural women on their male partners may be a significant barrier to women affected by domestic violence in achieving safety for themselves and their children. Farm women play a significant role on the farms yet may receive no income for their labour. Scott and VanDine (1995) note that many farm women are still trying to be recognized as business partners on the farm, since

they have considerable made investments of time and money. If farm women are not paid for their labour, they cannot receive unemployment insurance, nor contribute to the Canada Pension Plan. Many rural women have never been part of the labour force, and some may be prevented from doing so by their spouses. Hornosty and Doherty (2001) reported that women in rural areas identified a lack of access to jobs, job training, and money as significant barriers for them in escaping abuse.

Often the only choice that women have in leaving an abusive situation is to receive social assistance. Since affordable housing is often not available in rural areas, women may be forced to move to urban areas in order to escape abuse. This is not an easy decision, as the women are forced to leave behind their communities, their support systems, and the rural way of life (Hornosty & Doherty, 2001). As mentioned previously, it is also very difficult for women to leave behind the family farm.

In the Shannon et al. 2006 study comparing the help-seeking strategies of abused rural versus urban women, urban women reported using a significantly greater number of total resources in coping with an abusive relationship. Two possible explanations for this finding that are supported by previous research are that there may simply be less resources available to rural women than to urban women, and also, rural women may face greater community and procedural barriers in accessing services (Shannon et al., 2006). In fact, the literature on domestic violence in rural areas has consistently reported a lack of services for families affected by domestic violence (Forsdick Martz & Sarauer, 2000; Hornosty & Doherty, 2001). While services for victims of domestic violence have greatly increased in urban areas in the past several decades, the rural population has not benefited from these program developments. Furthermore, the services in urban areas tend to be operating at maximum capacity in serving the needs of urban victims, leaving people from rural areas with limited access to any kind of services (Forsdick Martz & Sarauer, 2000).

There has been a trend in government to centralize services in urban centres, leading to a reduction in services available to the rural population (Forsdick Martz & Sarauer, 2000). Furthermore, different government departments such as Police Services, Social Services, Legal Aid and Health tend to have different boundary lines in rural areas, so that people seeking help often experience considerable confusion in trying to sort out whom they should approach for assistance. They may have to travel to a number of different offices in an effort to achieve safety for themselves and their children.

Existing programs tend to have an urban bias (Forsdick Martz & Sarauer, 2000), in that funding is contingent upon cost effectiveness and numbers served. Although the rates of abuse in rural areas are at least on par with urban areas, the low population density makes it challenging for rural programs to meet the same funding criteria as urban programs.

In Forsdick Martz and Sarauer's 2000 study of abused women in rural Saskatchewan, the women often had to travel long distances to access services such as counselling, safe houses, legal assistance, child care, and support groups. Transportation was a barrier, as many women did not have their own vehicles, were not able to afford gas, and/ or lived in towns where there was no bus service.

In an environmental scan of domestic violence services across Alberta, Tutty and Christensen (2005) interviewed directors from 20 emergency shelters in rural/remote Alberta communities, assessing strengths, challenges, and gaps in the services provided to victims of domestic violence. They reported variance in the size of the shelters in rural Alberta: while some of the shelters have many beds available to assist women and children, others have only a few. Follow-up and/or outreach programs are not often viable in smaller shelters and community resource centres. In some locations, the program consists of a part-time staff person that may offer crisis intervention in the shelter as well fulfilling a public education role in the community. A few shelters in Alberta are located on reserves.

The rural shelter representatives identified the strengths of their organizations, as follows: 65% identified their shelter work as helpful to women and children residents; 45% identified that community members know that the shelter exists and that they can use it if necessary; 30% specifically noted their relationship with RCMP as positive; 20% identified the existence and use of their crisis telephone lines (24 hours); 15% noted the commitment and/or empathy of their staff; and, 10% identified the community support of the shelter.

Challenges identified by the rural shelter representatives included the following: 75% of the shelter directors identified funding as a primary challenge in service delivery or running the organization; 50% highlighted that serving a rural area is difficult, noting in particular challenges of community denial of family violence, lack of anonymity, and a reluctance of community members to become involved with families affected by domestic violence; 45% noted that transportation is a significant challenge; 35% identified difficulties in recruiting qualified staff to rural areas, then keeping them; 30% identified a lack of housing or affordable housing; 25% named exclusion or racism against immigrant populations, elders, and Aboriginals in their communities; 30% named low SFI rates as a problem that makes the transition for women out of shelters difficult; 20% named regional boundary changes as creating inherent confusion and/or difficulty in funding requirements; 15% noted that their shelter provides service to a large area, making it a challenge for clients to reach the shelter and vice versa; and finally, 15% noted that their shelters are not physically large enough for the work that they do.

Finally, gaps identified by the shelter directors in rural / remote communities were the following: 55% identified the lack of a comprehensive range of counselling services in their communities and/or regions as a gap. These included psychological services, resources for children exposed to domestic violence, teen programming, elder programming, family counselling, substance abuse counselling, and group counselling in general; 55% identified a lack of batterer intervention programs as a service gap in the community; 55% indicated lengthy wait lists in the community for mental health services, and the use of shelters by mental health clients or referrals from other systems to shelters; 40% mentioned second stage housing as a gap; 40% noted the lack of safe visitation for children as a gap in service/programming in their communities; 35% named lack of transportation as a gap in service in rural or smaller areas; 20% noted the lack of legal or justice resources as gaps in service (legal aid, access to crown prosecutor, victim's services); 20% noted a lack of mental health hospital beds in the community or

sometimes across the region; finally, 20 % mentioned a lack of resources for women in general as a gap in their communities (Tutty & Christensen, 2005).

### **Rural Strategies to Address Intimate Partner Violence**

A number of authors have made recommendations to better meet the needs of families affected by intimate partner violence who live in rural areas. These include: providing education and information about intimate partner violence; making domestic violence services accessible to all family members; and, ensuring that new programs are highly visible in rural communities.

Hornosty and Doherty (2001) identified the need to train staff of rural community agencies involved with domestic violence cases. They recommended that organizations and services that deal with cases of family violence, such as health care providers, mental health workers, clergy, and police, ensure their staff members are well versed in domestic violence issues. These personnel have a key role to play in informing victims of their legal rights, and referring them to appropriate community resources and services. Those supporting abused women should communicate an understanding of their attachments to a rural lifestyle, while at the same time validating the suffering they have experienced at the hands of their partners.

Community professionals also should assist women in taking precautions regarding the guns that are often on farms, helping them to be aware of where the guns, ammunition, and keys to gun cabinets are stored, and to plan an escape route that includes safety from guns. Service providers in rural communities should be trained to protect women's privacy and confidentiality. Hornosty and Doherty (2001) recommend that service providers screen for abuse in a sensitive, respectful manner.

Forsdick Martz and Sarauer (2000) recommended that protocols be developed for handling family violence cases in rural areas, and that services be better coordinated so victims do not have to make several trips to the city to apply for services and benefits. The feasibility of establishing rural family support centres should be explored. Such centres would provide opportunities for people to receive support, information, and education about abuse issues (Forsdick Martz & Sarauer, 2000).

Jiwani et al. (1998) also identified a need for victims of domestic violence to be able "to access one place that would provide them with information and services to address all their needs" (IIID, p. 16). Services that would be provided in such a centre would be information and advice on "custody and access, maintenance payments, welfare rights, property rights, and other legal and financial rights or procedures" (Jiwani et al., 1998, p.8). Hornosty and Doherty (2001) concur that women in rural areas need to have non-threatening, local places where they can receive information, assistance, advice and support with domestic violence issues. They suggested that these be provided by public health nurses, through non-threatening activities such as parenting classes and well-baby clinics.

Farm women have identified a need for information about all types of abuse, suggesting that many women are not aware that abuse encompasses more than just physical abuse. They have suggested that mobile resource centres might be the most cost effective solution to bring information about abuse to victims. They also suggested that

there should be domestic violence resource lists, including shelters, toll free numbers, legal services, counselling services, and support groups distributed to rural and farm women through the departments of agriculture, health and justice in a catalogue form (Scott & VanDine, 1995). Jiwani et al. (1998) suggested that a traveling social worker could visit and provide information to women who are located in rural and remote communities.

Researchers investigating domestic violence issues in rural New Brunswick also identified the need for schools to teach children relationship skills, conflict resolution, self-esteem, anger management, and nurturing skills (Breton et al., 1997), to prevent intimate partner violence in the future.

Another suggestion made by rural farm women included a widespread rural education and awareness campaign aimed at 1) decreasing the denial that family violence is an issue in rural communities and, 2) targeting people who are particularly isolated in rural Canada. It was suggested that this campaign occur in all grade levels at school, at community fairs, through the media, through computer networks, churches, flyers, and farm organizations (Scott & VanDine, 1995).

Scott and VanDine (1995) state that farm women's organizations are joining with other national organizations to provide farm women with important legal information to enable them to make informed decisions if they are considering leaving an abusive relationship. For example, women need to be informed of issues such as the Matrimonial Property Law and laws regarding inheritance and land ownership.

Researchers suggest that changes will be slow following intervention efforts aimed at changing attitudes in a community towards the provision of service to abused women and children. Based on the results of research of rural programs in Minnesota, Edleson and Frank (1991) noted that "it takes time to develop a program and to gain community acceptance, trust and respect" (p. 550). Staff members who had provided domestic violence programming in rural Minnesota also commented that it takes time to affect change in families. They stated that, "trying to break through a large, strong family system where domestic violence is occurring can be especially difficult when the family is well established in a community" (Edleson & Frank, 1991, p. 550).

In a study of domestic violence services in rural Saskatchewan, Forsdick Martz and Sarauer (2002) found that people affected by domestic violence were sometimes waiting for up to two months for counselling appointments. As such, they recommended that counselling be made more accessible to these families.

Because rural women may be hesitant to disclose domestic abuse, it was also suggested that "effective screening procedures should be developed and used by service agencies to ensure victims of family violence are identified immediately". It was also recommended that the local mental health agencies prioritize family violence cases (Forsdick Martz & Sarauer, 2000). A further recommendation was to offer a support group for survivors of spousal abuse, since this type of group had previously been very popular in rural Saskatchewan. In fact, Forsdick Martz and Sarauer documented that when the support group was first announced in a rural community, thirteen women registered for the group within the first three hours.

Shannon et al. (2006) suggest that both rural and urban abused women are active help-seekers, using a variety of resources and engaging in multiple strategies to try to ensure safety for themselves and their children. In their study that “rural and urban women participated in active coping, planning, and seeking instrumental support strategies in similar patterns” (p. 174). Ninety-one percent of the entire sample of rural and urban women used emotion-focused strategies such as avoidance, positive appraisal, venting, rumination, wishful thinking. Significantly more urban women, however, reported seeking emotional support, participating in positive self-talk, and exercise/meditation, while significantly great numbers of rural women coped with the violence through denial.

Interestingly, Shannon et al. (2006) reported few differences between urban and rural abused women in rating the helpfulness of services they had utilized in coping with abusive relationships. Although, as noted earlier, more rural women perceived the criminal justice system as less helpful to them, the overall finding that there were no substantial differences in the helpfulness of services between rural and urban women suggests that contextual factors may not play a highly significant role in the extent to which services are perceived as helpful by abused women.

Women identified a need for counselling for their children, so Forsdick Martz and Sarauer et al. (2000) recommended that a suitable rural counselling model for pre-school children be developed, and that programs be developed to ensure the needs of rural school-aged children affected by domestic violence are also met. Hornosty and Doherty (2001) note that children in rural areas often do not have access to special services or extracurricular activities that provide them with support and build their self-esteem. It was, therefore, suggested that communities be creative in providing inexpensive recreational opportunities and services for rural children.

In rural Saskatchewan, Fordick Martz and Sarauer (2000) identified no programs for abusive men. The only option was for men to drive to an urban centre, sometime paying up to \$160 on gas per month to attend treatment. They, therefore, recommended that a rural counselling model be developed for abusive men.

Farm women in Canada highlighted that governments should consider family violence programs to be “essential services” in rural communities (Scott & VanDine, 1995). Such services should include: emergency shelters, toll free numbers; transportation arrangements such as free taxis or volunteer driver programs; trained support personnel sensitized to the rural culture; treatment programs for men and women; twenty-four hour counselling service for legal, financial and emotional needs; subsidized second stage housing; twenty-four hour trained local assault team; drop-in centers for food, clothes, toiletries, and furniture and financial help (Scott & Vandine, 1995).

Another strategy to address intimate partner abuse is civil emergency protection orders that can restrict access to the victims by the violent. Tutty, Koshan, Jesso and Nixon (2005) conducted a summative evaluation of Alberta’s *Protection against Family Violence Act (PAFVA)*, which came into effect on June 1, 1999. The intent of PAFVA is to protect family members from domestic violence by allowing a claimant to receive an emergency protection order (EPO) issued by a provincial court judge or justice of the peace, usually with the assistance of the police. Emergency Protection Orders are

intended to complement other tools of the justice system, such as criminal charges, restraining orders and peace bonds, to more effectively address and provide consequences for the serious nature of intimate partner violence.

Emergency Protection Orders may include the following conditions with respect to the conduct of the respondent: no attendance at the claimant or other family member's residence, property, business, school, or place of work; no communication or contact with the claimant or other persons; exclusive occupation of the family residence to the claimant and others; removal of the respondent from the residence; accompaniment of a specified person to the residence by a peace officer to supervise the removal of personal belongings; and, seizure and storage of weapons (Tutty, et al., 2005)

Tutty, et al. (2005) reported that the most significant concern with respect to the utilization of the *PAFVA* in Alberta is accessibility of the orders via the police. Although police officers in a number of locations were utilizing EPOs, in rural and remote communities serviced by the RCMP, but also, strikingly, in several major cities such as Lethbridge, Red Deer and Calgary, EPOs are seldom utilized. Across these locations, either the police seem not to understand the legislation or they choose not to utilize it as a tool because it is a civil remedy and they are trained to and prefer to utilize the Criminal Code instead.

Scott and VanDine (1995) expressed support for the type of conditions outlined in Emergency Protection Orders, since awarding custody of the farm to the victim prevents the viability of the farm business being jeopardized by the violence. However, Forsdick et al., (2000) express concern that the isolation and long police response times in rural areas render the legislation ineffective. In their research, the women expressed concern about the lack of immediate help available, should the abuser violate the order by coming to the house. For example, one rural woman stated:

*The woman...with the children would have access to the home, he had to stay away from the home for thirty days, and he couldn't come into the home, but I thought well, big deal, on a farm, I could have had eight houses, who cares – I would not have been there by myself, unless there is going to be a policeman with me* (Forsdick et al., 2000, p. 24).

Jiwani et al. (1998) noted that police in rural areas are often reluctant to intervene in cases involving violence against women in relationships, offering services such as mediation instead. A common suggestion from participants in their research project was that action should be taken to hold abusers more accountable for their violence, including fines, removal of driver's licenses, forcing men to leave the homes rather than the women and having the criminal justice system respond with more punitive measures.

Rural women often have responsibilities for and attachments to pets and farm animals that may serve as a barrier for them in leaving an abusive relationship. Hornosty and Doherty (2001) have recommended that communities work to address this issue by either setting up pet care arrangements where women seeking shelter can leave their pets temporarily, or to involve the SPCA in providing rural outreach programs to shelter the pets of victims of abuse.

Suggestions for addressing some of the financial barriers faced by women in rural areas include: generating opportunities for jobs, training and income for women, and establishing a homemaker's pension (Hornosty & Doherty, 2001).

Licensed, quality child care is rarely available to rural women. In most cases, women have to drive many miles to an urban day care, or leave their children in unlicensed facilities where they will not receive day care subsidies. These factors often lead rural women to stay at home, leading them to lose job skills, education, and the ability to be economically self-sufficient. This situation also contributes further to their isolation. Farm women have requested that the government provide flexible rural child care that is subsidized by the government (Scott & VanDine, 1995).

### **Child Abuse in Rural Areas**

Child abuse occurs when children are mistreated by a parent, guardian or caregiver, and the mistreatment results in injury, significant emotional harm, or there is serious risk of harm. Abuse can take the form of physical abuse, sexual abuse, neglect, and/ or emotional abuse. These different forms of abuse are described below using definitions developed by the Health Canada's National Clearinghouse on Family Violence.

Physical abuse is deliberately applying force to any part of a child's body that results or could result in a non-accidental injury. This includes behaviour such as shaking, biting, choking, burning, kicking, or poisoning a child, holding a child under water, or any other harmful or dangerous use of force or restraint (National Clearinghouse on Family Violence, 2005).

Sexual abuse is adults or adolescents using a child for sexual purposes by involving or exposing a child to any sexual activity or behaviour. Sexual abuse most commonly involves fondling and can include inviting a child to touch or be touched sexually. Additional forms of sexual abuse are sexual intercourse, and sexual exploitation through juvenile prostitution or pornography (National Clearinghouse on Family Violence, 2005).

Neglect is when a child's parents or caregivers do not provide the essential requisites to a child's emotional, psychological and physical development. Physical neglect is when a child's needs for food, clothing, shelter, cleanliness, medical care and protection from harm are not met adequately. Emotional neglect is when a child's need to feel loved, wanted, safe and worthy is not met (National Clearinghouse on Family Violence, 2005). In contrast, emotional abuse, involves an attack on a child's sense of self. Emotional abuse is usually found in the context of a long-term problem in a parent's treatment of a child. It may be an aspect of a pattern of family stress and dysfunctional parenting. Emotional abuse frequently co-exists with other types of abuse. Constantly insulting, humiliating or rejecting a child, or calling a child "stupid" or "bad", can harm a child's sense of worth and self-confidence (National Clearinghouse on Family Violence, 2005). It is important to note that several provinces in Canada, including Alberta, consider the exposure of a child to intimate partner violence as a form of emotional abuse.



A national study on the incidence of child abuse, conducted in 2003 (Trocmé, MacLaurin, Fallon, Black & Lajoie, 2005), reported that an estimated 235,315 child investigations were conducted across Canada in 2003, at a rate of 38.33 investigations per 1,000 children in Canada. Nearly one-third of all substantiated investigations involved neglect as the primary form of maltreatment (an estimated 30,366 substantiated investigations). Exposure to domestic violence was the second most common form of maltreatment (28% - an estimated 29,370 cases). An estimated 25,257 cases of physical abuse (24%) were investigated and substantiated in Canada in 2003; emotional maltreatment was the primary category of maltreatment in 15 % of cases (an estimated 15,369 investigations); and, finally, an estimated 3,958 investigations (3%) involved sexual abuse as either the primary or secondary category of maltreatment.

It is difficult to accurately assess the prevalence of child abuse due to under-reporting, so actual numbers of abuse can only be estimated. Some reasons that children may not disclose abuse are they are afraid no one will believe them, they may be afraid of the consequences of reporting, and/or they may have been threatened by the abusive parent not to tell anyone (National Clearinghouse on Family Violence, 2005). Evidence in cases of child abuse is also difficult to obtain. Children and parents are often unwilling to talk, the abuse usually occurs in the privacy of the home, and physical injuries may not be visible (Brown et al., 1998).

In measuring reported cases of child abuse, no differences have been found in the prevalence of child abuse in rural versus urban settings (Bethea, 1999). Child abuse and neglect occurs in every province and territory in Canada: in large cities, small towns and rural areas (National Clearinghouse on Family Violence, 2005). Although children of all ages are at risk, the most frequently investigated for neglect are 3 years of age or under, and the most frequently investigated for physical abuse are children 12 to 15 years of age.

The consequences of child abuse are often severe, and may affect every aspect of a child's life. Abuse may have psychological, physical, behavioural, academic, sexual, interpersonal, self-perceptual or spiritual consequences. The effects of abuse may be immediate, or may appear later in adolescence or adulthood. Long term consequences may include developmental delays, school absenteeism, and separation anxiety disorders. Children who are abused are at future risk of substance abuse, aggression, high-risk health behaviours, participation in crime, personality disorders, post-traumatic stress disorder, mental illness, and perpetration of abusive behaviour towards their spouse or own children (Department of Justice, Canada, 2005). Furthermore, research has demonstrated that a loving environment during the first three years of life is important for brain development (Bethea, 1999; Perry, Pollard, Blakley, Baker, & Vigilante, 1995). Perry et al. (1995) have reported that children's developing brains are especially vulnerable to traumatic experiences:

Because the developing brain organizes and internalizes new information in a use-dependent fashion, the more a child is in a state of hyperarousal or dissociation, the more likely they are to have neuropsychiatric symptoms following trauma. The acute adaptive states, when they persist, can become maladaptive traits. (p. 274)

While child abuse occurs in all cultures and socio-economic backgrounds, poverty is considered to be a risk factor for the neglect and physical abuse of children. Stress in families, such as financial stress or unemployment, may also be a risk factor for child abuse (National Clearinghouse, 2005).

Brown et al. (1998) reported 15 risk factors that are associated with physical abuse, including low maternal involvement, early separation from mother, and perinatal problems. Nine factors were associated with sexual abuse. At increased risk of sexual abuse were daughters rather than sons, handicapped children, children with a deceased parent, and children living with a stepfather. Finally, large family size and poverty were strongly associated with child neglect.

Brown and colleagues (1998) also identified the presence of a number of risk factors as associated with more than one type of child maltreatment. For example, maternal sociopathy and maternal youth were associated with risk for physical abuse, sexual abuse, and neglect. As risk factors in families increase, the likelihood of child abuse and neglect increases dramatically. Brown et al. (1998) reported that the prevalence of child abuse or neglect increased from 3% when no risk factors were present to 24% when four or more risk factors were present.

Brown et al. (1998) categorized the risk factors for child abuse into four domains, including individual or child characteristics, family functioning, the community level, and the sociocultural context, as follows. Individual level risk factors include child gender, handicap, low intelligence, and difficult temperament, low maternal education, maladaptive maternal personality traits, maternal youth, parental sociopathy (particularly maternal substance abuse and paternal police involvement), perinatal problems, and unwanted pregnancy.

Familial level risk factors include parental conflict, poor marital quality, presence of a single parent or stepfather, maternal illness, low parental involvement, and harsh punishment. Finally, community and sociocultural level risk factors are considered to include neighbourhood dissatisfaction and poverty were significant risk factors, and religious attendance was a protective factor.

Understanding risk factors for child abuse is important in helping community professionals to identify children who are at high risk for abuse and neglect (Brown et al, 1998). It also may help rural communities in designing effective child abuse prevention programs.

### **Rural Interventions Specific to Child Abuse**

According to Bethea (1999), the first strategy in child abuse prevention and intervention must be to meet parents' basic needs for food, shelter, clothing, safety, and medical care. She suggests that these primary needs must be met before any higher needs be met.

Once basic needs are met, secondary interventions should aim at identifying and treating families experiencing problems with substance abuse and/ or spousal abuse. Other issues that need to be addressed include psychological, financial, employment, or legal problems (Bethea, 1999).

According to Bethea, if the secondary needs of parents are met, the next set of interventions is to assist parents with stress management, parenting skills, knowledge of child development, and education about time management and budgeting skills. Parent education can assist parents in enjoying their relationship with their children and in being more nurturing towards them (National Clearinghouse on Family Violence, 2005).

Bethea (1999) argues that in order to effectively address child abuse, action needs to be taken at a societal level. She suggests that society needs to value children more highly, take steps to improve families' economic situations, develop the infrastructure of communities; discourage the excessive use of corporal punishment, and take responsibility for ensuring resources such as health care, drug and alcohol treatment, child care, family planning, and social services are affordable and accessible. The National Clearinghouse on Family Violence (2005) suggests that school boards develop and implement child abuse prevention programs, teaching children to recognize and say no to abusive or exploitative behaviour.

Bethea suggests that long-term home visitation (up to two years) is effective in reducing the number of hospital admissions and emergency department visits related to child abuse, as well as reports to child protective services. It is also effective in improving parents' attitudes towards their children, improving relationships between parents and children, and in reducing the overall incidence of child abuse. However, for home visitation to be effective, Bethea notes that it is also necessary that there be an infrastructure of support services in place such as health care, social services, and child care.

There is a dearth of literature exploring the provision of child protection services in rural and remote areas. Crocker (1996), however, describes innovative models for rural child protection teams from her research in Newfoundland and Labrador. In Newfoundland and Labrador, most communities are rural, with a total population of only 600,000 people scattered over more than 20,000 kilometers of coastline. Newfoundland and Labrador had previously attempted to institute a case consultation model, which is commonly described in the literature as an efficient, multidisciplinary approach to address the problem of child abuse. The case consultation model focuses on case conferences, service development, and interagency collaboration in providing child abuse services.

Interestingly, in Newfoundland and Labrador, the case consultation model proved unsuccessful. Shrimpton (cited in Crocker, 1996) suggests that in a rural area such as Newfoundland, it is a mistake to adopt a rigid model because of the "large gaps in services, and the fact that child abuse is so tightly intertwined with social and economic conditions, which are different in every community". Child protection teams in Newfoundland expressed frustration over barriers they encountered in the community, such as a general denial that child abuse was a problem, and a mistrust of professionals. Confidentiality was also a problem that emerged, in that information reached people in the community who did not need to know the details of cases, such as teachers and clergy. Private information had a tendency to travel quickly through rural communities. Finally, the rural child protection teams also struggled with issues of accountability, in that the teams in Newfoundland were not covered by the provincial Child Welfare Act, so

they felt “unregulated and worried that no individual or agency was responsible for monitoring their work (Crocker, 1996, p. 208).

The problems with the case consultation model led child protection teams in Newfoundland to develop a new model for addressing the problem of child abuse in their province. This model focused on public awareness and education projects rather than case consultation. The child protection teams in Newfoundland hold public forums and provide speakers for community and school events. Many teams distribute pamphlets describing their work, and informing the community about child abuse. Some teams advocate for the needs of children, for example, by lobbying for new courthouses to better meet the needs of abused children. The teams have also organized professional development workshops that provide training on issues of child abuse to a range of community professionals.

Child protection teams are now composed of a much broader range of people from the community. With the case consultation model, this was not possible because of confidentiality issues. The teams actively recruit members of the community at large, recognizing that “involving the community directly is crucial to achieving changes in attitudes and behaviour” (Crocker, 1996, p. 208). Including community members on the child protection teams serves two important functions. Firstly, it increases the community’s trust in the team. Secondly, since there is typically a high turnover among rural professionals, the presence of community members helps to maintain some continuity in team membership.

### **The Abuse of Older Adults in Rural Areas**

Elder abuse or the abuse of older adults as it has been more recently termed is the last form of domestic violence to have come to the attention of the public. Initially, attention on elder abuse focused mainly on the abuse of elderly people in institutions; however the abuse of the elderly in their homes has also been an issue of concern in recent years (Cupitt, 1997). Elder abuse is defined as “an act of commission or omission that jeopardizes the well-being or safety of an elderly individual. The maltreatment of the older adult may occur in the home and may include the following dimensions: physical abuse, emotional abuse, neglect or deprivation, material exploitation, sexual exploitation, and physical or verbal assault (Lucas, 1991, cited in Monsey, Owen, Zierman, Lambert, & Hyman, 1995, p. 6).

According to Statistics Canada (2005), approximately 4000 incidents of violence against older persons were reported to the police in Canada. While sixty three percent of these incidents were perpetrated by someone outside the family, older women were more likely than older men to be victims of family violence. With respect to family-related assaults that were reported to the police in 2003, older female victims were more likely than older men to be victimized by a spouse (34%) or an adult child (33%). One-third of older men were victimized by an adult child, while one-fifth of older men were assaulted by a spouse (Statistics Canada, 2005).

According to Canadian research, 6% (108,000) of older women (age 65 and over) reported experiencing emotional abuse by family members in the past five years, with the vast majority of this abuse being committed by spouses. The most common form of

emotional abuse reported by older adults was being put down or called names (3%), followed by limiting contact with family or friends (2%). Emotional abuse should not be under-estimated as a form of violence, since it has been reported to be more psychologically harmful in terms of its effects on victims than either physical or sexual abuse (Semple, 2001; Tolman & Bhosley, 1991), and it is a predictor of physical abuse in a relationship (Statistics Canada, 2000).

Statistics likely under-estimate the true extent of elder abuse because older victims of abuse are reluctant to disclose abuse (Scott & VanDine, 1995). Hajjar and Duthie (2001) found that 57% of elder abuse cases were not being reported to Adult Protective Services in the U.S. Older women may be especially hesitant to share their histories of abuse for a number of reasons. As Osgood and Manetta (2002) point out, many older women were born at a time when it was not acceptable to talk about problems going on at home – especially to strangers. They may be loyal to a sense of family honour which dictates that family problems are not talked about. If today's generation of older women did disclose their abuse years ago, there were no services available to assist them, nor laws to protect them. Historically, women have also been blamed for their own victimization (Schechter & Gary, 1988), and they have not been believed if they have disclosed.

According to Statistics Canada (2005), other reasons that older persons may not report abuse to the police or other authorities include fear for their own safety, fear of retaliation, or fear they may lose the relationship with the caregiver/ family member. In addition, some elderly victims may lack the physical or cognitive ability to report their abuse. Bergeron and Gray (2003) note a general resistance to report suspected cases of the abuse and neglect of older adults as well as a lack of uniform reporting laws.

While a general lack of awareness of the abuse of older persons still exists in the community, the plight of older victims of abuse who live in rural areas has been virtually ignored. The factors that place victims of domestic violence at increased risk in rural areas, discussed in the previous section, are relevant also to victims of elder abuse. Older victims in rural areas may be isolated geographically, may be hidden away from outside scrutiny, may not have access to services, and may be too embarrassed or afraid to report the abuse (Cupitt, 1997). There is little data available on the prevalence of elder abuse in rural versus urban areas. The Statistics Canada (2005) report did not distinguish between rural and urban cases when measuring the prevalence of elder abuse across the country. American researchers have reported that the number of elderly living in rural areas is increasing (Chalifoux, Neese, Buckwalter, Litwak, & Abraham, 1996), and researchers in Wisconsin have suggested that there is a greater prevalence of elder abuse in rural areas (Hajjar & Duthie, 2001). In an investigation of the prevalence of elder abuse in the United States, it was found that when accounting for the elderly population distribution in the different counties of Wisconsin, more rural counties had the highest prevalence rates as well as the highest increase of prevalence rates between 1990 and 1998 (Hajjar & Duthie, 2001).

Scott and VanDine (1995) report that on many farms in Canada, the extended family works together in the family farm business. Grandparents, the parents, married children, and their children all live in close proximity to one another, and share joint responsibilities in running the business. Grandparents may make a great contribution to

the farm, yet the younger generation is in “control” (Scott & VanDine, 1995), providing opportunities for the abuse and exploitation of the older generation.

Older persons who reside in rural areas are at higher risk for life stresses and mental disorders than the elderly in urban areas, and are also at higher risk than younger rural dwellers. According to Chalifoux et al. (1996), prevalence rates for psychiatric disorders among the rural elderly range from 20% to 27%, with depression the most common disorder. Researchers have reported that the rural elderly rate themselves as less happy, more depressed, and yet more involved with family than their urban counterparts (Eggebeen & Lichter, cited in Chalifoux, 1996).

Older women who are abused often suffer serious consequences from the abuse, experiencing poor mental health and physical injuries. In a pilot study of 257 older women (ages 50-79) who came for screening visits to a medical clinic, researchers discovered that 31% of them had experienced domestic violence at some point in their lives, 22.6% had been threatened, and 15% had experienced physical assault. Being threatened with abuse and being physically assaulted were both associated with poorer mental health for these older women (Mouton, Rovi, Furniss, & Lasser 1999). In another study of abuse of the elderly, research reported that 57% of the physically abused elderly women suffered injuries from the abuse (Pillemer & Finkelhor, 1988).

### **Rural Interventions Specific to the Abuse of Older Adults**

Although the literature on elder abuse in rural areas is sparse, several researchers have made some recommendations for better serving older victims of abuse in rural communities. These recommendations are similar to those in the literature on intimate partner violence in rural areas. In order to address the hidden problem of elder abuse in rural areas, recommendations include education and public awareness, and increased support services to older victims of abuse.

Cupitt (1997) recommends that health and community workers be trained to better respond to cases of elder abuse. Protocols should be in place so that medical personnel can identify and work effectively with victims of elder abuse (Monsey et al., 1995). Public education efforts should be aimed at assisting everyone in the community to understand and recognize elder abuse (Monsey et al., 1995). Cupitt (1997) cautions, however, that public education about elder abuse is ineffective unless there are also appropriate support services available in the community.

One of the problems with social policy and services for older abuse victims is that elder abuse has largely been treated more like child abuse than spouse abuse. The societal approach to elder abuse has tended to be one of protecting vulnerable populations, and providing them with paternalistic treatment (Vinton, 1992). For instance, the services offered to older victims of physical abuse has almost universally been case management services, rather than housing/relocation assistance, court work services, protection orders, or crisis intervention (Sengstock, Hwalek, & Petrone, 1989, cited in Vinton, 1992). Cupitt (1997) argues that the problem of elder abuse should be addressed with efforts similar to those that have addressed intimate partner violence in our communities. In both rural and urban communities, “the community has the obligation to make sure that elderly people live free of abuse, violence, neglect, and exploitation” (Cupitt, 1997, p. 29).

Monsey et al. (1995) recommend that efforts be made to reduce the isolation of older people in their families, for instance by establishing crisis telephone lines that link the elderly to needed services. Of critical importance is that agencies working with families affected by elder abuse collaborate with one another, so that a wide range of services can be efficiently provided to these families.

Older people should be made aware of the services to which they are entitled, and be encouraged to utilize such services (Cupitt, 1997). If emergency shelters are available in a community, efforts may need to be made to encourage older victims of abuse to access the service. According to Statistics Canada (2005), few abused senior citizens utilize the services of transition homes – even in urban areas. On a snapshot day, Statistics Canada surveyed transition homes across the country, and found that although 34% of shelters provide services for older women fleeing an abusive situation, only 5% of the residents were women over the age of 55. A study carried out in Florida, a state in which there is a large proportion of elderly people, reported that less than 1% of the shelter's residents were over 60 years old. Of the other services provided by the shelter for abused women, only .3% of the clients were over 60 years old (Vinton, 1992).

In fact, older women could likely benefit from shelter services, since the outcomes of participation in shelter programs have been positive for abused women, such as the discontinuation of violence, increased locus of control, and increased social independence (McDonald, 1989, cited in Vinton, 1992). Swift (1988) points out that “the availability of women's shelters and their value as islands of security and support outside the victim's battering system have proved to be critical way stations in the woman's exodus from her violent home” (p. 166). Furthermore, shelters often provide self-help groups for women, which researchers argue could also be very beneficial for older women. Finkelhor and Pillemer (1988) suggest that such groups might help older women to assert their rights to be free from violence, and to believe that no cause justifies its use. They also state that older women could benefit from the validation, empowerment, sense of being cared for, and help with safety planning that typically occurs in women's groups. Such groups can also enable older women to form more accurate perceptions of their abusive partners.

### **Bullying in Rural Areas**

Bullying is defined as “aggressive behaviour that is carried out repeatedly in an interpersonal relationship characterized by an imbalance of power” (Stockdale, Hangaduambo, Duys, Larson, & Sarvela, 2002, p. 266). Three factors that differentiate bullying from other types of school violence include 1) the intent to emotionally or physically harm another student, 2) the bullying behaviour is done repeatedly and over time, and 3) there is an imbalance of power between the bully and the victim (Dulmus et al., 2004).

The consequences of bullying include physical injuries, psychological symptoms, medical conditions, as well as suicide and murder (Hangaduambo et al., 2002). Dulmus et al. (2004) stated that research evidence is growing that bullying “leaves a lasting and even destructive residue” (p. 2), and victims often experience anxiety, low self-esteem, depression, isolation, feelings of abandonment, loneliness, shame, and stupidity. Boys are more likely than girls to be both bullies and victims, although girls engage frequently in

relational bullying (excluding others or spreading rumours) (Stockdale et al., 2002). This same research reported that racial minorities tend to be bullied by majority members. It appears that bullying occurs in a culture where violence is viewed as the means to resolve conflict, and being bullied is also correlated with being aggressive (Stockdale et al., 2002). Bullying appears to occur most frequently in students in grades 6-8, and as students enter high school bullying incidents tend to decrease in frequency (Dulmus et al., 2004).

Studies of bullying in a number of countries including the U.S., Norway, Australia, Canada, Finland, England, Malta, and Germany have reported the prevalence of bully victimization to be between 10 and 50% among school children (Dulmus et al., 2004). In an investigation of child abuse in the United Kingdom, bullying and discrimination was reported to be one of the most common forms of harmful aggression experienced by children and youth. Forty three percent of young people said they had experienced being bullied, discriminated against or being made to feel 'like an outsider' by other youth (Brooker et al., 2001).

Although there have been few studies on the prevalence rates of bullying in rural settings, initial studies have suggested the existence of very high levels of bullying in the rural U.S. (Pellegreinin & Bartini, cited in Stockdale et al., 2002; Stockdale 2002; Dulmus et al., 2004), and that these rates may be higher than in urban settings. In one study, 76% of rural students reported at least one verbally bullying incident in a one week time frame, and within the same time period, 66% reported a physical bullying incident. In another study, 82 % of students in a rural area in the U.S. had experienced at least some form of bullying in the previous three months (Dulmus et al., 2002).

Olweus (1993, cited in Dulmus et al., 2004) studied bullying in rural and urban Norway, and reported that parents and teachers in urban settings spoke more often to the children involved in bullying than in rural areas. Olweus (1993, cited in Dulmus et al., 2004) concludes this may indicate a greater awareness of the problem of bullying in larger cities.

Further research needs to be conducted to understand bullying in rural areas (Dulmus et al., 2004). It is clear that bullying is "part of a complex web of individual, familial and contextual factors" (Stockdale et al., p. 268). For instance, Mooij (cited in Dulmus et al., 2004), reported associations between both bullying behaviour/victimization and variables such as parent education, student's personalities, and class variables (i.e. aggregate school incident profiles). Further research would help us to understand the interplay of individual and environmental factors in bullying in rural areas.

### **Rural Interventions Specific to Bullying**

Bullying is a serious and pervasive problem in both urban and rural school schools (Dulmus et al., 2004). It is suggested that a comprehensive, school-wide approach be taken in communities to address this issue, utilizing both school and community resources. Because of commonalities across all school settings, bullying programs specific to rural communities may not be as important as in the other abuse areas discussed in this report. A resource manual for school-based bullying prevention



programs (Tutty et al., 2005), identifies numerous bullying prevention programs that could be incorporated into both rural and urban school settings.

However, in rural areas, where there may be a dearth of community social services, it may be particularly important for schools to have good resources on hand to address the problem. Dulmus et al. (2004) suggest that rural schools use school social workers or other professionals with skills in anger management, conflict resolution, and children's mental health to address bullying.

DeLara (2002) suggests that adolescents themselves be consulted prior to establishing any kind of school violence prevention program. She states the most important finding in her case study of rural school violence was that "listening to the voice of adolescents about solutions for safety and reducing violence is a crucial element in bringing about a safe school environment. Their ideas and strategies are creative, intriguing, and workable. Above all, they are the teenagers' own solutions for a problem that impacts them" (p. 190). One of the strategies recommended by the adolescents was that schools provide programs that address moral development, and these begin at the elementary school level. Another important recommendation from students was smaller class sizes, enabling closer student-parent relationships. Adolescent participants reasoned that if teachers and other adults in the school developed close relationships with the students, they would know if someone was upset and potentially violent and could then intervene. Teenagers in this study also highlighted the importance of being involved in groups with positive goals, and that such groups fostered a sense of belonging.

Fontana (1999) found in his research in Montana schools that large numbers of students were being bullied when adults were present – for example, in the classroom. He suggests, therefore, that teachers, counsellors and administrators be better trained in recognizing bully/ victim situations, and how to respond effectively. He also suggests that administrators should assess the extent of bullying within their own schools by surveying students, and then providing supervision in areas of the school where bullying is occurring most frequently. He further suggests that schools enforce clear policies on bullying, including the definition of bullying and its consequences. Finally, he suggests that bully prevention programs be presented to students beginning at an early age.

One school-based bullying prevention program appears to be successful with rural school children (Farrell et al., 2003). A study reported positive results of a bullying prevention program, the RIPP (Responding in Peaceful and Positive Ways) Violence Prevention Program, in rural U.S. schools. Responding in Peaceful and Positive Ways aims to reduce youth violence by working with an entire junior high school population rather than groups of selected students. A separate curriculum for grade 6, 7 and 8 students has been developed, with the grade 6 program focusing on general violence prevention, the grade 7 curriculum on conflict resolution skills, and the grade 8 curriculum on preparing for the transition to high school. The program is typically taught during the academic subjects of social studies, health, and science, and is facilitated by highly skilled, committed, well-trained staff. This program was originally developed to address the needs of a high risk urban population in the U.S., and appears to be successful in reducing the number of disciplinary violations for violent offences, the number of school suspensions, and the number of fight-related injuries in children who participate in the program (Farrell et al., 2001, cited in Farrell et al., 2003). Significant effects were

also found for reductions in the number of school disciplinary code violations for violent behaviour during the following school year.

Interestingly, Farrell et al. (2003), reported even more consistent support for the RIPP in rural schools than in urban schools. Boys at rural schools where the RIPP program was instituted reported significantly lower rates of victimization at the start of the seventh grade, and lower rates of peer provocation at the first follow-up. A significant main effect was also found on self-report measures of violent behaviour. Intervention effects were also found on reported prevalence rates of serious incidents of violent behaviours involving the use of weapons or fight-related injuries.

Farrell et al. (2003) suggest that for the RIPP model to be effective with students over time, the entire school staff needs to commit to putting energy and resources into promoting non-violence. One solution that may be effective in rural schools, given the lack of resources available in the community, would be to have school teachers institute the program themselves.

### **General Prevention and Intervention Strategies for Rural Communities**

Some strategies for prevention and intervention have been recommended by researchers that cut across *all* types of violence in communities. One general violence prevention strategy is education and cross-discipline collaboration. It is crucial that agencies that are providing services to victims, offenders, and the community collaborate with one another. Collaboration is important between medical personnel, legal services, criminal justice, police, schools, victim's advocates, child protection agencies, and social services (Monsey et al., 1995) in assisting families affected by domestic violence. Training staff involved in domestic violence is critically important in helping to identify and assisting victims of intimate partner violence, elder abuse, bullying, and child abuse (Hornosty & Doherty, 2001; Cupitt, 1977; Fontana, 1999; Crocker, 1996).

Since shelters for victims of violence, such as transition houses for battered women, safe houses for teens, and crisis nurseries are all important services in helping to alleviate violence in communities (Monsey et al., 1995), it is suggested that rural communities make these kinds of crisis shelters accessible to their residents.

A number of suggested strategies involve addressing more general problems in communities—ones that are often associated with domestic violence and bullying. One such strategy is to reduce alcohol and drug abuse in a community. Monsey et al. (1995) stated that alcohol and other drug abuse are highly associated with many types of violent behaviour, therefore programs such as substance abuse education and prevention should be provided to children in rural communities. Treatment should also be available for people experiencing problems with drug and alcohol abuse in rural areas.

Conditions associated with poverty, such as family disruption, poor access to prenatal and child care, and low birth weight, are all associated with both aggressive violent behaviour and child abuse and neglect. Monsey et al. (1995) point out that communities that have less poverty tend to have lower rates of violence, therefore, they suggest that efforts be made to increase the standard of living in the population.

Some researchers argue that pre and post natal care for women can be thought of as a violence prevention strategy, in that fetal exposure to drugs, alcohol, and lead

contributes to low birth weight and disabilities and deficits in children (Monsey et al., 1995). These in turn may lead to a lack of problem-solving ability, low intelligence, and aggressive behaviour. It is, therefore, recommended that women's health be prioritized in rural communities.

Finally, Monsey et al. (1995) argue that since violent acts involving guns are generally more lethal than violence with other weapons, reducing access to guns in a community can reduce the number of suicides and homicides.

Researchers have highlighted the importance of involving the local community when planning programs to address domestic violence, and when publicizing the message that it is acceptable to talk about abuse issues (Breton et al, 1997). Edleson and Frank (1991) emphasize the importance of thoroughly assessing the needs of rural communities prior to establishing any programs in the area. They suggest "understanding the culture of a particular community and ...tailoring one's approach to the needs of the community" (p. 549). Hornosty and Doherty (2001) suggest that in order to be effective, intimate partner violence programs must have the input of rural women and rural women's organizations. Jiwani et al. (1998) highlighted the importance of involving rural men in addressing issues related to violence against women. They suggest that men in the community be encouraged to challenge one another if they are abusing their wives.

They also suggested that men could play a vital role in helping to access more resources for families affected by domestic violence. One of their research participants, a service provider, stated, "it is embarrassing for me to say this, but when people who are in the place of giving or acting hear this from men, it seems to have more impact" (Jiwani et al., 1998, p. 15).

A final general recommendation for addressing violence is to communicate effectively with rural citizens. Communication tends to be challenging in rural areas, so researchers have suggested that agencies developing new domestic violence programs need to make concerted efforts to publicize their program in creative ways. Suggestions include advertising in bathrooms in public buildings, in doctor's offices, sending information out to clergy, police departments, attorneys, and other social agencies, and networking with key community members (Edleson & Frank, 1991).

## **Summary**

Although various forms of violence are at least as prevalent in rural communities as in urban areas, rural communities have not benefited from the array of services generally available to urban populations. The following is a summary of the major points identified in the preceding literature review.

Some researchers have suggested that victims of intimate partner violence are at elevated risk in rural areas due to a number of factors unique to the rural lifestyle, including: attachments to the farm and the rural lifestyle; lack on anonymity; geographical isolation, patriarchal attitudes, and a lack of accessible support and services. Others caution against making generalizations about the rural lifestyle, especially in defining rural values as patriarchal. However, the literature is unanimous in identifying a significant lack of services available to families affected by intimate partner violence in rural areas.

The results of Tutty and Christensen's 2005 environmental scan of rural domestic violence services in Alberta suggest that the majority of shelter directors believe their shelter work is helpful to women and children in rural areas. However, they identified a lack of funding as a primary challenge in service delivery, and a lack of comprehensive counselling services in their rural areas as a significant gap.

Child abuse is a serious problem in both rural and urban areas, with significant short and long term consequences for children. Child abuse may have psychological, physical, behavioural, academic, sexual, interpersonal, self-perceptual or spiritual consequences, and the effects of abuse may be immediate, or may appear later in adolescence or adulthood. Numerous risk factors have been identified for child abuse, including individual, familial, and socio-cultural factors. Knowledge of these risk factors may help in designing effective programs aimed at reducing the incidence of child abuse in communities.

Elder abuse has only recently come to the attention of the public. The same factors that place victims of intimate partner violence at risk in rural communities are relevant also to victims of elder abuse, in that older people may be geographically isolated, services are not accessible to them, and they may be reluctant to disclose because of various factors, including a lack of anonymity. Although there is a paucity of research on elder abuse in rural communities, one study did suggest that prevalence rates of this form of abuse may, in fact, be higher than in urban areas. It appears that the rural elderly do suffer more psychological distress such as depression than their urban counterparts. Certainly research has demonstrated the consequences of elder abuse to be serious for its victims, with older persons often suffering serious physical injury and emotional distress as a result of the abuse.

Initial studies have suggested that the prevalence of bullying may be very high in rural schools, and there may not be as much public awareness of the problem in rural communities. Bullying is a serious social issue that leads to serious consequences in its victims, including physical injuries, psychological symptoms, medical conditions, as well as suicide and murder.

Some general strategies that can address all forms of violence in rural communities include reducing substance abuse, increasing education and cross-discipline collaboration, decreasing poverty levels, increasing emergency and crisis housing, increasing access to health care for women, and decreasing the availability of guns.

Other strategies for addressing issues related to specific forms of domestic violence and bullying in rural areas include: providing non-threatening resource centres that provide domestic violence information; increasing the availability and accessibility of services available to families affected by domestic violence, traveling social workers; and violence prevention programs in schools.

Rural areas may benefit from widespread education campaigns on intimate partner violence, elder abuse, bullying, and child abuse. One research study suggests that responding to child abuse in rural areas may require different approaches from urban areas, and an approach aimed at community development and education may be more effective than a case consultation model.

## **Chapter Two: Drumheller and District and Needs Assessment Methodology**

The purpose of the current research was to assess the need to develop services and better engage the victims of family violence and bullying in Drumheller, Hanna and surrounding region, as requested by the Drumheller and District Association for Prevention of Violence. The Association is an initiative of concerned service providers in the region, who work together to provide information about services for victims of family violence, as well as assessing needs and making plans for service delivery.

This needs assessment was developed to understand the current strengths, limitations and gaps of services in the region through conducting semi-structured telephone interviews with key community stakeholders and victims of violence. The needs assessment employed qualitative methodology.

The key community stakeholders participated in telephone interviews regarding their knowledge and impressions of services in their community (See Appendix One). The key informants included representatives from community services and counselling agencies, child welfare, education, health, mental health, the police, Crown prosecutors and others determined by the Drumheller and District Association for Prevention of Violence.

After an initial list of prospective interviewees was developed, the interviewers asked each respondent for names of additional community representatives that could provide important information and perspectives with respect to the project—a process known as “snow-ball” sampling. The stakeholder interviews were about 20 - 45 minutes long and the participants’ replies were recorded in writing.

Women who have received services in Drumheller, Hanna and region were invited by a staff member of that agency (not their counsellor) to participate in the needs assessment and permission was obtained for a research associate at RESOLVE Alberta to contact them. Names and contact information were forwarded to a research associate at RESOLVE Alberta. Staff members at the referring agency did not know the names of women who chose to participate in the needs assessment. Interviews with victims lasted from 45 minutes to 1.5 hours and were tape-recorded and transcribed. The interview guide asked the women respondents about their experiences accessing and utilizing services in Drumheller, Hanna and district (See Appendix Two).

The analysis of the qualitative interviews followed accepted practices of social work qualitative research methods including identifying prominent themes and sub-themes (Tutty, Rothery & Grinnell, 1996).

The research proposal was reviewed and approved by the University of Calgary Conjoint Research Ethics Review Committee to ensure that participants clearly understood their right with respect to confidentiality and informed consent. The research consent form indicated that participants (both stakeholders and victims) are free to refuse to answer any questions and have the right to withdraw participation at any time. This information was also being given verbally to potential participants before the interview commences. In the event that the participant wanted to discontinue the interview, the interview was stopped immediately and she/he was thanked for her/his participation. Any

questions or concerns were addressed at this time. The participant was asked if the data collected up to that point could be used. If this request is denied, the data was destroyed.

All audiotapes and transcribed interviews were coded so that identifying information does not appear on the data. Only RESOLVE Alberta staff knows the participants' names and has access to the completed victim or stakeholder interviews. Identifying information was deleted or disguised in the event that information from the interviews is included in the final report or subsequent publications.

The potential benefits of the research are identifying program strengths, challenges and gaps to improve programs and respond more effectively to family violence and bullying. Identifying service gaps may result in increased services which will benefit those affected by family violence as well as other stakeholders. Women who have been victimized may feel valued for providing input from their experiences with accessing services in Drumheller and District, which will help services better meet the needs of victims experiencing family violence or bullying. Knowledge about providing family violence services in rural communities is lacking. This research may provide a model of service delivery that could be used in other communities. Overall the information provided in the needs assessment will contribute to awareness and understanding of victims' needs and how services are delivered In Drumheller and district.

## **Overview of the Research Results**

The next section of the report details the results of the analysis of the interviews conducted with 59 key informants from Drumheller, Hanna and District regarding the needs of victims and perpetrators of family violence and bullying. In addition, three women in the communities who had experienced abuse from their partners came forward to be interviewed. The initial hope was to engage 15 to 20 women; however, the fact that few victims were willing to be interviewed has been a factor in other research projects in the province and across the country. In some ways it parallels the original concerns that led to the project developing: that it is difficult to engage victims of violence in this and other rural communities.

The key community stakeholder interviewed included personnel from five constituencies: 1) justice, 2) school, 3) health services, 4) counselling services and community intervention, and 5) community representatives. Those from the Justice System constituency included representatives from the RCMP, probation, penitentiary personnel, Victim Services and justice personnel; the School constituency includes Family Resource Workers, school counsellors and other staff associated with the school system; the Health Services constituency includes nurses, public health services, hospital counselling staff; the Counselling Services and Community Intervention constituency includes those with Alberta Alcohol and Drug Abuse Commission, Alberta Mental Health, Child and Family Services, clergy, Community Crisis Society, Family and Community Support Services (FCSS), Human Resources and Employment, as well as other counselling programs. Community representatives were from financial institutions, newspapers and local businesses.

While the constituencies do not perfectly represent the breadth of the work of the respondents, the categorization provides information on the stakeholders' general backgrounds and areas of expertise, while protecting individual's anonymity. The following table outlines the number of stakeholders from each constituency.

Table 1: Constituencies of Key Informants

<b>Key Stakeholder Interviewees</b>	<b>N = 59</b>
Justice System	10
School Personnel	11
Health Services	9
Counselling Services and Community Intervention	24
Community Representatives	5

The interview quotations included in the report highlight the issues as viewed by the various participants. The quotes were selected from a number of alternatives because they make the point more concisely or are representative of a group of stakeholders with similar views. In each section, an effort was made to include quotes from individuals representing the perspectives of informants from various constituencies. In addition, comments from the three women interviewed are presented as well as case examples provided by the key community informants.

The comments from the community stakeholders are separated into four chapters. The first chapter examines the issues with respect to intimate partner violence as seen by the key informants in town of Drumheller and the surrounding area. The second chapter documents issues with respect to child abuse, while the third chapter addresses dating violence, the abuse of older adults, bullying and the justice, health and substance abuse response to these issues, both in regard to Drumheller.

The fourth chapter examines each of the issues as seen by key informants in Hanna and surrounding area. Some individuals were familiar with the issues in both Drumheller and Hanna. Their comments were placed according to whether they were speaking of the Drumheller area or the Hanna area.

A further chapter presents information specific to the Drumheller and District Association for Prevention of Violence. The report concludes with a summary of the major findings and recommendations.

### Chapter Three: The Response to Intimate Partner Violence in Drumheller

In total, 50 community stakeholders from the town and surrounding area of Drumheller were interviewed for the current study. This chapter focuses on the perspectives of key informants regarding the services available for many different forms of violence. The chapter begins by reporting the key informants' views on the importance of issues related to all forms of family violence and bullying in Drumheller and which forms of violence are perceived as of most concern. The informants' perspectives of each of the services available for victims and perpetrators of intimate partner abuse are then outlined.

#### Forms of Violence Ratings of Significance

The stakeholders were asked to rate the significance of family violence and bullying in Drumheller and the surrounding area on a scale of 1 to 10 (1 being low in importance and 10 being high). Forty-six stakeholders responded to these questions, although four of the stakeholders preferred not to assign a rating.

*I can't rate. If even one person is being abusive, then it is important.*

*I'm not sure I could put it on a scale. We see the impact of abuse every day on the job; how destructive it is. We have small successes and we take them where we find them. It seems like family violence is everywhere.*

The scores of the forty-two stakeholders in Drumheller that assigned ratings; their scores ranged between 4 and 10 as summarized in Table 2.

Table 2: The Importance of Family Violence Ratings

Rating	10	9	8	7	6	5	4
Number of Respondents (N = 42)	21	5	8	2	3	1	2
Percentage (%)	50%	12%	19%	5%	7%	2%	5%

Twenty-one (50%) participants ranked the importance of family violence and bullying issues at 10.

*It is so widespread. I'm always surprised that I can work with someone for some time and then get a disclosure. It affects so many people. The effects are traumatic and the scars from domestic violence are long-term. The issue is important not just in terms of victims, but also perpetrators. The process of change takes a long time. It is not resolved simply and easily.*

*10: very important. These issues have such a major impact on victims; a huge impact on kids and their parents.*

*Family violence and bullying—violence of any sort is debilitating and far reaching. It impacts children in school, people in work environments, families at home.*

*Even if it's just one family, it can be horrible. Victims don't know where to go. Their energy is drained. There needs to be a lot of education.*



*It's important. We need to be aware and have services. Nobody should have to live with domestic violence. I rate bullying a 10 for the same reason.*

Thirteen stakeholders ranked the importance of family violence and bullying as 8 or 9.

*I'd say 8, because every community has a fair amount of cases related to violence issues. We are no different even though we are a small community.*

*Family violence is always of concern. If you were asking me just to rate that, it would definitely be a 10, but because bullying is also mentioned I would say 8; I don't hear lots on bullying, in fact no reports on bullying.*

Two respondents ranked the importance of family violence and bullying as a 7; while three ranked it as a 6.

*I think it's important but not super important.*

Finally, three stakeholders rated family violence at a 4 or a 5.

*Personally, I don't see a lot of victims of family violence. Definitely, from work, I don't see a lot of family violence and bullying.*

Two stakeholders commented that they did not believe that family violence and bullying should be rated together, seeing the issues as distinct.

*You can't include bullying and domestic violence together. They are completely different. Bullying sometimes occurs in anger. With domestic violence someone is not mad; he's doing it to control.*

*I'd put family violence at a 15; and bullying at a 4. Most schools have good bullying prevention programs, but family violence is a pandemic. Family violence work isn't an extra—it's an essential service.*

The stakeholders were also asked which forms of abuse were of most concern in Drumheller. Forty-six stakeholders responded to this question, 17 (37%) of whom stated that all forms of violence are of concern.

*All forms of abuse are important. Of biggest concern are the alcohol related incidents: a perpetrator who gets drunk and is mean.*

*Child abuse, because that is what I'm exposed to most. Intimate partner abuse in the family is huge as well. Bullying has always been a major issue but now there's a major focus on it.*

*It's an unfair question because who do you discount? How can you say one is more important? Some say women, some children, some elders. I don't think you can discriminate between different types of violence. It's all unacceptable.*

Fifteen stakeholders (33%) perceived family violence as of greatest concern.

*Intimate partner abuse is most prevalent. It's what I see the most. I also see a lot of survivors of childhood sexual abuse.*

*Spousal abuse would be first. Second, children witnessing abuse or if the father is verbally and physically abusive to the children.*

*Family violence and child abuse. Sexual abuse would be hard to know about but it could be part of the physical violence.*

Eight respondents (17%) perceive family violence and bullying as of equal concern.

*There is a balance between the youth and family violence. With youth it's violence amongst themselves and with family, its violence within the family.*

Six stakeholders (13%) identified bullying as of greatest concern.

*I see mostly kids bullying kids, that's my view from the school.*

Sixteen stakeholders also discussed what types of abuse they considered were of greatest concern.

*With my work, the biggest concern is financial abuse.*

*All abuse: physical, sexual—it's all bad. If I had to say what the worst is, I'd go with emotional abuse. The killing of hope and spirit are the worst. Physical violence is terrible; in general people feel that physical violence is the worst. Emotional and mental abuse is the most destructive. It destroys women and makes it so hard for them to leave. The fear takes over.*

*Direct physical violence, sexual abuse, discounting of women, controlling behaviour. Controlling behaviour discounts basic human dignity. Perpetrators are disrespectful; they violate human dignity on all levels. It's important to define abuse. Any person who uses power and control to meet their needs over the needs of another is abusive.*

## **Factors That Impact Leaving an Abusive Partner**

The Drumheller and district stakeholders were asked whether there is anything about the community that makes it easier or more difficult for victims to leave abusive partners. Four stakeholders did not identify any such factors. Nine stakeholders commented on factors that make it easier for victims to leave: public awareness of the issue, community support, people knowing the service providers, and Drumheller's geographical location to larger centres.

*There's certainly awareness about abuse. We do lots of advertising.*

*The women's shelter and churches helping out is making it easier for women to leave a bad relationship.*

*Leaving may be easier for women who have family close by. Women aren't as isolated as in the city. In a small community people know. There are people to talk to and support through the church or work.*

*We are a small community so potential clients may know the counsellors.*

*Proximity to larger centres like Calgary and Red Deer makes it easier because they can go there and get away from the abuser and hide.*

At the same time, the service providers noted that these same factors could become challenges. A total of forty-three stakeholders commented on factors that can

make it more difficult for victims in Drumheller to leave an abusive partner. Thirty-six stakeholders identified the stigma associated with domestic abuse and the accompanying lack of anonymity if victims were to seek help as making it more difficult for victims.

*There is such a stigma surrounding asking for help for these issues: a “not in our community” attitude. This is a hindrance for asking about services.*

*People are afraid of being alone because if they report it there might be backlash from the community, friends and families.*

*People have connections to the community and don't want to leave. Families have lived here for generations. Leaving is not an option. Family violence is tolerated, it's a boys club. People are related to each other in many ways. It's hard to choose sides when you know the abuser.*

*It's more difficult in a small community because everybody can find out. Women have to decide how they're going to deal with living someplace where the entire town knows. So what's worse: the isolation or the embarrassment?*

*We are a small community; everybody knows everybody else's business. Knowing everyone makes it hard for people to go to a service. We are all extremely professional; I make a point of keeping clients' confidentiality. But people in the community see when I go out on calls.*

Nine stakeholders commented that stereotyped gender roles, sexism and traditional values also make it more difficult for women to leave.

*The biggest barrier is that perpetrators have the attitude that his woman is his property.*

*Very traditional values like “what happens at home, stays at home”, and that “women get what they deserve”.*

*Men control their women. If you're going against what's supposed to be you won't get a lot of support from the community. If someone hears someone being beaten or abused they turn a blind eye. It's seen as 'family business.'*

*There is the old attitude of “you made your bed, now sleep in it.” There is also the religious sector. You're told to stay home and work things out. It's going to take a couple more generations for the education we're trying to do to kick in. We need to be teaching our kids that it's not ok.*

*It comes down to the culture of the community. People think it's more an issue for urban areas, not rural areas. To educate in a rural area is difficult, it's a patriarchal society. Religion plays a part—women are not equal to men. Need to get to the men. It's a culture that says it's okay for men to go and drink after work and women are not allowed to complain. Very religious. Mom is not allowed to go out. She has to care for the five kids. But we need to help people understand what family violence is within this context, like the mom not feeling that she can even have a shower in the morning because she's not contributing anything.*

In addition, eight stakeholders commented that the lack of anonymity makes it easier for perpetrators to find women if they do attempt to leave.

*Living in a small town makes it difficult. Stigma, embarrassment, fear--the abuser has greater control because it's hard for victim to hide.*

*It's hard to stay incognito in a small town. If a woman goes to hide in a friend's house, it's easy for her husband to find her. If a man wants to find the kids, he only has to go to the school.*

*In a small town, everybody knows that you have left your partner, and a perpetrator can find his family within a couple of hours. One guy had no license, so he rode his bike up and down the streets in town until he found her. Men have found partners through the kids. There are only four schools—the guy need only go to each school to find his children. Find the kids, find the mum.*

*It's a small community so she'll run into her spouse even if there's a No Contact provision.*

Thirty-one stakeholders commented that when victims decide to access help, they face the difficulties of Drumheller's isolation and limited resources.

*It's not as remote as some communities, but there are even less options for people here.*

*We are far from shelters. It's not easy for women to get away.*

*Victims are dealt with at the immediate crisis, but get lost after that.*

*Ongoing follow up is lacking. It should be routine and it's not done.*

*There's no shelter. It would be extremely expensive to get a shelter in Drumheller. But if you have to move from your job, friends, family, and school to go to a shelter, it makes it a lot more difficult.*

*How do you protect someone trying to leave in small towns? In rural Alberta, we don't access all the protective measures that are available. EPO's are almost never used. Women have to appear at Queen's Court and the QC judge is only in Drumheller only twice a month. The RCMP don't have the numbers necessary to protect women. They can't drive by and check that he's not in the car watching or that things are safe.*

Fifteen stakeholders indicated another difficulty that women encounter when they consider leaving: how will they manage financially.

*It's difficult to leave because of finances. Usually the man is controlling the money and the victim is not working so she has no access; sometimes even the victim's ID is taken away by the perpetrator.*

*Finances immediately become a concern for victims. Not a lot of job opportunities. If it's a family with three kids and now there's no dad, at a minimum wage job, she can't support the family.*

*It would be nice if we had a pocket of money to assist victims financially. One of the main reasons women don't leave is that they're broke. Money could help for transportation or for some basics they might need while at the shelter.*

*The smaller the community, the harder for women to relocate. They need to be even more affluent in order to pack up and move; they have to have a car or friends with cars to help them move. A lot of factors can make it even more difficult: no vehicle, not knowing how to drive, age, infirmity.*

*It's very hard for women to find affordable housing once they leave. Unless women are willing to leave their communities, it's a huge issue. Some women may consider going back because there's no safe place they can afford to live with their children.*

*We need to get abusers out and to ensure that the custodial parent (the mom) has enough income that she and the kids can live with dignity. So many women go back because they don't have enough money for safe housing; they don't have adequate money to feed and clothe their kids.*

Fifteen stakeholders mentioned another challenge as people not knowing how to help victims of intimate partner abuse or that they may be unaware of the available resources.

*Not knowing who to call for support can make it difficult to leave.*

*The distressing part is that not all clients know about services. We have to educate so people can find the services.*

*Public education is huge. Let them know there are places to go, people they can talk to safely. It's a concern that people don't know about services.*

*When people first become aware of family violence they often tell everyone in that they should leave. But that can be dangerous. Need to follow the family's lead. Can't push. Give them good information. They'll leave when they're ready. Can help them to plan for leaving in a hurry - having a credit card, shelter phone number, friends' phone numbers etc. Families I've worked with have disengaged from people who tell them they have to leave the abuser. People can be so isolated. Need to make sure they know about services. Need to educate the community about how to help victims.*

*Too many people aren't aware how dangerous leaving is for women. We need to train people how to leave safely. We need risk assessments, safety planning. We need a way that women and children can safely get to the shelter. People need to know who to contact if they are in need.*

### **Services for Victims of Intimate Partner Abuse**

Forty-nine Drumheller stakeholders described their experiences with victims of intimate partner violence and the available services. The respondents primarily spoke about situations in which the victim was a woman and the perpetrator was a man, consistent with the research that women are more frequently victimized by their male partners than visa versa. In fact, only one informant referred to abuse issues for men.

*Violence against men is underreported because men have their ego where they are embarrassed to admit that they are being abused, because they are the "man" and it's not a norm for them to be victims.*

None of the respondents spoke of intimate partner abuse in same sex relationships.

The service providers consistently commented that they attempt to match their agency referrals with what the woman has identified as needing in terms of support. This section will discuss each of the services that the key informants raised, what is working, challenges and gaps in services for women experiencing intimate partner violence.

The two services that were most frequently mentioned as referrals were the Community Crisis Society of Strathmore and Big Country Victim Services.

*A woman came for counselling and revealed that abuse was going on. I took it upon myself, with her willingness, to get hold of Victim Services. We also connected the victim with the Wheatland Shelter in Strathmore.*

*My client was able to access services easily. She knew to phone Victim Services and the crisis line at the Strathmore shelter. She had already had contact with both services. They were able to give advice on how to handle the situation.*

#### Shelter/Outreach Services

Forty Drumheller stakeholders mentioned the Community Crisis Society, which operates the Wheatland Shelter based in Strathmore, as a service to which they refer victims of intimate partner violence. Wheatland Shelter maintains a 24 hour toll free crisis line as well as residential programs for those fleeing abuse. Besides providing residential services for women and children, Wheatland also provides space for men who are victims of intimate partner violence. The shelter houses a minimum of 30 families per year from Drumheller and District. CCS also offers services for those in Drumheller and District: outreach programs for victims, an Early Intervention Program for children, and public education. They also have a family violence certificate-training program for professionals.

*Strathmore is the first avenue of support. They have a really good 1-800 number.*

*Wheatland crisis centre is excellent, very supportive. They also come into schools and work with community as a whole. More of this is needed.*

*The shelter in Strathmore is available. Sometimes I make it a condition of the peace bond that the accused give a donation to the shelter rather than a fine. A lot of money goes to the shelter through peace bonds.*

*Going to the shelter is an act of desperation. Women have to uproot kids, leave their home, uproot their lives. Women go when they fear for their lives.*

The stakeholders discussed both the residential services and the Outreach programs offered by CCS. The respondents clearly consider the shelter as an important safety intervention for victims. Twenty-three service providers commented that the residential program is working well.

*The Strathmore Shelter is fantastic, they're great. I use them all the time in the school. They are accessible; they are really good that way.*

*We use the shelter in Strathmore a lot. They provide families with a safe place.*

*Wheatland shelter provides great interventions with families. Shelter for the most part is very positive. They've helped victims plan their lives without their partner.*

*It's a safe place. They can get counselling, build relationships with other women. They talk to each other and find out they're not the only ones going through this, and they're not alone.*

Several stakeholders described their clients' experiences with the Wheatland shelter.

*A client was a victim of abuse in her relationship, though there hadn't been a recent incident. She wanted to leave the relationship. The shelter took her in though she wasn't currently in crisis. The shelter is usually good at helping us.*

*One mom lived with an abusive husband; she got in right away, found the support great. When she had gone there she was demoralized and frightened from her husband; the shelter provided lots of emotional services and support.*

Six stakeholders commented that clients could easily access the CCS residential shelter services.

*Most have accessed the shelter quickly and we've been able to arrange transportation.*

*Women have been able to access the shelter once divorce papers have been served and they are expecting retaliation.*

The respondents mentioned several challenges related to accessing the Wheatland Shelter. The one most frequently mentioned is that women and children must travel from Drumheller to Strathmore. As one victim and a stakeholder commented:

*Some families don't want to access the shelter at Strathmore. It is an hour away. You're taking them away from their jobs, their children away from their schools and them away from their home. They don't want that. They still want to live their life and their jobs and some of the bosses don't know that they're having this difficulty, so it's the humiliation. (woman abused by an intimate partner)*

*Women are often reluctant to go to a shelter because it is outside of town. They have to leave their entire lives behind to go.*

Further, once women do make the decision to go, they must find transportation.

*The biggest issue is transportation, getting people to the shelter.*

*The shelter works well as long as we can get a ride for the woman or have someone available to take her. I've taken women to the shelter.*

The challenge of finding transportation also applies to the other shelters that women could access from Drumheller. Because various agencies are involved in transporting victims, this issue is addressed in more detail at the end of this section under the heading of Challenges for Services working with Victims of Intimate Partner Abuse.

Nine stakeholders commented that they have experienced difficulty accessing the shelter, most commonly stating that when they have called on behalf of clients, the shelter has been full.

*I've had families that have been there and I know there's a waiting list - so it's not adequate if there's a list.*

*Access to the shelter is difficult. There have been four situations in the past month where people could not get in. If the shelter's full they need to coordinate other beds.*

*Sometimes Strathmore won't take them because they're full. But that shouldn't be an issue; they have resources to put them up somewhere else.*

The CCS executive director also commented on the lack of space to accommodate women and their children fleeing abuse.

*If we're full, women should be offered emergency accommodation in a hotel. We've been criticized for doing that, but I don't see what alternatives there are. Having a woman and children staying in a hotel is not the best, but it may be safer than remaining at home. If the shelters are full, the options are minimal. One service provider called on behalf of one woman and we were full. Before my worker could check into options, the staff member for the other agency hung up and then later complained that we hadn't offered any alternatives.*

One school representative suggested that if the CCS shelter had more funding, accessibility would be increased because then there could be “*more space, more staff.*”

The key informants generally were not aware how many families from Drumheller and District access CCS shelter services. One service provider stated that, “*only five women a year need go to the Strathmore shelter.*” As previously mentioned, approximately 30 families from the Drumheller area reside in the Wheatland shelter each year.

In addition to residential services, CCS offers an outreach program in Drumheller. While there are no exact figures, more Drumheller women are involved with the Outreach Worker than go to the Wheatland shelter. Thirty-seven Drumheller stakeholders interviewed for the current study refer to and use the CCS outreach programs; while three respondents were not aware of the program.

When speaking of CCS outreach services, the stakeholders frequently mentioned the education component through the Early Intervention Prevention Program. The respondents suspect that part of the outreach program's popularity may be related to the fact that it is easier for victims to maintain their anonymity/confidentiality within the community whereas if a woman and her children went to the shelter, the entire town would know that they were fleeing abuse. When women see the Outreach Worker they can still maintain the family home and their jobs; their children can continue in the community schools. Depending on the level of risk, the Outreach Worker either meets with them in their homes or at the hospital.

*Wheatland shelter is very helpful with education and support of women. The education provided for us and for clients is excellent. Contacting them by phone works reasonably well because they are willing to help in any way they can. Having a worker come once a week is helpful.*



*They do a lot of school presentations and education that are helpful and raise awareness of their services. I know people that have used the outreach services and it has helped.*

*From the Strathmore shelter we use a public education coordinator. She comes and does lots of education for our students and parents. There is also an outreach worker that comes to the area. It's working really well. The public education coordinator is really good; she educates on domestic violence, dating violence, bullying - everything.*

*The outreach counsellor is good at seeing people promptly. The outreach counsellor is now housed in the hospital, a public location. That takes away the stigma. People don't know who the women are going to see.*

*We have support through the shelter outreach worker whenever we need. We all work together. I worked with a young woman. Her toddler had witnessed the last assault and saw the dad throwing her across the room. I saw the mom in emergency. I'll often do the counselling but there are times when I really want the shelter involved. The Outreach Worker, Janet, is wonderful, so good with clients. I have training for counselling, but I can also recognize when clients need the specialized services of the shelter, the knowledge those staff people have. So I called and Janet began working with her right away.*

While the majority of comments were about the strengths of the Outreach programs run by CCS, two Drumheller service providers noted that the Outreach Worker is in town only once a week.

*They are only here once a week. The service is then kind of sketchy, because what if they are here on a Wednesday, and there is an incident in a family on a Thursday? The service would then not be so timely.*

Another service provider stated:

*If the family is eager to work and follows through with appointments it can be very helpful. If families are fearful or leery, if they're not getting encouragement they may not follow through. The Outreach from the shelter doesn't give them that encouragement. The service needs to phone to remind them there's a group tonight.*

Four stakeholders suggested that the CCS Outreach programs could benefit from additional staff.

*Strathmore offers outreach. We don't have enough outreach. CCS is only funded for about 30 hours a week. We need consistency. We could use another fulltime outreach worker.*

*It would be nice to have more prevention, like in-home programs.*

Twelve stakeholders commented on other shelters that victims from the Drumheller might access. Nine respondents identified the Central Alberta Women's Emergency Shelter in Red Deer as a possible resource for women who are being abused by their intimate partners. A staff member from the Central Alberta Women's Emergency Shelter was contacted. Their records indicated that in 2005 one family from Drumheller

and District used their residential services (their search included Drumheller, Hanna, Oyen, Cereal, Morrin, Delia, and Youngstown.).

*Sometimes clients end up in Red Deer because Strathmore is full.*

*Some women go to Red Deer because it's closer to them and maybe they have family there.*

*I've never had a problem sending people to the Red Deer shelter. They have an addictions program, a lot of resources for women while they're there. I've sent a few people there. They're very accommodating. They were full once, but they still found a place. I don't know whether they had them share a room.*

One service provider noted that, similarly to the Wheatland shelter, Red Deer has a 1-800 number that victims can access. Nine Drumheller stakeholders mentioned that Red Deer also offers an outreach program.

*Red Deer doesn't really make it clear that they can come to Drumheller for services or education. They might offer phone support but I don't know.*

Staff at the Central Alberta Women's Emergency Shelter stated that they began their outreach program with one outreach worker in August 2005. While the worker technically serves all of Central Alberta (including Drumheller and District) with only one staff member, offering services in Drumheller is not really feasible. Her focus is on providing outreach to women in Red Deer County and Lacombe County. To date, the Outreach Worker has not received any referrals from Drumheller and District.

*If I were to get calls from women in Drumheller I would deal with each family on a case-by-case basis. My role is to help women make effective transitions back into the community if they've gone to a shelter or help women still in the community. With women from Drumheller, I'd try to provide help, but would really try to help them get connected with more local services, such as CCS.*

Seven respondents identified Brooks and District Women's Safe Society as a resource for victims of intimate partner violence but gave no further details. A staff members from this organization stated that because the Women's Safe Society has recently been through several transitions, for the past year they have operated on only a limited basis. They maintained their 24-hour emergency line and took in women for shelter only if their situations were high risk. Their statistics show few women and children from Drumheller and surrounding area seeking their services. In 2005, six families of women and children came from Hanna, Oyen and surrounding area. The unusual situation with the Women's Safe Shelter Society has now been resolved with the hiring of a new executive director in January 2006.

Eight stakeholders mentioned that Brooks offers an Outreach Program. Staff at Brooks and District Women's Safe Shelter Society confirmed that an outreach worker was recently hired (in 2006). Since the outreach program is just beginning, at this point the worker is only be available to see those women from Drumheller and District that can travel to Brooks.

One service provider who works in a small town outside of Drumheller noted that *"in this community, we use two shelters: Strathmore or Camrose."* (school) Staff from

Brigantia Place, the Camrose shelter, noted that they have had one client from Drumheller and District in the past nine months. They clarified that their outreach program does not serve women in Drumheller and district; the furthest south their outreach worker goes is Stettler.

Other Drumheller service providers noted that they had referred clients to shelters in Lethbridge, Medicine Hat and Calgary depending on how full the other shelters were and the risk to victims. For some clients, it was important for their safety that they move further out of the Drumheller area; in addition, some clients requested they be placed in these communities.

The stakeholders mentioned that trying to find available space in a shelter that Drumheller families can access is often a challenge.

*It is time consuming trying to find open space as quickly as possible so that the spouse doesn't become aware of where they're going.*

### Victim Services

Thirty-one stakeholders identified Big Country Victim Services as a resource for victims of intimate partner violence. Victim Services covers a wide geographical area and three RCMP detachments. The Victim Services Coordinator described her role with victims:

*I work with victims of crime and tragedy; people aren't necessarily victims of crime. With victims of family violence, I help women locate a safe place and make a safety plan. If the woman is insistent that she go home and he'll change, I'll give her as many handouts/pamphlets as I can think of. I'll always follow up. I can work with any victim for as long as they want: I worked with one woman for three years, a victim of domestic violence. We went over safety plans. He works away, and can be gone for months; so she doesn't see the need to leave. She has a life here; a job, the kids are in school.*

One stakeholder noted that Victims Services' ability to work with all victims of crime and trauma is both a benefit and a drawback:

*I send a fair number of people because Victims Services are trained to deal with all victims. The only drawback is that abuse isn't the only thing they deal with.*

In addition, Victim Services runs a volunteer program to support victims in crisis and to support victims through the court process. The Victim Services Coordinator noted that part of her role is to supervise volunteers. Because of the wide geographical area Victim Services covers, she supervises volunteers in three different towns: Drumheller, Hanna and Oyen. In Drumheller there are currently two volunteers designated to the Court Support program.

Thirteen stakeholders discussed their perceptions of what is working well with Victims Services. Six service providers commented that Big Country Victim Services is available to women in crisis and can offer immediate help.

*Victims Services are knowledgeable about the issues.*

*Victim Services does excellent crisis work.*

*Victims Services works very well. There's always someone available. They're well-trained and they respond appropriately. They watch the kids while RCMP do their investigation. They'll talk with the victim, hold hands.*

Ten respondents stated that Victims Services plays a key role in referring victims to other services:

*Victims Services is more of a support than a provider of counselling—supports them to get ready for court, refers to services and supports victims to help them get connected with services.*

*They have been very good at making the person aware of what's available.*

*Victim Services are a good resource. They are well trained and can tell victims where to get help.*

*We refer them to Victim Services for support and to get advice with restraining orders and no contact orders.*

The respondents also noted several challenges for Big Country Victim Services. Five stakeholders raised the concern that some victims are hesitant to contact Victim Services because of the close relationship between this service and the police.

*The close liaison between Victim Services and RCMP is a problem. People are reluctant to come to Victim Services because it is in the same building as the RCMP. Victim Services and the RCMP should be physically separated.*

*They have a good understanding of abuse. But their close relationship with the RCMP makes people nervous; some won't go because of their closeness. So it's a double-edged sword. Most victims don't want the perpetrator charged or they don't want to testify against the perpetrator. Victim Services tries to send someone for support and explain the process.*

*If they access Victim Services there's fear they'll be pressured to charge the perpetrator. They may not be ready, so that may be a barrier.*

*Victim Services is a perfect referral because they are an intermediary, but some people won't talk with them because they are so closely connected to the RCMP. They're also limited in who they can offer services to.*

As an example, one of the women interviewed who had been abused by her intimate partner had experienced financial and emotional abuse, but not physical violence. Based on her partner's behaviour, she did not believe that contacting the police or Victim Services would be a fit for her:

*I never felt that the police were the help I needed or Victim Services. I didn't feel like a battered victim or never felt that was where I needed to go.*

Another woman who had been abused by her partner mentioned that she was not comfortable with Victim Services' association with the police, but when she overcame these concerns, she was not successful in reaching anyone:

*They're connected to the police. Their office is in the RCMP detachment. I've never had any success because they are either at a meeting, they're in Oyen, they're in Hanna; you have to leave a number, they call you.*

The coordinator acknowledged that this program could not run without volunteers but that there are unique challenges running a volunteer program:

*I'm the only full-time person. I couldn't do all this alone. I do lots but I'm the only one on staff; I have volunteers, but they are volunteers and they want time off.*

Five stakeholders raised the shortage of volunteers as a concern:

*They have a shortage of volunteers but when they're needed there's usually someone to help.*

*There's always been someone available when I've been involved, but they need more volunteers. The coordinator often comes when the calls are in the daytime. There are no volunteers available in the daytime.*

*I don't know why there is only one person on the phones at a time. They could benefit from a more active membership. I'm sure more people would be willing to volunteer either as counsellors or on the board.*

Several volunteers expressed disappointment about how infrequently they had been called out.

*I had been a volunteer for a year and only called once.*

Four service providers noted challenges with the Court Support Program.

*Victim Services is a fledgling service in Drumheller. It's sometimes operational, sometimes not. It's dependant on volunteers and doesn't have the funding it needs. They need a Victim Services unit that can work with women, tell them about the court process. The prosecutor doesn't always have the opportunity to sit down with the victim. Victims have misconceptions. They need to understand the court process. Victim Services could assign a volunteer to work specifically with domestic violence cases, so we could really support victims.*

*I'd like to see more supports for people within the justice system.*

Four stakeholders commented that Victim Services needs more funding, particularly for paid staff.

*They need more staff; they need to give more of support for victims.*

*Resourcing and human resources is a difficulty with Victim Services. I'm trying to work to get the coordinator an assistant. The Victim Services Unit has come a long way and their role is becoming more important as it relates to policing, but the challenge they face is finding appropriate financial support.*

Eleven respondents commented on the role of the RCMP as a resource for victims of intimate partner abuse.

*If the women are willing to go the police, I refer to RCMP.*

*The police are responding well. No difficulties.*

One service provider mentioned Family Court Services as helpful for women who are dealing with family court. Alberta Justice provides this service free of charge and the worker is available to be in Drumheller when the monthly family court sits. The Family Court Worker spoke with us about how her role can also assist women who are being abused by their intimate partners.

*I'll help with an EPO if mom needs one and doesn't have the resources or the RCMP aren't doing it for her. I can help them apply for all kinds of court orders. I can help with safety plans and maintenance orders. We provide mediation and assisted services, so they don't have to get a lawyer. I help with custody and access issues. If they're looking at divorce, I'll help with that.*

One stakeholder noted that Legal Aid may also be helpful to victims of domestic abuse. A Legal Aid worker described her role.

*I go to the courthouse once per week in Drumheller. I take their application and forward it to Calgary. Some are applying for a lawyer to go to court for family violence. Sometimes I'll tell them about other resources. It's easy for them to get Legal Aid. People may have assets like a large equity in the house, but if it's a family violence situation he may control the money. Legal Aid will take them, but when they get access to the money, they are no longer eligible. Sometimes Legal Aid doesn't cover divorce, but if there is family violence and safety issues and kids involved, they are more likely to help.*

#### General Services for Victims of Intimate Partner Violence

In addition to the previously described specialized services that have staff members that often deal with intimate partner violence, the stakeholders mentioned a number of other services that can be resources to victims and perpetrators of violence, even though this is not their central population.

Alberta Mental Health was suggested by 28 stakeholders as another service available for victims of intimate partner violence.

*They're key in helping address family violence especially if they have mental health issues, because that's free of charge. That's important. If a victim is leaving a relationship, finances are a big issue.*

*Mental health is working well. Staffing increased in the last year related to regionalization. There's also an increased demand.*

*The Mental Health counsellors are in general really helpful. They will meet with individuals and the whole family unit.*

*We have great immediate support from Mental Health. The counselling is ongoing but I've seen a difference in clients' behaviours, so it's working well.*

Three service providers noted that some clients are hesitant to access Alberta Mental Health.

*They may be closed off to going to Mental Health, "I'm not crazy."*

*We can suggest to families that they call Mental Health, but they need to make the phone call. I struggle to get families to call. We've worked on building relationships with Mental Health, so I can say to families: I know her, she's worked with people I know and there have been successes.*

Two service providers raised concerns about access to Alberta Mental Health.

*On weekdays, services are very accessible. But there's a lack of services on weekends and evenings. Mental Health counsellors aren't available after hours.*

*Access is a problem. There are not enough counsellors. Several women have wanted to access Mental Health counselling and had to wait. Also women don't feel comfortable when they phone or go into the office. They're treated like a number, not a personable service. The situation is minimized. Mental Health wants to treat more people; if they minimize the problem they can see more people. This is a problem with Mental Health across Alberta.*

Twenty-two Drumheller stakeholders commented that services more traditionally associated with children can also be a support to the women. The Family Resource Workers and School Counsellors, for example, “do some work with the women; mostly they provide referrals”. Stakeholders noted that Healthy Families is another resource for women who are being abused by their partners and have children. Staff members from Healthy Families described their program.

*Families are pre-screened for family violence by a public health nurse before being referred to Healthy Families. We ask about a history of violence in a lot of detail. We see one or two families per year who need to go to the shelter. We see a lot of chronic verbal abuse. Teen moms have a high incidence of abuse: the situation usually deteriorates quickly and relationships don't last. Ninety percent of families we work with have mental health issues related to previous abusive relationships or bullying.*

*It's a voluntary program. We help with parenting skills, housing, whatever their issues. With victims we talk about a safety plan and what resources are available.*

Growing Opportunities is another possible resource for women with children. A staff member from Growing Opportunities commented on the agency's work with victims of intimate partner abuse.

*Most of our clients don't disclose. We would do general counselling and refer them to the Wheatland Shelter. We give support but they have to be willing to get help. Out and out family violence is less an issue, it's more being dominated. They may not have equal access to finances. I remember a client who had experienced some physical violence. We offered her places she could go to get help. She chose to deal with it her own way and not get formal help.*

McMan Family Services also “deal with victims and family violence issues.” Parent Link may also provide support.

*Parent Link in Drumheller has been approached to provide programming for single parents aged 16 to 20. If that goes ahead, she may reach more vulnerable populations.*

Finally, Child and Family Services can support women whose children have been impacted by the abuse that they have witnessed.

Seventeen stakeholders identified medical services including the hospital, family doctors, and public health nurses as resources for victims of intimate partner abuse.

*At the hospital, victims can talk to a counsellor.*

*The hospital staff are excellent.*

*In Emergency, a victim of family violence may come with injuries related to family violence. They may come in for other injuries, but we find additional injuries related to family violence in the work-up.*

*Public health nurses offer screening and resource referrals.*

A public health nurse described their work with women:

*We don't target the abused population, but it's part of the population we work with because we often see moms after a baby is born. If there's abuse we can usually tell. If we suspect abuse we try to establish a rapport first, then we explore, "do you feel safe at home? Do you get support from your partner?" If they're not safe, we explore further. Once they admit it, I offer community resources. I phone the agency myself or give them the info to call. I try to do a phone follow-up or go to the home to see how it is going. The majority we see are women being abused or in rough relationships and finance is the huge issue for them. Many are reluctant to look at options because they need the financial support of their husbands.*

Thirteen stakeholders identified Drumheller churches are another resource that victims can access.

*The churches run support groups. They've been a big support to victims.*

*Some women seek assistance through their church. Church of Nazarene offers workshops for this. The Salvation Army Church is really good. The Catholic Church also offers help.*

*The Church of the Nazarene is quite involved in family violence. They're trying to educate the other churches. The pastor will counsel families. If we know a family's connected with a church, we can talk to the church about what support they can provide.*

Church representatives commented:

*The church's role is to pick up gaps and provide the support necessary: counselling victims and referring to shelters. In sermons, the pastor talks about domestic violence and encourages women to tell someone about the violence. That's the only way they can get help.*

*One client was completely unaware of services. I was visiting with a hamper and she started disclosing. She was receiving some counselling, but the counsellor didn't understand her situation. The client didn't know there was a shelter or*



*counselling available from the shelter's outreach counsellor. My role is to listen and support clients; help them find supports in the community.*

*I work with people in the church and the community, therefore I see people affected by violence. I also help in addiction counselling and marriage counselling, both of which always includes forms of violence.*

Twelve Drumheller stakeholders identified Alberta Alcohol and Drug Abuse Commission (AADAC) as a resource for victims if addiction is an issue for them or if they need support for their partner's addiction.

*Women victims may have addiction issues. I send them to AADAC. We always get follow-up. The women sign waivers that give AADAC permission to contact us. They do a game plan with the AADAC worker. Then when I'm talking to the women, I know the game plan and I can follow-up too. It works well.*

One stakeholder added that Alcoholics Anonymous or Al-Anon can also provide support.

Eight stakeholders commented that Human Resources and Employment could also be a key service for women who are being abused by their intimate partners.

*Human Resources and Employment also helps if someone is trying to leave an abusive situation. They provide financial support in getting set up on their own or a bus ticket to get to the shelter. It can make the difference between being able to leave a relationship or staying.*

*Social Services moves quickly and contacts the right people.*

*We have their after hours phone number, because often these things happen in evenings and the weekend.*

Only one service provider mentioned a challenge with respect to this as a resource:

*Sometimes new staff don't know about the program that helps women financially when they're leaving an abusive relationship.*

Private counsellors were also mentioned as resources by seven Drumheller stakeholders.

*In most cases the abusive partner makes it difficult for the woman to get services. Some women go to private counsellors. Sometimes that works because one can see a private counsellor for any issue; not necessarily abuse.*

Three respondents noted that a significant challenge is that private counselling services "are too expensive for low income families."

Two key informants suggested that women who are sexually abused by their partners may benefit by being referred to Association of Communities against Abuse (ACAA) out of Stettler. A staff person for ACAA stated:

*Sometimes we do counselling about intimate partner abuse. The intake worker would decide if they're appropriate. They have to be a bit settled to do therapy. If they're in a shelter, worried about housing, we'll see them when they're settled.*

Single stakeholders each mentioned other services that could be helpful to victims.

*In Drumheller there are life skills types of programs, like women re-entering the workforce, life skills or those types of things.*

*In smaller communities, we really depend on supports: friends, groups, clubs like the Royal Purple, the Rotary, the Catholic Women’s group.*

*Veterinarians will take pets if someone is leaving a relationship.*

The following table summarizes the services, both specific and general, available to victims of intimate partner abuse in Drumheller.

Table 3: Services to Address Intimate Partner Violence

<b>Counselling Services Specific to Victims of Intimate Partner Abuse</b>	<b>General Services that might support Victims of Intimate Partner Abuse</b>
Community Crisis Society (Strathmore) outreach offered in Drumheller	Alberta Mental Health
Central Alberta Women’s Emergency Shelter (Red Deer)	RCMP
Brooks and District Women’s Safe Society Brigantia Place (Camrose)	Family Court Services Legal Aid
Association of Communities against Abuse (Stettler)	Family Resource Workers and school counsellors
Victim Services	Healthy Families Growing Opportunities McMann Family Services Parent Link Child and Family Services Drumheller Health Centre (hospital) Public Health Nurses Churches Alberta Alcohol and Drug Abuse Commission (AADAC) Alcoholics Anonymous / Al-Anon Human Resources and Employment Private Counsellors

### Challenges for Services working with Victims of Intimate Partner Abuse

The Drumheller stakeholders described a number of issues for service providers working with victims of intimate partner abuse. As previously mentioned, 24 stakeholders identified one of the major challenges for victims of intimate partner violence as transportation for women and children to access a shelter.

*The shelter is not here, so transportation is an issue. I often raise funds from staff in the hospital to transport victims to the shelter. This is a grassroots effort to get money to pay for gas for a volunteer from the community or a staff member on their own time to drive the victim. We usually manage and we care a lot, but this should not be our responsibility. There should be supports for this. (counselling)*

*A woman in Drumheller called the police. He was sent to jail, but the family was afraid to transport her to Wheatland; they didn't know how long he would be held. The police refused to transport because he was in jail and said she would be safe to get to the shelter on her own. Wheatland didn't have the staff to get her. They try to transport women, but it depends if they have someone available. They try to be careful too. If a woman thinks it's too dangerous for staff members to come, the staff honour that. Transportation is a real barrier.*

*In an emergency, transportation to the Wheatland shelter is a problem for most women. They either don't have a vehicle or it's not safe to use their own vehicle. On occasion the RCMP has taken them to the shelter, but they don't have the manpower to do it all the time. Victim Services tries to organize transportation sometimes: volunteers might be available. Often people need to leave immediately so there should be something set up for the women beforehand.*

*Victims Assistance used to transport families but because of liability issues they don't any longer.*

*The shelter outreach counsellor will pick up victims when she's in the community. But where does the victim stay while waiting to get transported? We need some emergency options: something safe for them. The Salvation Army is good at covering one night at a hotel for victims.*

*Transportation is the biggest issue. There are many cases of women and families that need to leave but have absolutely no means to leave. Trying to get people from here to there is really hard. It would be great to have RCMP escort, but they have a lack of manpower.*

Six stakeholders mentioned that sometimes women take the bus to one of the shelters and noted some complications in accessing bus vouchers.

*Victim Services has an agreement with Human Resources and Employment to provide a bus voucher, but the bus doesn't run often. There's a mixed response with how quick Human Resources and Employment are in administering bus vouchers. Sometimes they want to see the client in the office. Getting the voucher may need to be coordinated with Victim Services, but the victim may not want to go to Victim Services, because they're housed with the police.*

One stakeholder provided an example of when the collaboration between RCMP, Victim Services, and Human Resources and Employment worked well:

*One girl we had to ship by bus. The bus left at 5:00 and the police brought her to Victim Services at 4:00. The next bus didn't leave until 1:00 am. We really had to scramble. Luckily with Alberta Works we were able to get food vouchers and bus tickets by 5 to 5:00. They really came through. She came in with the clothes on her back, no wallet, no ID. They had a bus ticket and a food voucher waiting in less than an hour. We knew we had to get her on that bus. Human Resources was very good. So were the bus people. Normally, the emergency Human Resource People wouldn't send someone's food voucher to the bus station. A Victim Services staff said to them, "This is a small town Alberta, the bus station is in the grocer. There is no other place to send it." And they did.*

Another challenge is that there are no direct routes from Drumheller to Strathmore or to Red Deer. Women and children must first take the bus to Calgary and then transfer.

*The bus routes from Drumheller to Strathmore are ridiculous. There is no direct bus. Drumheller residents have to go to Calgary and then take another bus to Strathmore. If a victim wants to visit friends or family in Drumheller, go to court (once they are in the shelter) CCS will transport them if they can. But they don't always have staff available. Transportation is a huge issue.*

*We've called the Red Deer Shelter and sent women there. So instead of a two hour bus ride to the Community Crisis Shelter in Strathmore, they face a 6½ hour ride to Red Deer. Of course, both are a lot closer, but there is no easy way to get there by bus. Women have to go to Calgary and change buses.*

The stakeholders agreed that they need to find solutions to this problem.

*We might get around some of the issues women coming into shelters have if service providers put political agendas aside. If we could only look at how each of us can help rather than complain about what's not available.*

The respondents provided various suggestions to improve transportation to the shelters including contracting with a local cab company, using a pool of volunteer or contract drivers, or building a shelter in Drumheller. Seven stakeholders stated a possible solution to the transportation difficulties would be to have an agreement with a local cab company to drive Drumheller women to a shelter. Yet there are still issues that arise with this option.

*We could use cab companies, but there are confidentiality issues.*

*There's using the cab company. As a committee we could fundraise, but there are issues of confidentiality. Not everyone wants to go to the shelter with the local cabbie.*

*Maybe we could train staff at the taxi company to respond if a situation when transporting a woman to shelter became unpredictable or if safety issues arose. There are radios in the cars, so that could increase safety for the driver, the victim and their children. The drivers would have to be people who could respond to safety issues and who would respect confidentiality. We would have to find funding to pay the fare.*

Another possibility raised by five stakeholders is to have a pool of community volunteers or contract staff who are willing to transport victims to shelter.

*It would be good to have a volunteer corps through Victims Services or someone else who could provide transportation.*

*We could contract with individuals in the community to drive to the shelter, but who will the employer be, who will take on the liability? There's the cost and the safety issues of transporting victims.*

As noted above, this possible solution also has challenges that would have to be addressed.

*We need a safe way to transport clients to shelter. If a woman is being stalked, and I volunteered to drive her, I could be followed and attacked. We need insurance to cover that. Who pays it?*

*With transporting women and children there are liability and insurance issues. Those can be quite insurmountable. If a volunteer is driving a woman to a shelter and has an accident—who is liable? The driver? The insurance company? The shelter? What if someone was killed and the family sues? This isn't a Drumheller issue; it's a reflection of how the world is today. Insurance is a huge issue. You see your client. You go to the police and they say she is at high risk. You drive 5 miles and her abusive partner runs you off the road. What do you do then? Insurers would say you don't use your personal vehicle; you use an agency vehicle—one paid for the shelter. But who is responsible: the shelter, the board, the driver, the perpetrator? If you are driving an agency car, you can take the risk of transporting because the insurance company has factored the transportation risk into their premiums and everyone is covered. But how does the shelter pay for the car, the insurance, the gas, and how do we get drivers?*

Related to the transportation challenge, stakeholders proposed that a possible solution for Drumheller residents would be for the town to have its own shelter. Thirteen stakeholders identified the lack of a shelter in town as a difficulty.

*Victims can go to shelters, but the nearest one is Strathmore and it's far away. To go to Strathmore means to cut off connections from friends and take kids away from schools and that's difficult. The kids have to do home schooling and this is a problem. The Strathmore shelter is a good shelter—it's just the distance that's a negative. There's no question there should be a shelter in Drumheller.*

*When the family finds out they have to go away because there is no shelter here, they become apprehensive, so we have to talk to them to say it's good to leave. If we had a shelter here it would be better.*

*Victims or children don't want to leave their community, their jobs or schools. They can't continue a quality of life if they leave, so they don't leave. The number of cases are unreported because they don't want to go to Strathmore; often I hear them say "I want to keep it as normal as possible."*

Nevertheless, three service providers described challenges with the idea that Drumheller have its own shelter.

*There are people that think we should have a shelter in town. That would be nice, but I don't think people are aware how much money it takes to run a shelter and I don't think we could sustain a shelter here.*

*Every community would benefit from having their own shelter. Do our numbers warrant it? Is it sustainable? I'm not sure it's practical. Operating an emergency shelter is expensive. Sometimes a local shelter can be a barrier because of confidentiality and safety issues. Confidentiality in that any woman going there—the town could soon know. Because of those issues a shelter in Drumheller might not be as well utilized as it could be. Aboriginal women from Siksika have talked*

*of setting up a shelter there. But the women say routinely, “We wouldn’t use it. We’d know everybody who works there.”*

One stakeholder stated that safe houses might be an alternative to a shelter:

*There does need to be a temporary place to go. Emergency accommodation is necessary like a safe house until victims could get to Strathmore. Without emergency accommodation in Drumheller there is double victimization because as a victim they are abused, but then they are taken from their home and community to go to Strathmore.*

Another stakeholder presented a dissenting view of safe houses:

*I don’t support safe houses. Having one family open their home seems risky to me. What if the guy is dangerous? Who will protect that family? At a shelter, there is security; double doors, locks. A family home doesn’t have that. For those who have been victimized, what are we putting them into? I don’t support safe houses; the liability is too great. There’s been talk of putting families in a vacant church. Unless someone is supervising and taking care of security are the families who have been victimized any safer?*

As well as the transportation issue, the stakeholders identified a number of other challenges for service providers working with victims of intimate partner abuse. Six stakeholders commented that sharing information between agencies is a challenge. Part of the issue appears related to client confidentiality.

*Other agencies are upset that we do not keep them informed about our work with families. But there’s so much talk in a small community. Sometimes professionals don’t keep things confidential. We have a policy of not disclosing information to other agencies unless the family consents. We have to follow FOIP.*

Part of the issue appears to be that service providers are not referring to existing resources.

*The attitudes of some service providers are getting in the way, which impacts how we help clients.*

On the other hand, four stakeholders stated that service providers are not always aware of the existing services for victims of intimate partner abuse.

*Some service providers don’t know about the services. They don’t know about the crisis line and they don’t know there’s a shelter victims can use.*

In addition, because services in Drumheller and area are limited, service providers do not have the opportunity to specialize in the way that urban resource workers can.

*We do a lot of networking, but people in the agencies are not necessarily specialized in the area that’s needed for a specific case. Our agencies have wonderful people but they are stretched and don’t always have the expertise.*

*We need one person who will say, “I’m responsible for finding out who should deal with your problem— you should see this person for counselling.” Family and Community Support Services tried to be the one that everyone contacted to find out what services to use. There just wasn’t enough time. Family Resource*

*Workers are used for this a lot, but they have something else they're supposed to be doing. There needs to be one person available so that if it's 8:30 a.m. and I need a service and don't know which one to use, I know who to phone and it's their responsibility to know.*

Four stakeholders raised concerns that counselling is not available for clients experiencing intimate partner violence who wish to stay together.

*If they want to work it out there's nowhere to refer them, if they can't afford a private counsellor. There are dangers to couple counselling if abuse is happening, but if both are asking for counselling, it should be available. The shelter doesn't offer counselling if the couple is together and that's the only counselling directly related to family violence.*

Three service providers noted that after-hours crisis response and weekend access to services is limited.

*We are a rural community and many agencies don't have resources to provide 24 hour service. Crises in family violence often don't happen during working hours.*

*We need an office available more than 5 days a week. Often services are available less than that because they come to town only a couple days a week.*

Three stakeholders commented that, in addition to transportation to a shelter being an issue, access to services in town for those living outside of Drumheller also creates transportation challenges. Two service providers stated that one gap is that “*there are no support groups for women*” (counselling), although, in fact the CCS does offer women’s support groups in Drumheller. One service provider added that:

*Services would be more accessible if there were more staff able to go to people's homes. There should be more staff devoted to this.*

### **Services for Perpetrators of Intimate Partner Violence**

Thirty-nine stakeholders commented on the availability of services for perpetrators of intimate partner violence. This section addresses the issues from the respondents, examining each service they described, what is working well and what issues or challenges exist in working with perpetrators of intimate partner violence.

There was consensus among the thirty-nine stakeholders that providing counselling for perpetrators is important because “*if a perpetrator changes than women are safer.*” One service provider elaborated:

*Perpetrators, as a group, lack respect for women. Not all perpetrators are men, but the vast majority in my work are men. That's a big thing, that lack of respect. Most need treatment. Most have childhood issues; they were abused as children. They grew up with it so they don't know better.*

Twenty-six interviewees identified the men’s group run jointly by AADAC and the Community Crisis Society (CCS) of Strathmore as the primary service available to perpetrators in Drumheller and district. Yet many service providers mentioned only one of the involved agencies, perhaps unaware that the group is a collaboration between these two agencies.

The men's treatment group generally consists of men mandated by the courts to participate; but it is also open to voluntary clients. The facilitators described the groups as an intensive ten-week program with two or three sessions of follow-up. "Usually, we have six to eight men with one or two non-mandated. Sometimes, we have the same people repeatedly coming to the group." Another service provider added:

*The men's group is facilitated by Karen from the shelter and Gerald from AADAC. There's a group facilitated by the outreach counsellor from the shelter (CCS) for the partners of men attending the men's group. Both are offered on an as needed basis. In the last year they ran twice. The men don't necessarily have addiction issues; that's not a requirement to attend, although most have addictions. The focus is on abusive behaviour; the groups are therapeutic. Family violence is the centre of the groups. Many group members are referred from probation; they have been convicted of assault.*

The feedback regarding the group was consistently positive:

*It's a long road to change violent behaviour, but it's great that such a group exists. It works as well as any groups for offenders. It's tricky to turn around because it's usually men with generations of abuse, but its worth trying.*

*It's good that it is offered and there are really good strong leaders. There are good resources in that respect.*

*In the perpetrator groups, men see women as possessions. They don't understand what assertive communication is. They need to know that it is normal not to get their way and know that they need to listen to their partner.*

*It's not a popular thing that Karen and Gerry do, running a perpetrator group. But without it, how are the guys going to change? He'll just get a new woman and treat her the same way.*

*It is fairly lengthy and comprehensive. A lot of the men are mandated to attend. They are not the most changeable audience. I believe that the groups have to continue running no matter what. Some men won't change, but I think that others will. There will be some measures of success. Some of the guys are voluntary. There's certainly a demand for group.*

Another benefit that stakeholders perceive with respect this group is that CCS offers a support group to women whose partners are attending the group.

*It's good in that it's court ordered treatment. The men knew they had to stay in counselling and their wives were taking counselling at the same time. The counsellors were networking, so the men's counsellor could ask the women if the men were doing what they were supposed to at home. The perpetrators could run but they couldn't hide.*

The major challenge that stakeholders identified not about the group but rather a reflection of this client population:

*The difficulties aren't about the program, it's the guys. It takes a huge commitment and desire on their part to change. Some men don't want to; it's working for him on some level. Many of the men are mandated. Some are*



*voluntary, but usually there has been a crisis to bring him in. Often his wife has said she's going to take the kids and leave if he doesn't get help. There has to be a hook or the men won't change. Its work for the guys, they have to look at themselves.*

One stakeholder commented that the group is available at times that work well for the perpetrators:

*The group is very accessible, evenings or afternoon. The clients we've had join said the group was good.*

However, both the facilitators and stakeholder commented that limited funding for the program is a challenge. Thus, the groups tend to only run twice a year.

*The group doesn't run often enough. Guys are mandated to group but sometimes there's no group for them to go to.*

*We could use more groups. I don't know how we'd do that with the limited resources. Karen and Gerry are volunteers. Some of their expenses are paid by their agencies but basically they are volunteers. We need more funding so the facilitators could be paid. We don't have proper funding to run a group for long, to help men solidify the changes they are trying to make. If there was funding, if there was a wait for group, the men could be supported through one on one counselling. If group were funded, the court could have a schedule of the group start dates so the day of sentencing, the men could know all the expectations. It would also be good to have follow-up with the men after group. Now if a guy hits a crisis during group Karen and Gerry try to slot him in for individual time, but again they are volunteers. What do the men do for counselling once group is over and they hit a crisis? We need resources in the community.*

Alberta Mental Health was also mentioned as a resource for perpetrators by 12 interviewees.

*Alberta Mental Health is a resource for us. They're excellent; we make a phone call and someone is immediately involved. Good folks, they care.*

*We refer to Mental Health if they have mental struggles we can't help them with.*

Three service providers mentioned that men who are abusive also access the crisis line through the shelter (CCS).

*A perpetrator used the 1-800 line to the Strathmore women's shelter to get help. He and his wife were at a party and both had been drinking. The wife was driving them home and they were arguing and it was escalating. He telephoned the shelter from the car and spoke for about 15 minutes until he calmed down.*

Private counsellors were mentioned by two stakeholders as an additional alternative for perpetrators who are in the financial position to pay for services. The Glossops were specifically mentioned; however it is our understanding that after these interviews, they moved away from Drumheller.

Five respondents mentioned that Alberta Alcohol and Drug Abuse Commission (AADAC) is a helpful referral for perpetrators of intimate partner abuse, since the men's

abusive behaviour tended to escalate when they were under the influence of drugs and/or alcohol. Thus these five respondents stated that both issues for perpetrators needed to be addressed—his abusive behaviour and his misuse or abuse of substances. For example, the CCS co-facilitator of the Men’s Group highlighted the important role of additional individual counselling for perpetrators through AADAC services:

*In the men’s group, we often see clients who use alcohol and/or cocaine. A group from Manitoba screen not only for severity of abuse but addiction screening as a matter of course. That should be happening. For our mandated guys, usually their conditions include that they cannot drink or be drunk. That’s working well. The guys complain about it and it’s hard for them. That’s the condition that’s easiest for them to break. They talk about the pressure. Their buddies might be going for a drink after work, or they drop over and their buddies’ pressure them. To be the only one not drinking is really hard.*

One stakeholder noted that perpetrators can also access support for their substance abuse issues through local community groups such as Narcotics Anonymous and Alcoholics Anonymous.

Fifteen stakeholders mentioned the justice system as a helpful resource in Drumheller for dealing with perpetrators of intimate partner violence. These informants specifically mentioned the local RCMP, probation and incarceration. As one RCMP officer stated:

*We’re the first responders. We investigate the complaint to see if there’s criminal activity that needs charges. Sometimes we refer them to court to get a peace bond.*

Seven stakeholders commented that probation is also a helpful service. The Drumheller and District has one probation officer whose area includes Drumheller, Hanna, Beisiker, and Three Hills. The probation officer described his job:

*I supervise court orders; enforce orders when people don’t comply, seeing that they get sent back before the judge. How I deal with a particular man depends on what his court order says. It’s my job to enforce the order. If it says he has to go for counselling, it’s my job to ensure that he goes. If he doesn’t, he gets breached and it’s up to him to tell the judge why he hasn’t gone. I’m an officer of the court. I do what I’m instructed.*

Through the Drumheller Court, men convicted of crimes related to domestic violence tend to receive peace bonds “because that doesn’t carry a criminal code record”. The orders will often include a requirement for counselling. The facilitators of the men’s group noted that the men mandated to attend have a positive collaboration with the probation officer:

*I’m really impressed with the probation officer. He does a good job of holding the guys accountable. The only thing we report in our group is about attendance. And he’s strict about that with the guys.*

Through probation services, a psychologist comes to Drumheller once a month to work with perpetrators. However, most of her caseload is comprised of those who have been convicted of sexual offences. The challenge is that she is only available one day a month:

*I have the utmost respect for the psychologist but she's not here enough; only once a month.*

Six service providers mentioned that incarceration is a possibility in addressing perpetrators' abusive behaviours.

*I've been trained as a family violence interventionist in my professional job. We ask perpetrators in prison for family violence questions about their upbringing and whether they have a history of family violence.*

*The justice system punishes perpetrators, but I don't know what they do to help them get rehabilitated. Depending on the crime, they get punished with community service which could help them rehabilitate. Agencies try their best but most of the work is (for) victims not perpetrators.*

The following table summarizes the counselling services available in Drumheller for perpetrators of intimate partner abuse.

Table 4: Services for Perpetrators of Intimate Partner Violence

Counselling Services Specific for Perpetrators of Intimate Partner Abuse	General Services that might assist Perpetrators of Intimate Partner Abuse
Men's Group (collaboration between AADAC and CCS)	Alberta Mental Health
Forensic Psychologist (FAOS, Calgary)	Private counsellors
	Alberta Alcohol and Drug Abuse Commission (AADAC)
	Alcoholics or Narcotics Anonymous
	RCMP
	Probation
	Prison

#### Challenges in Offering Services for Perpetrators of Partner Violence

One challenge concerning services for perpetrators of intimate partner violence in the Drumheller area is some misperceptions among stakeholders about these services. For example, 13 service providers and justice personnel were not aware that services for perpetrators were available in Drumheller:

*I don't think there are any services. Certainly nothing significant.*

In addition, several service providers had inaccurate information about other available services. Some service providers thought that Church of Nazarene, Grace House, the schools, Drumheller Health Centre, Victim Services, Child Welfare and the DDAPV committee provided individual counselling and/or groups to help perpetrators deal with their abusive behaviour.

Eighteen stakeholders in Drumheller discussed the challenges they perceived in providing services for perpetrators of intimate partner violence. They mentioned a variety of issues including concerns that perpetrators are not accessing the available services, and that there are not enough services, public education, or prevention.

Six informants specifically noted that men in the Drumheller area are hesitant to access treatment or therapy.

*It's a gap that people aren't taking advantage of services. I don't know why—maybe the stigma attached.*

*Therapy is considered a taboo in this town. It's seen as a negative or a weakness; not "being a man".*

*I've had one client in the past five years where the perpetrator was in agreement that he had a problem. He voluntarily went into counselling and was successful.*

*One guy used to beat up his wife and daughter, and to abuse drugs and alcohol. He ended up divorced and ultimately it led to his suicide. I've know several cases where it ended in suicide, because people are just not able to break through denial. I've also seen successes when people admit that they have an anger management problem and get treatment. I've probably seen as many successes as failures in a thirty year career.*

Another issue raised by eleven stakeholders is that the number of counselling groups in the Drumheller area is limited or that mandated clients need more specialized services.

*Services are not accessible to everyone. The courses are not always available. People have to wait for services. They can go to Red Deer or Calgary if they can take a half a day off, but who can do that regularly?*

*We need more frequent domestic violence intervention groups and more in-depth counselling. If the men have to pay for counselling on their own, they may think they'll handle it themselves. So that creates barriers and should be avoided. Maybe a minimal charge would be okay.*

*There could be more services for perpetrators as far as counselling. I don't think mandatory counselling is working well. They may follow through, but it's not something they want to do. Forcing them doesn't work.*

*There needs to be an agency to look after mandated clients. The psychologist and the group are the only two services in the district that deal with mandated clients. This isn't enough, so the perpetrators are most often not treated, They don't have the counselling and skills to get out of the abuse, and deal with things in a different way. Often the men either go back to their partner or find another victim.*

Three stakeholders also mentioned the need for ongoing public education is needed in the community.

*There aren't enough services and information available to the public so that people know about help that is available.*

*Education is needed about who is a perpetrator and what family violence is, both for perpetrators and the general population.*

## Chapter Four: The Response to Child Abuse in Drumheller

The Drumheller stakeholders were asked to comment on child abuse and children impacted by domestic abuse. This chapter highlights the respondents' views regarding the importance of child abuse issues, the resources available, how well the services are working, in addition to any challenges and gaps working with children who have been abused or have been exposed to domestic abuse. The services available to perpetrators of child abuse are also examined. The chapter closes by exploring the stakeholders' perceptions of the new Alberta Child welfare legislation which more explicitly includes children who are affected by having been exposed to family violence.

While forty-four stakeholders discussed the issues regarding child abuse and children impacted by family violence, four stakeholders declined to comment because they did not work directly with children or that children's issues were not their area of expertise.

The majority of the key informants perceive child abuse and children exposed to domestic abuse as important to address.

*There seems to be an accepted level of violence in this community, a different standard of what is considered violence. Discipline means punishment. It's acceptable for the man to make decisions and hit his wife. I think it relates to the penitentiary. Many children I see, a huge proportion of their parents work at the penitentiary. There is a different breed of thinking—a prison guard mentality of suppression. I've had to report abuse and parents are dumbfounded they were being reported for hitting their kids as though, "what else are you supposed to do?" They don't think it's my right to call them on it. There is huge resistance to other methods of discipline. Kids witnessing partner abuse is important because that's where it starts. Violence later stems from family violence. The more interventions at the start then the better it is.*

*Among adults there is a terrible lack of awareness and an unwillingness to talk about abuse. Kids are more willing to talk; in fact, most kids are almost relieved to have someone to talk to.*

*There is fair evidence of children coming to school without adequate food, no breakfast, poor lunches, and dirty/tattered clothes. We get to know the families and at home there isn't the supervision necessary. It may be a result of violence, drugs, alcohol, or absenteeism.*

*We have a certain degree of violence, both physical and emotional, against kids. I deal lots with emotional abuse, it doesn't leave the same scars as physical abuse, but it leaves deep wounds. It's a lot tougher to work with emotional abuse because there is no physical evidence.*

Two women who had been abused by their intimate partners stated they wanted to get help for their children.

*I had to do something. I didn't want my kids to end up in the same mess I was in.*

*I got therapy for my eldest son. He was starting to hit me in public. I didn't want him to adapt to his Dad's behaviour. I had him in therapy because I wanted him to know that, in healthy relationships that behaviour wasn't acceptable.*

## **Children and Family Services**

Thirty-two stakeholders mentioned Child and Family Services (CFS) as the major resource for dealing with child abuse. A CFS staff member described their role:

*I work with families seeking support. They are having difficulty but their children are not in need of protection. We have a family violence protocol with risk factors. We use the protocols if we're thinking of closing files, to make sure the family is not at high risk for family violence: it's higher risk if the woman is thinking of leaving, if drugs or criminal activity are involved. We connect them to community support. We support the abused partner to leave if they're ready. There are also three protection workers in this office who work with families when there's a greater risk for the child; families who continue to be in dangerous situations and have children with them, are minimizing the situation or making excuses for the abuser or when the abuser is abusing the child and their partner. Sometimes our work involves going to court for a supervision order, putting supports into the family, helping the family be aware of triggers and plan. If the child is at serious risk we remove the child and place with family members.*

Several service providers commented on what was working well with CFS.

*Children's Services is very accessible. They go out to schools and homes.*

*Children and Family Services are helpful. They have the authority to intervene, whereas the church provides services on a voluntary basis. They have excellent caseworkers, great response; just have to make one phone call. They act with the family in the child's best interest and with us as a faith community.*

*With Child and Family Services things are promptly dealt with, such as children at school who are reported to be neglected at home.*

*Even when it's less certain than a bruise, I consult with them and they'll let me know if it's a concern. We don't play detective. If there are enough warning signs that a child is at risk we call. Child and Family Services may do collateral interviews, like calling the school to see if they have a concern. I'm pleased with the response from Child and Family Services.*

The service providers related the following cases that exemplify positive outcomes.

*There was this child we brought to Child and Family Services and the positive thing was that we all worked together. There were team meetings where everyone is on the side of the kid—that's positive and helpful for all of us.*

*A teen mom was living in her parents' home. Her parents had mental health issues and were verbally and emotionally abusive. The home was not conducive to her raising her child. But if a child is under 18 she can't get financial support. So they end up trapped. I've had girls run away or hook up with older men. It's a service gap. But in this case, this young girl was approved for Supports for*

*Independent Living funding. This is an example of being able to work with Child and Family Services and get them looking at an individual's situation.*

*A client at the shelter was having health issues. She had to go to Calgary for tests. Her husband said he'd take her, but understandably, he wasn't the person who should be taking her. The CFS worker said, "No, he can't take you. It's not safe for you, for your children, we'll take you." The worker even called in extra staff to look after her children in the shelter while they took her to this appointment. Because of her health, she was very afraid to be living on her own with her children. The worker knew this woman's health demanded that she not care for the children on her own, and that she needed emotional support for everything she was going through, so the worker asked if we would keep her longer. She wanted the order to say that her husband had to complete six weeks of group before he was allowed back in the family home. She wanted the man to have an opportunity to make changes before he came home. She didn't want the children to have continued exposure to their dad's violence. But when the worker went to court the judge overturned this condition.*

Three service providers discussed the voluntary Family Enhancement Program.

*Being involved with Child and Family Services has such a stigma attached to it. It creates a record that stays with the family for seven years. Child and Family Services is trying to change this with the Family Enhancement program.*

*A lot of families we work with are connected with Family Enhancement. The program allows workers to be in a positive role, it's not threatening. They're giving families the skills they need to make changes. When we're working with families where Child and Family Services are involved, we case conference. The mix of our service and what they are doing to help families works very well. We give them a different kind of support.*

However several also noted challenges with the Family Enhancement Program.

*Family Enhancement is voluntary. Parents can say no, and unless there's enough evidence for the protection route, the family doesn't get help. A lot of kids are staying in bad situations for a long time. They need to be mandated in a lot of cases. When mandated, the parents usually comply with what is requested and their kids are given back to them. Lots of the times they revert to their original ways unless another report is made. Treatment needs to be longer.*

*The new CFS system is supposed to have family enhancement, but it doesn't seem like that gets done. We end up getting the responsibility, and we don't have time. When mom's getting hit, CFS will take them if the kids are traumatized. But a lot of the time they won't and we counsel them. There's only so much resiliency you can teach. It's not healthy to watch someone get beat. It comes down to time and money. I guess there isn't enough of either.*

The majority of comments regarding Child and Family Services (CFS) related to challenges. Respondents noted that some of the challenges are with respect to how parents perceive child welfare.

*Child and Family Services is very much seen as the enemy rather than an agency that provides services. From the clients' point of view, CFS is the enemy.*

Other stakeholders commented about systemic challenges with Child and Family Services.

*Child and Family Services is there for children and families. Whether it's working or not is another story because there is lots of bureaucracy.*

*Our child welfare workers have impossible caseloads.*

*There needs to be more staff for Child and Family Services. They are stretched way too thin.*

*During the week, we can reach them. But weekends and nights, CFS staff are hard to get a hold of. When you have a child who you feel needs to be assessed, you can't always get the attention.*

*Sometimes because of restrictions, CFS can't act fast enough to apprehend children at risk.*

One service provider gave an example of another systemic problem:

*A child getting emotionally and physically abused by his parents lived with his grandparents. The student wanted money for tuition but there was no program that would help pay for him to stay in school because he was living with his grandparents. CFS said they could have supported him if he was in foster care, but he didn't need foster care because he was living with loving grandparents. I find it frustrating that they were willing to spend money on foster care, but wouldn't put that money towards his schooling.*

Some services are not available within Drumheller:

*For parenting assessments, people have to go to Red Deer or Calgary.*

Twenty service providers expressed concern regarding the CFS response when they reported child protection issues.

*The process becomes very complex and convoluted.*

*Child and Family Services are so busy that we might not get a serious response.*

*There's an obligation to report violence in families, however, nine out of ten cases, they don't do anything. Usually there's just one investigation and they close it.*

*Although reports are responded to quickly, sometimes not enough gets done. You're making these reports and sometimes it leads to something worse. A report is made but the child is at greater risk if nothing is done because the parents are upset because they have been reported, and the kids let on that something was wrong. Also, often once the parents have been reported, the parents make sure that the kids don't see the school counsellors anymore.*

*Kids are still left in the homes a lot of times. We'll tell CFS and they'll respond to the complaint, but they don't follow-up much. If we tell them the Dad is there, they ask us to get him, but if we show up the Dad disappears. They need to talk to*



*the kids and find out what's happening. We can talk to the kids, but it's not so much our role, it's more their area to talk to kids.*

*There's often nowhere for kids to go. It's next to impossible to get CFS to intervene when we know situations are escalating to dangerous levels. It's not the problem of getting the children to talk to us; it's not being able to do anything when kids come to us and not being able to get CFS involved.*

The service providers gave the following case examples.

*A child at school I reported because of bruises on the face. It took Child and Family Services six days before they investigated. By this time any bruises were gone. They did one visit with the family and then dropped it.*

*I worked with a kid in elementary school. Her parents were both using crack cocaine, and there was emotional and verbal abuse of the kid. She was missing school to watch over her parents. I don't know if they did an investigation, but she's still there. Sometimes they fail to provide protection.*

*A teen's father was getting out of jail. He was a known drug dealer and was planning to kill the mother through the child. The mom had problems too. When the teen came to me I called CFS right away, and after a few weeks he was put in foster care. That lasted until her father came out of jail and they reunited him with his father. I'm not trying to slam CFS, but I've had nothing but negative experiences with them. I have reports of the father's violent behaviour and parole officer reports where they talked to him about the violence, and this young person was **still** reunited with the dad. Sometimes identifying the violence can be worse because nothing happens. In this case I was told the boy would be better off with the father than foster care.*

*The parents were using drugs and fighting. The kid was having problems in school. We phoned repeatedly to Child and Family Services. They are overwhelmed with cases. The kid is still there, and I saw the dad the other day. He has holes in his arms [from using IV drugs].*

*How do we deal with situations when CFS workers have decided it's safe for the children to stay in a home, but we've decided it is not safe for us to do home visits? This is the case with a couple of families. We meet our clients in the community. We decide not to go into a home because there's potential for violence e.g. addiction, weapons, anger problems, police involved recently. It's strange that the children are okay to stay in the home.*

In addition, five stakeholders commented that CFS does not tend to respond to their concerns regarding older teens.

*The 15-17 year olds is a grey area; it is difficult getting assistance for this age. We've had many cases where children have been kicked out of homes because of issues with their families. CFS says they first have to do an investigation. Meanwhile the children's needs are not being met and they're living on the streets. Often we put them in hotels out of our own pockets. This is not our responsibility, but they take too long to respond. Often they don't want to become*

*involved right away when the children are 17 years because they will soon be 18 and by law they are adults and child welfare is no longer responsible.*

*I worked with teens living with their mom who works at a business notorious for distributing crack. These kids wanted to be removed, but Child and Family Services would not intervene. I felt there was neglect and abuse and that removal would be warranted. Older children and less drastic cases have no attention paid to them.*

Seven respondents stated that confidentiality issues, the inability to share information between CFS and other service providers presents difficulties.

*Child and Family Services is a one-way street. We don't get follow up information, and we have to work with these kids too. The counsellors are very frustrated by that.*

*Confidentiality is difficult; they can't share with us and we can't share with them.*

*The only difficulties are around information-sharing with Child and Family Services. That's changing because we're working more as a team with Child and Family Services, but it is still a hurdle.*

One service provider also noted that there are situations in which CFS workers seemed to overreact.

*An immigrant woman with no resources or family network accessed services regarding a marital problem. Most people would have talked with family members about this problem because it was small. Because she went to outside help it was blown out of proportion. Child and Family Services became involved but I don't think it was necessary. It's hard because there are times when they don't take things seriously, and times when they take things too seriously. It makes for an inefficient system.*

These service providers expressed their belief that if child protection were not so overwhelmed by the caseloads they are expected to carry; their response could be more measured. *"We need more child and family welfare workers."*

Seven respondents noted that McMan Family Services is available to children if their parents are involved with CFS.

*It's good that CFS social workers are being assisted by McMan.*

*There are programs and therapy available to clients mandated to treatment through McMan. At first the families are resistant to it. Then they realize that McMan is there to help and that they want to get help.*

One staff member described the work McMan does:

*Children are referred by child protection workers. We do in-home support and link families to supports in the community. We work with families and organizations to identify issues in the family. We work in Didsbury, Drumheller, and Stettler, and our office is in Olds. We also have an office in Drumheller. Our mandate is to be in and out by three months. This is based on the severity of the case and interventions needed, but three months is average.*

One service provider commented on the mentorship program contracted to McMan:

*A mentorship program started last year, contracted to McMann. It's a Big Brothers, Big Sisters type program. Adult mentors provide positive role modelling.*

However, these stakeholders also noted that parents of abused children may not want to access McMann's services because they must be referred by CFS and this means being on the Child and Family Services Registry.

*We can't refer to McMan; they must be referred through CFS. Families can enter into a support agreement, but clients are often not willing. There's stigma and fear.*

McMan staff noted that the time limits present a challenge with respect to their length of involvement.

*We are a short-term service so we don't always see a difference. If the child needs more comprehensive therapy then we refer to Alberta Mental Health. Sometimes they will be referred to Red Deer or Calgary Children's Hospital in severe cases. We link them to supports and then they are on their own. We don't know if they continue with these or not. We hope so.*

Three stakeholders mentioned that when children are apprehended foster parents provide a valuable service; *"The foster parents in Drumheller are really good."*

*The child is removed and put into foster care. If the parents are unwilling to change, if they don't improve their situation after a certain period of time, children get placed in permanent foster care, for example, parents addicted to narcotics and don't change, then the children get adopted. That's an extreme case. There is family counselling, and working with parents so that they can get their kids back. Counsellors come in regularly meet with the child(ren) separately and discuss any problems happening in home.*

### **Other Counselling Services Available to Children**

This section highlights the stakeholders comments on the counselling services other than child welfare that are available to children who have been abused or exposed to domestic abuse.

Twenty-six stakeholders identified another resource available for children being abused or impacted by domestic abuse as Family Resource Workers and school counsellors.

*"My dad hit me" happens frequently at the school. The school has steps to follow for cases like this. The counsellors are highly regarded by the students and students talk to them frequently.*

*Lots of students come to us because their father hit their mother.*

The family resource workers commented that in addition to individual counselling, they also offer additional supports for the children:

*We do individual counselling, art and play therapy, family counselling, and preventative education.*

*The Rainbows Program is for children going through difficult trauma within their families. There is also a therapy group play program.*

*We do peer counselling with children impacted by family violence.*

The twenty-six stakeholders discussed what was working well with the programs and support that the school counsellors and family resource workers offer.

*Family resource workers see kids every day so they notice changes caused by abusive homes. Being able to detect the problem means that they can intervene. They also report to Children's Services.*

*They are doing a good job. They are half counsellor, half social worker, and half miracle worker.*

*The schools do a very good job dealing with children impacted by family violence. The family resource workers have a really good grasp of the issues.*

One woman spoke about how it was initially difficult for her to talk with the school personnel about her husband's abusive behaviour, but once she did, the staff were able to support her children:

*My sons were seeing the school counsellor. I let her know the situation— if their behaviour changed or they seemed to be withdrawn, I wanted the counsellor to know that this is what's happened. I think they were in grades 3 and 4, when I was able to have a little bit more courage [and disclose to the school staff].*

The stakeholders identified several challenges for school services. Three service providers commented that some school personnel do not pay sufficient attention to the children's emotional well-being and, thus, are unaware of issues that the child is facing.

*Some teachers, some schools have it wrong. They put the emphasis on the lesson. I think the first job of schools is to support kids. If a kid is being raped at home or saw their dad beating their mom last night—it may be hard for them to pay attention to the lesson. We tend to treat those kids like behaviour problems. We don't give kids the okay to honour their bodies. We don't give kids the okay to do what they need; we want them to bury it at school. For some kids, school is the only safe place in their lives. Once it's safe, it's fun for kids to learn.*

*There can be big differences in responses between staff members. This makes services and follow-through inconsistent. Everyone has the same mandate but the issue is pervasive enough that they may turn a blind eye to it.*

One challenge faced by school personnel is that once they have reported abuse, the family resource workers and school counsellors may lose parental consent to work with children.

*Family Resource workers make reports then lose parental consent to talk with the kids. We're required to report—but what happens when we do? Sometimes the only person kids can talk to is the Family Resource Worker and once the report is made, they are no longer allowed to talk with the worker.*

Another of the challenges faced by school counsellors and family resource workers are recent changes in CFS structure.

*Family resource workers need more time. Two years ago, the number of child welfare workers was reduced and the work is being passed to family resource workers. They are all having trouble getting enough time to do their jobs. They end up doing a lot of counselling after the fact, but it would be better to have time to help with a chore list for Johnny and parenting skills before it turns into physical violence. It's tough for them to find time to work with parents.*

Twenty-three respondents mentioned Alberta Mental Health as a resource because they have a children's therapist on staff.

*Mental Health has an excellent resource person.*

*Counselling at Alberta Mental Health works well because the availability is there. There is someone on full-time.*

*Mental health offers one-on-one counselling with children or other family members and family counselling.*

Several service providers explained that they often work with families in collaboration with Mental Health staff.

*Mental Health might also be involved. We case conference so we're not duplicating services and ensure that family's needs are met.*

One service provider shared the following case in which Alberta Mental Health staff were able to help their client. The family lived outside of Drumheller and their child had been diagnosed with a number of issues besides being impacted by the family violence:

*Getting treatment for him has been horrific. This little boy had all kinds of acting out. In grade five, he was soiling his pants, and he threatened to kill an adult in the neighbourhood. So pretty alarming behaviour. It was very difficult to access psychiatric services. I tried to refer to the Children's Hospital in Calgary for an assessment, but, it wasn't an option because they require family to be involved. The family wouldn't have been able to make the trip to Calgary. I was able to get him help through Alberta Mental Health in Drumheller for a month. The child would go to Drumheller and see a psychologist from Edmonton using the television. In rural Alberta, we are used to having to make compromises and I felt fortunate for the telepsych. But, this little boy needed more than that.*

There were mixed comments from service providers with respect to how easy it is to access Alberta Mental Health services on behalf of clients. Several service providers specifically stated that "there's no trouble to accessing Mental Health." Other service providers presented a differing viewpoint.

*It is hard to access. There are occasions where we recognize that an issue is serious enough and we know that the kid needs help, but Mental Health doesn't categorize it as serious and doesn't accept the case.*

In addition, there were concerns that in order for children to access these services parental cooperation is required:

*Parents must consent to counselling and are responsible for taking the kids.*

Two service providers raised challenges related to the requirement for mandatory reporting. The challenges emphasize the complexity of the issues involved.

*Some situations of abuse Mental Health has not reported to child welfare when it would have been helpful for them to become involved.*

*A dad with mental health diagnoses wanted assistance with not yelling at his children. We encouraged him to go to Mental Health. She told him she would have to report him to Child Welfare. But he was not abusing his children; he was working hard at not doing that. We talked to him about how he could explain that he was not abusing the kids but wanted help so that he wouldn't be abusive. He eventually went back. He struggled with it.*

The other challenges raised by stakeholders were related to limited resources in the Drumheller area.

*The challenge with Mental Health is that they need more staff. Screening beyond the schools is necessary and there is not enough manpower to do it.*

*The child therapist works from 8:00 to 4:00 while kids are in school. She tries to be available outside that time, but it's hard. I see a need for night clinics for kids. Some can't miss school because they're already not doing well.*

*When it comes to family violence they're a support when the family is back on their feet. They're not involved in emergency situations. They're generally not involved with the entire family.*

Fifteen respondents identified the Community Crisis Society in Strathmore as a resource for children. They offer services in-house for children staying with their mothers in the Wheatland shelter and an outreach worker for children in the community. A staff member described how they work with children in the shelter.

*At the shelter we don't allow name-calling so we don't see much child abuse in house. Our childcare workers do lots of work with moms who are interested in talking about how to parent. It works well in the shelter. We reinforce the positives not the negatives. If women don't continue with the Early Intervention Worker, I'm not sure if she can keep it up. New ideas take time to integrate. We really try to approach issues on a non-punitive basis. People do access the shelter, the Early Intervention Program, because they are concerned about parenting.*

The CCS representative provided a brief description of the outreach program:

*We have an Early Intervention Children's program. The staff travels between Drumheller and Hanna. The caseload depends on who is calling for services depending on community referrals. We have a 24-hour crisis line so if a woman is worried about her children and how her partner's abusive behaviour has affected them, staff will speak with her and work with the kids.*

The respondents commented on the CCS Outreach worker available to Drumheller through the Early Intervention Program.

*The shelter outreach for kids is great because they're well advertised and accessible by phone 24 hrs a day.*

*The Outreach work for children is positive. The program is working well. We don't often refer because most moms we see are connected because they have been to the shelter. But if the mom has left the relationship and children have been affected by the violence we will put her in touch.*

*A shelter outreach worker works with children in the home. She's been great. With one family, one worker dealt with the mom and another worker worked with the kids. They were very helpful. Gave them support and advice.*

Two service providers expressed the challenge that they did not know when the Early Intervention Worker would be in Drumheller.

*I don't know when the worker is in town. I'd like to be able to say, "If you'd like to call this afternoon, she's in." That's a gap for us.*

The other challenges for the Early Intervention Children's Program were raised by shelter staff. One challenge is related to space and client concerns regarding their anonymity in town.

*We used to borrow space from child welfare to see kids. That's a big problem: mums don't want to be seen going into the CFS office.*

CCS dealt with this issue by changing where the Early Intervention Worker sees children. Mostly now she sees children in their homes. However, the shelter recognizes that this is only a partial solution; the challenge remains with respect to where this worker can meet with children when there are safety concerns.

Another challenge identified by shelter staff is that the Early Intervention worker is currently not receiving as many referrals from service providers in Drumheller and Hanna as in the past.

*She's not as active in those two communities. I'm not sure why.*

Shelter staff noted that women are self-referring, but there are gaps. It may not be safe for women who are with their abusive partners to seek help for their children:

*Our referrals come from a concerned parent—one who wants us involved. How does a woman do that when her husband is at home and abusive? What is he going to say about a child getting services?*

The Early Intervention Prevention Program provides classroom presentations on child abuse and children who are exposed to domestic abuse.

*They work with schools to educate children on violence and what to do when it happens.*

CCS staff members described some of their programs for children.

*I go to schools and do presentations about violence issues for all grades: kindergarten to Grade 12. I often have kids disclose. I remember one kid putting*

*saying “my dad hit me on the face” I do presentations on child sexual abuse for kids in Grades 2 and 3. They might not come to me right in the presentation, but I’ve planted the seed and the kids do often follow through and tell someone. There was one little guy on the verge of tears the whole time I was presenting. I try to be aware of what is happening and to be sensitive to the needs of those children.*

*We do a program called Choices. It’s about Internet safety. It’s for parents on how they can keep their children safe; and for kids we talk about what they can do to avoid being a victim.*

Fifteen stakeholders commented that Victim Services is available to aid in child abuse cases. The Victim Services Coordinator commented:

*The ones of greatest concern are the domestics where children are in residence and the parents deny that the kids know. Those ones really bother me and the volunteers. The kids know even if they were not in the room.*

The stakeholders appreciated the ability of Victim Services personnel to work with children in a crisis.

*Victim Services is good. They’re immediate response to an incident. They are good with follow-up as far as making referrals for families.*

*Victim Services provides immediate support even before Child Welfare becomes involved. I get positive feedback from families about Victim Services. They help children understand it’s not their fault, give support to the children and family. The majority of child welfare referrals are from the RCMP when family violence is involved and Victim Services would already be involved.*

In addition, two service providers stated they appreciated that Victim Services were able support children when they had to testify.

*Victim Services escorts and counsels children during court processes.*

Ten respondents mentioned medical services including public health services, family doctors, and the hospital as resources for dealing with child abuse.

*The health unit is working well to serve victims.*

*Doctors are quite good when kids have been assaulted. The police go over with the child and the child is seen immediately. It’s very quick.*

*Healthcare workers need to do a physical examination. Public Health nurses are available to screen and report to Children Services to investigate. The hospital emergency department is another resource. Not only is the physician involved but the triage staff are trained to watch for signs of abuse.*

Seven respondents mentioned that private counsellors are another option.

*Ages 6-18 don’t seem to have a lot of services; maybe just private counselling.*

Another service provider commented that they refer to private counsellors in Three Hills, which “can work if the family has a vehicle. But it’s 45 minutes to an hour one way.”



Five stakeholders mentioned Healthy Families as a service available to children. A staff member described the program:

*Families are pre-screened for family violence by a public health nurse before being referred to Healthy Families. We work with families with children under six. We usually connect when the child is first born, but can start when the child is older. It's a voluntary program. Family violence may be one issue, for example, teen moms who grew up with family violence don't seem to access services to deal with their history. Now trying to parent their own kids is how they end up with us.*

Two stakeholders mentioned Kids Help Line as a resource.

*The Kids Help Phone is working well: Everybody knows about it and kids know the number by heart.*

Two stakeholders commented that Drumheller children could access the Association of Communities Against Abuse (ACAA). This non-profit agency is based in Stettler. A staff members from ACAA described the program:

*The Association serves a large area—from 80 miles south of Drumheller, north to Vegreville and east to the Saskatchewan border. We're a small non-profit agency. We don't have government funding. In 1996 we expanded our mandate to include child victims of abuse. All clients from Drumheller and area are funded through fundraising: suppers, raffles, and casinos. There are no fees. The Children's Services office in Red Deer covers the Drumheller area. We have therapists specially trained in abuse. The wait list depends on where you're from. Some get in within days. If people from Drumheller travel to Stettler we can see them within a week. If there are a couple of Drumheller clients, than the therapist can travel to Drumheller. We work with community partners to get locations where people going in and out isn't questioned. We offer evening and weekend appointments. Presently our clients from Drumheller have all chosen to come to Stettler. Because of anonymity, they're more comfortable coming here. We do preventive education in schools, run a parenting program and do public education. We were asked to do some education in Drumheller in minor sports: some inappropriate stuff was going on. They were asking about police checks, screening and inappropriate touching.*

Growing Opportunities was mentioned as an option by two stakeholders. While family violence issues are not part of their mandate, they can provide support and referral. A staff member from Growing Opportunities provided a program description:

*We work with prenatal women and up to 9 months postnatally if the woman is breastfeeding. The focus is on healthy moms and healthy babies. The women must have two risk factors: low income, previous low birth weight baby or premature, inadequate housing. If under 19 they're automatically enrolled. We do visits, counselling support, education, food hampers, referrals. We take part in interagency things. We're in Drumheller one day per week and in Hanna 2 days per month. With family violence issues, we do general counselling and refer to Wheatland Shelter or other services.*

Two service providers noted the Children's Advocate as a resource. The Children's Advocate can help access programs for children.

*Services are accessible but programs sometimes aren't. It's frustrating because when families should be taking a particular program sometimes the child's family doesn't quite fit the criteria. We've had to go to the Children's Advocate. There is a need to be in these programs and we have to do something.*

Parent Link was introduced as an option by two stakeholders. This agency has been in operation for the past year and its mandate is to provide early childhood education and parent education programs for families of children aged 0 to 5 years old. There is no specific family violence focus but the stakeholders mentioned that they could offer children and their parents the opportunity to enjoy interacting with one another.

*For children, there's Parent Link for recreation and family activities.*

*There are drop-in programs such as Play-and-Learn. The programs are free, it's a safe place to come: snacks and toys are provided.*

Single stakeholders also named the Families First, the Resource Library, churches and other informal supports as resources for victims of child abuse.

*There's also informal help like scout leaders, sports coaches, and other people that can recognize unreasonable demands on kids.*

## **Justice System Services for Children**

Nine respondents mentioned the RCMP as a resource for dealing with child protection issues.

*The police are excellent. A lot of the young members were raised in more open environments. In the last 10 to 15 years family violence has been a huge topic. These members are in their early 30's so they've got awareness.*

Three respondents spoke of justice system involvement with child protection issues. Family Court Services will work help people with child welfare issues:

*For Child Welfare we deal with custody orders, private guardianship orders. People are intimidated by the court process. They don't understand, so we help them through it. We file and swear affidavits, I'm a commissioner of oaths. We help with family matters. I go into the courtroom with them. I say, "This is the mom and dad, this is the situation." It's pseudo-lawyering. We offer a lot of resources that don't cost anything. It's all paid by Alberta Justice.*

Two stakeholders spoke of challenges with the legal process.

*There's not great communication between Child Welfare and the Crown. The child welfare workers often take statements with the police. But information isn't shared information on an ongoing basis. Sometimes the Crown will ask them about what their intentions are when they're working with a family.*

One respondent stated that once the legal system gets involved and charges are laid, the justice system adds to the complexity of a child's situation:

*A child disclosed that they had been hit by their father. The counsellor asked if the child had been hit and the child said yes. Because the counsellor asked and the child didn't offer the information first the whole thing was a problem. The law and lawyers were involved, and I think got thrown out.*

### **Counselling Services for Child Victims of Sexual Abuse**

Seven respondents discussed the options available to children who have been sexually abused or assaulted. All seven mentioned Child and Family Services as a resource.

*Children Services is also available for children who are affected.*

In addition, one service provider mentioned the role health care, RCMP, and Child and Family Services play if a child has been sexually assaulted:

*Dr. Olford's great, working with the whole family. He'll meet weekly with the family for months. He's the chief of medicine. Kids can phone him up. He's counselled the family in cases of family violence. It's impressive that he takes on that role.*

Four service providers commented that school counsellors or family resource workers could support child victims of sexual assault.

*Counsellors at the high school and family resources workers are available to kids who experience this.*

*The schools have very good counsellors that have many good resources. They liaise with other agencies. They pass it to Child and Family Services.*

One service provider stated that children in Drumheller could also use the Sexual Abuse Hotline and the Kids Help Line.

The informants identified a number of services to assist abused children and their families. Most are agencies that are not specialized in child abuse issues, but respond appropriately when faced with child victims.

Table :Children's Services in Drumheller

<b>Counselling Services Specific to Victims of Child Abuse</b>	<b>General Services the might assist Victims of Child Abuse</b>
Child and Family Services (CFS)	Family Resource Workers and school counsellors
McMan Family Services	Alberta Mental Health
Community Crisis Society	Public Health Services
Kids Help Phone	Drumheller Health Centre (hospital)
Association of Communities Against Abuse (Stettler)	Healthy Families
	Growing Opportunities
	Children's Advocate
	Parent Link
	Families First
	Resource Library

Counselling Services Specific to Victims of Child Abuse	General Services the might assist Victims of Child Abuse
	Churches Victims Services RCMP Family Court Services

### Challenges for Services Working with Abused Children

The respondents identified several challenges regarding services for children abused or exposed to family violence. One of the issues relates to difficulties in assessing maltreatment in children.

*Lots of cases are not reported because the signs (like bruises) are missing or it's not obvious. Physical abuse is easier to find than emotional abuse. We have no idea how much impact there is when it's not detected and it's ongoing.*

*Trying to gain trust is an issue in terms of the child so that they are honest and tell the truth about what is happening to them. Also in terms of whether the family is willing to cooperate with the services that are offered.*

*A child may have been abused before the child could talk, so the diagnosis doesn't happen for a while.*

Stakeholders noted one of the challenges as that there is often parental opposition to their children attending counselling:

*In Drumheller, the worst thing you could hear is that your child needs to see a counsellor.*

Ten stakeholders commented that there are simply not enough services for children in the Drumheller area or the services are not accessible enough.

*So many services in the area are 9-5. In the city there are services 24 hours and on-call workers.*

*Service providers are stretched too thin because they are trying to do things outside of their job to get people the services they need. Sometimes things just don't get done. People might not get the services they need. It depends on the professional and what they are willing to do for that client.*

The respondents also identified that resources for older teens seem particularly limited.

*The 17 year old group falls through cracks. The mandates of various groups such as Social Services, Child Welfare don't include this age group.*

*Ages 6-18 don't seem to have a lot of services; maybe just private counselling. There are the family resource workers at the schools but not much else. The way they might get help is if they have a younger sister or brother that qualifies for services like Healthy Families.*

Two key informants stated that more education and “more preventive work is needed” to increase the community’s awareness of children in need of protection. Two noted that families are not always aware of how to access resources.

*Services are not visible enough; it's a small town and people assume that everyone knows where to go for help.*

One stakeholder stated that since Drumheller is relatively small, there may not be many service providers to choose from when one is attempting to refer a client:

*When there are good staff in agencies, services work well. It all depends on the staff at the different agencies.*

Another service provider commented that when services are not available locally, clients have to travel to other centres, which can create barriers:

*There is some counselling here for victims or perpetrators, but mostly they travel to Calgary to the Children's Hospital. It's not working well; it's too far away. I know a girl still going to Calgary and it's been 3 years. It would be great if counsellors could come here instead of the child going to Calgary.*

Finally, two service providers noted challenges between various Drumheller agencies.

*There are issues in the sector because some service providers won't refer to other programs. They are very protectionist.*

As with other forms of family violence, another challenge was that respondents were not always aware of available services.

*There are a number of psychologists but I'm not aware of programs if they are not financially able to pay. A woman had no financial means to pay for counselling and her children had been seriously impacted by the violence. There are no services that I'm aware of.*

### **Services for Child Abuse Perpetrators**

Eight service providers spoke of the services that are available for child abuse perpetrators. An interviewee commented:

*Sometimes perpetrators have easier access to services than victims. If a young person tells me he had assaulted someone, I have to call the RCMP and CFS; they both come right away. But if a young person tells me he or she has been a victim of assault, the RCMP come right away, but CFS comes the next day.*

Three stakeholders mentioned the justice system, highlighting incarceration as a resource for perpetrators of child abuse.

*With perpetrators there is the penitentiary. They work with perpetrators and have programs for them.*

Probation also offers services for offenders. The probation officer described the treatment available through his office:

*I mostly see sexual abuse. The offenders are given the best treatment possible. The psychologist comes once a month to see sexual offenders. She comes from the forensic unit out of Calgary. The men will usually go into Drumheller to attend counselling with the psychologist. They go as long as they are ordered by the court. Some sexual offences can be treated and there is success.*

However there are also challenges working with sexual offenders, as mentioned by one justice representative.

*The only service available for the offenders is the monthly visit from the psychologist. That's just not enough. Some people claim that pedophiles can't be cured. I used to work in a jail, and the same offenders would reappear and reappear. Most don't want treatment either.*

Three service providers mentioned the group run jointly by Alberta Alcohol and Drug Abuse Commission (AADAC) and Community Crisis Society (CCS) as a treatment option for perpetrators of child abuse. One service provider noted that Association of Communities Against Abuse in Stettler provides therapy for juvenile child abuse offenders. Another service provider commented that Child and Family Services will eventually provide treatment:

*With the family enhancement Child and Family Services there should be services for perpetrators but this has not happened yet. They need to look at what services are required. McMann is trying to find someone to go to homes to work with the whole family but are having a hard time filling this position. Usually the perpetrator has to leave the home or the children are apprehended. In one situation a mother refused to leave her husband, the kids had to stay in care. As far as I know, they are still in care. That family is torn apart because they cannot receive family counselling and the perpetrator is still in the home.*

The following table summarizes the services available in Drumheller and district to provide assistance to perpetrators of child abuse. Compared to other populations requiring assistance, fewer are available to address perpetrators of child abuse.

Table 6: Services for Child Abuse Perpetrators

Counselling Services Specific to Perpetrators of Child Abuse	General Services that might assist Perpetrators of Child Abuse
Forensic Psychologist (FAOS, Calgary)	Prison / Penitentiary
Men's Group (collaboration between AADAC and CCS Association of Communities Against Abuse (Stettler))	Probation

### **Child Welfare Legislation Regarding Children Impacted by Family Violence**

Relatively new Alberta Child welfare legislation has added children who are showing difficulties because of having been exposed to domestic violence as a population in need of child protection. The respondents expressed that this is an important piece of legislation.

*If kids are in a home where they are exposed to violence, it is just as damaging as kids who are being directly abused. This legislation recognizes that.*

Twenty-one stakeholders could not speak to how this legislation is working in the Drumheller area. They were either not familiar enough with this legislation to speak to

how it was working or had not heard of any cases where it had been used in the area. However, another twenty-one participants expressed their views on the legislation for children impacted by family violence. Seven Drumheller stakeholders said the legislation was working well.

*It is another tool for RCMP investigators to consider when intervening.*

*It works well because Child Welfare gets involved when this is a problem. The police and Child Welfare work well together in these situations.*

*In our agency it's worked well. People became aware that children were witnessing abuse and need protection. I'd say the legislation is working well. The child welfare workers were more than willing to move these cases from family enhancement to child protection. I've been impressed with the workers' response when concerns have been raised.*

*They can investigate when that's the only allegation and it's positive that it's being used. I'm aware of a few cases where it has been used.*

Twelve service providers are of the opinion that the legislation is not being used often enough.

*It's new legislation. They need the courts and prosecutors to come on side.*

*It's still not clearly understood. Most are still trying to find out the parameters because it's relatively new.*

*There's hurdles because of the stigma attached to Child and Family Services. With families we try to promote the positives of Family Enhancement.*

Five stakeholders expressed their belief that other professionals are reluctant to follow through with the mandatory reporting.

*If a mom and dad are together people may suspect domestic violence but I'm not sure that people are ready to report that to Child Welfare.*

*Many professionals are reluctant to report. There's a perception that children will be removed, but more often extra supports are put into the home. Professionals phone me and ask what they should do.*

Child and Family Services personnel have responded by providing training to community professionals regarding the legislation.

*We need to build a relationship with people on the frontline to get a more consistent response.*

*We're looking to do more training to professionals in the community about when to call us and why. The new act is a year old. People aren't aware of it and that family violence is a reason we become involved. With the RCMP, we have a protocol that they phone us in any instance of family violence.*

Five service providers commented that one challenge they face is that even when they contact CFS, child welfare workers may not take action. These participants reported that the caseloads that child welfare workers are expected to maintain interfere with their ability to respond.

*I don't think the legislation is being used. CFS workers are too busy to get to that issue. Instances like this are reported and then not responded to. There are not enough resources and they don't have the time to deal with it.*

*The legislation is not used. It's hard enough to get Child and Family Services involved when there's evidence of abuse. This is a real problem. (school)*

*The immediacy of action after reporting to Child and Family Services is a difficulty. When we believe something is an emergency, Child and Family Services might not deem it so. This seems to happen when they have a heavy caseload—cases get put on hold for other ones that are more important. (school)*

### **Summary of Children's Services in Drumheller**

The key community informants perceive the abuse of children as significant issue that must be addressed when identified. They identified a number of strengths and challenges in the systems' response to child abuse, most notably the perception that child welfare workers are overwhelmed with huge case-loads that can prevent them from providing adequate or immediate support to children and families.



## **Chapter Five: The Response to Other Forms of Family Violence in Drumheller**

This chapter continues documenting the perspectives of other forms of family violence such as dating violence, sexual assault, the abuse of older adults and bullying as identified in interviews with the 50 community stakeholders from Drumheller and area. Further, the chapter highlights comments with respect to the responses of the health and justices systems, the substance abuse system, issues of cultural sensitivity, and community collaboration. The chapter concludes with the key informants' perspectives on the most important initiatives to undertake to more adequately deal with family violence and bullying in Drumheller and district.

### **Services to Prevent and Address Dating Violence**

While some see dating violence as synonymous with intimate partner violence, and it may be the precursor of a violent relationship, the emphasis in intervention strategies to address dating violence is more commonly on prevention, often in the form of school-based presentations.

Thirty-one Drumheller stakeholders spoke about dating violence. One service provider stated that dating violence is not an issue in Drumheller. However, the other respondents held differing viewpoints:

*Dating violence doesn't get addressed.*

*There are rumours floating around that it's a big issue.*

*It's heartbreaking how much dating violence exists, how early it starts and the level of danger involved.*

Sixteen individuals identified the family resource workers in the schools as a key service. They consider this an important resource because "90% of teenagers go to school."

*In the schools this problem is dealt with by our counsellors fairly regularly.*

School staff expressed concern that funding limitations inhibit the availability of family resource workers.

*The difficulty is time. The services are available, but it's hard to get service because there is limited personnel.*

Eleven stakeholders described the Strathmore Community Crisis Society as a good resource for victims of dating violence. Shelter staff can be reached 24 hours a day through the crisis telephone line; in addition they have outreach workers and a public educator available to offer prevention and education programs.

*The Community Crisis Society is especially good at addressing this.*

The CCS public educator stated:

*Dating violence is a priority for me. I do a three session program with as many classes as I can. I address what abuse in a dating relationship looks like, what young women can do and emphasize that it doesn't have to be this way.*

With respect to other counselling services available for victims of dating violence, five stakeholders named mental health; two suggested hospital emergency; one suggested the psychiatric nurse. Three noted that various church youth groups provide opportunities for children to learn about dating violence and can also offer support to those who had been victimized. One individual mentioned that some families would have the financial means to access private counselling. Another noted that if the victim also had addiction issues, Alberta Alcohol and Drug Abuse Commission was an option.

Several stakeholders commented that dating violence or date rape are rarely the presenting issue for their clients. Rather, these issues emerge through the course of their work together.

Five respondents identified both Victim Services and the police as referral sources for those experiencing dating violence. Yet the stakeholders to whom we spoke who are involved in the justice system did not see dating violence as an issue that they commonly deal with. Victims of dating violence are often reluctant to contact the justice system.

*I think it goes unreported because of lack of anonymity.*

A stakeholder mentioned that the police response was not always positive.

*The RCMP doesn't always have a good response. It's not looked on as serious.*

The key informants also gave case examples of young women who had been abused by their boyfriends but did not want the police contacted. For example:

*In the past, it never went to the police because of the person's choice. We just dealt with it. I worked with her and guided her through the relationship, but she didn't choose to pursue [legal avenues].*

Our respondents consider dating violence to be not as readily recognized as other forms of family violence in the community. Indeed, 22 stakeholders commented that they were not as familiar with the issue of dating violence or the services available for victims or perpetrators as they would like. Eleven stakeholders were not aware of any services available to assist those who are experiencing dating violence. None of the 31 respondents mentioned any services for perpetrators of dating violence.

The stakeholders identified awareness about dating violence as a gap and recommended that ongoing public education to identify dating violence and available services (particularly for victims) would be helpful.

*There is something missing. A lot of the time kids have been victimized and they don't know that it's not their fault and don't know where to go.*

*We could double our effort. There needs to be more education, so that she doesn't get pregnant and trapped in an abusive relationship.*

*There needs to be greater awareness of dating violence and date rape.*

Several initiatives and programs in Drumheller provide ongoing public education on dating violence and sexual assaults during dating.

*AADAC puts on a program on date rape. The Strathmore shelter does a program called Choices on healthy relationships. Both are very effective; they're phenomenal.*

The Victim Services coordinator is also available to offer presentations on dating violence. The Drumheller and District Association for the Prevention of Violence has developed fact sheets regarding dating violence available for those interested in the topic.

The following table summarizes the services available for victims of dating violence.

Table 7: Services to Prevent and Address Dating Violence

Services Specific for Victims of Dating Violence	General Services that might assist Victims of Dating Violence
Community Crisis Society	Family Resource Workers Alberta Mental Health Drumheller Health Centre Church youth groups Private counselling Alberta Alcohol and Drug Abuse Victim Services RCMP

### **Services for Victims of Sexual Assault**

Thirty-nine stakeholders commented on the problem of sexual assault. One respondent stated that “*sexual assault is very rare in Drumheller*”. However, other stakeholders held different opinions:

*A huge number of incidences do not get reported. People are afraid to come forward; victims don't get the support they need. We don't understand how big a problem it is because it's under-reported. Anonymity is a problem in this town. No one wants anyone else to know their business.*

The majority of comments from Drumheller stakeholders concerned services for victims. A discussion regarding services for perpetrators is at the end of this section.

Even with a concern about cases of sexual assault being under-reported in Drumheller, Victim Services and the RCMP were the two services that most readily came to mind for stakeholders when asked about the issue. Twenty-one respondents commented that they would refer victims of assault to Victim Services.

*The coordinator is fantastic and they are easily accessible. They are always available when we need them.*

*There is excellent crisis intervention at Victim Services.*

*Because there is the legal process involved, Victim Services is involved.*

Consistent with feedback from participants regarding other forms of abuse and violence, several respondents were concerned that the Victim Services' office is located in the RCMP building, which could represent a barrier for victims.

*If a person was a victim in the community and wanted to access Victim Services, having to go to RCMP building to talk about it is a problem.*

Sixteen respondents identified the RCMP as an important referral in cases of sexual assault but did not comment further. One RCMP officer noted that a sexual assault investigation is a collaborative response between services:

*The medical field does the examining. Mental Health for counselling. Victim Services does the referring, talking to the victim, holding hands. But there aren't enough services.*

Similar to dating violence, two service providers commented that clients rarely come into their offices with sexual assault as the presenting issue.

*Women often are not reporting rapes. We hear about them in the course of counselling over time. Most often they have not accessed services for the rape beforehand. They are reluctant to come forward.*

Fifteen stakeholders mentioned medical services as a resource for victims of sexual assault. Thirteen respondents specifically mentioned the hospital emergency as an option.

*There's the 24-hour emergency room in the health centre. The psych nurses in emergency are very helpful.*

*The hospital is helpful. The doctors are not afraid to consult with RCMP and ask questions if they have any concerns that abuse might be involved.*

*The hospital emergency department is available if the victim decides to report.*

Four respondents identified the Mental Health Liaison from the Drumheller Health Centre as a good support for those who had been sexually assaulted. The individual serving as the Mental Health Liaison noted:

*Sometimes a woman has been raped and I'm there to provide emotional support.*

Another three participants noted that victims may choose to be examined by their family doctors rather than staff at hospital emergency department. Several stakeholders expressed concern that, since sexual assault is not often dealt with in Drumheller, health care personnel may not be confident about how they should talk with victims or the procedures they need to follow.

*It's a gap. A friend in health care services told me they don't know what to do or what to ask the victim. They don't deal with it a lot.*

Nine respondents stated that Alberta Mental Health provides counselling for those who have been sexually assaulted. They did not add further details about what was working well with this service.

Seven participants mentioned the Community Crisis Society of Strathmore as an option for women who had been sexually assaulted.

*Strathmore will do the victim part. They counsel any adult that has been a victim of anything.*

*The shelter works well as long as we can get a ride for the women or we have someone available to take her. I've taken women to the shelter.*

Four service providers suggested that victims contact specialized sexual assault services outside of Drumheller and area: Communities Against Sexual Abuse in Stettler, the sexual assault centres in Red Deer and Calgary.

*For women who need ongoing counselling but not the safety of shelter, I would probably refer to Stettler, Communities Against Sexual Abuse. I would follow the client until the initial appointment could be booked with them.*

The respondents also mentioned other services available to support victims of sexual assault. Three service providers suggested churches. Two mentioned AADAC, Alcoholics Anonymous and Narcotics Anonymous as options for women who were perhaps using drugs or alcohol to cope with the assault. Another service provider stated that for those with financial means, private counsellors were also an option. The challenge, as noted by this respondent, is that victims may not have the financial means to access private counsellors.

The following table summarizes the counselling services available for victims of sexual assault.

Table 8: Service to Address Victims of Sexual Assault

Counselling Services Specific for Victims of Sexual Assault	General Services that might assist Victims of Sexual Assault
Community Crisis Society (Strathmore) Brigantia Place (Camrose) Association of Communities Against Abuse (Stettler)	Victim Services RCMP Drumheller Health Centre  family physicians Alberta Mental Health Alberta Alcohol and Drug Abuse Alcoholics or Narcotics Anonymous Private counsellors

### Challenges for Services with Sexual Assault Victims

Five stakeholders stated their belief that sexual assault is under-reported to the police.

*The court system is a problem. Women are still having difficulties coming forward. It's really difficult to have the perpetrator prosecuted. I wouldn't urge them to go through the legal system. The cost to them is often much higher than the outcome of going through the courts. It's best for them to help themselves and forget about the law giving them the closure that they need.*

Another eight stakeholders commented that there are not enough services available for victims of sexual assault.

*People work really hard, but we don't have enough services. We do the best we can with what we have. But I don't think that's acceptable.*

*The services aren't great. We're rural so there aren't many services available.*

*The cities have specific counsellors. We have only generalized counsellors who are not necessarily well versed on that topic. If they are referred to a specialized counsellor in the city, the gap would be how to get there.*

*Long term counselling and support is not available.*

*There are a number of psychologists, but no publicly funded services. They're needed. Victims struggle with all sorts of issues. Children who have been sexually abused; often families don't have the means to pay for counselling.*

There were some misperceptions amongst stakeholders regarding the services available for victims. Some stakeholders thought that DDAPV could provide counselling to victims. Another four service providers in Drumheller stated they were not aware that any services existed for victims or perpetrators of sexual assault.

### **Services for Sexual Assault Perpetrators**

Only four stakeholders commented on services in Drumheller for sexual assault perpetrators. These service providers noted that the RCMP could be a resource if the perpetrators were charged or if they wanted to turn themselves in. If they were convicted and placed on probation they might have access to the psychologist associated with probation. The advantage to court ordered treatment is that there is no charge for the counselling:

*There's no charge if the counselling is court-ordered.*

If the perpetrator is a young offender, a program in Edmonton can be accessed.

*There's a program for young offenders who have sexually assaulted, the Phoenix program in Edmonton. To access the program they need to have served a term of incarceration. I've heard it's excellent.*

As one stakeholder noted, perpetrators can only access services if they are willing to admit that they have sexually assaulted someone. In those cases, the service providers to whom they have disclosed would probably inform the police. This service provider wondered if the possibility of legal charges and/or legal sanctions impacted a perpetrator's willingness to disclose and get treatment.

*For perpetrators to get help they must go through the court system. This doesn't encourage them to get help if they are thinking of it.*

The four stakeholders noted that if perpetrators were willing to take responsibility for their abusive behaviour, they could receive help from Alberta Mental Health, hospital services, their doctors, and/or churches. If the perpetrators were still in school, the stakeholders identified family resource workers in the schools and Child Welfare as services the perpetrators could access.

Other stakeholders were under the misperception that Victim Services could work with perpetrators of sexual assault.

It should also be noted that the discussions concerning sexual assault did not include any questions with respect to whether the victim and the perpetrator were related

to one another. It is not known if stakeholders were envisioning situations in which a woman were being sexually assaulted by a stranger, an acquaintance or a partner. While the stakeholders acknowledged some circumstances in which the perpetrator could be a school-age child, no details about who that child might be victimizing is available. Therefore, it is not known if the perceptions of available services, challenges or gaps would differ according to those circumstances.

The following table summarizes the counselling services available for perpetrators of sexual assault.

Table 9: Services to Assist Perpetrators of Sexual Assault

Counselling Services Specific for Perpetrators of Sexual Assault	General Services that might assist Perpetrators of Sexual Assault
Phoenix Program (young offenders, Edmonton) Child and Family Services	RCMP  Alberta Mental Health Drumheller Health Centre Family Physicians Churches Family Resource Workers

### Services for Adult Survivors of Sexual Abuse

Eight stakeholders raised the issue of services for adult survivors of child sexual abuse.

*I see a lot of survivors of childhood sexual abuse.*

Three key informants mentioned the possibility of addiction issues in adults with histories of childhood abuse, often childhood sexual abuse.

*Some men were abused as children. Dealing with the addiction we find out about the abuse. Often they have to deal with the abuse before they can deal with the addiction. The drug and alcohol abuse can be related to the abuse.*

*A large percentage of female clients with addiction issues have past incidents of sexual abuse.*

One service provider mentioned that family members might also need support:

*I see the fallout. If a woman has been with an abusive partner and he dies, women have to live with the knowledge of what their partner did. Someone who has hidden the abuse all these years. Maybe members of the family have been sexually abused, so the stigma is deeply ingrained.*

These stakeholders stated that individuals could access counselling through the hospital, Alberta Mental Health, private counsellors and the churches.

*The Catholic Church has workers who will help. But there aren't enough services.*

The challenge seemed to be that these respondents weren't sure if local counsellors have had specific training in these issues.

*There aren't enough trained people to help victims of sexual abuse. Mental Health will do some, but I don't know if they have someone trained in sexual abuse. In addition, there's no regular visiting psychiatrist. They do the assessment through a TV screen. That's cold for victims of trauma.*

Survivors may need to travel to receive support. The two services mentioned by these service providers were Association of Communities Against Abuse in Stettler, Calgary Communities Against Sexual Abuse and a private counsellor.

*My clients often see people from the Communities Against Abuse out of Stettler. They'll talk to victims about and do counselling if the funding is available. It's a privately supported group so sometimes the funding is available and sometimes not. I also use another counsellor who specializes in helping women with traumatic memories. She's a counsellor in Three Hills who uses EMDR. I just sent one young man there who was abused as a kid and is dealing with some horrific memories.*

*I'll refer clients to the Communities Against Abuse in Stettler. While waiting to get another counsellor in Drumheller, clients are connecting to them by phone. But that's not sufficient. There aren't enough trained people to help victims of sexual abuse. Or we can send them to Communities Against Abuse in Calgary, but that's hard for low-income families.*

A spokesperson for Association of Communities Against Abuse in Stettler described their services:

*We serve a large area: 80 miles south of Drumheller, north to Vegreville, east to the Saskatchewan border. We're dealing with abuse. There are so many kinds and they're interrelated, so in 1996 we expanded our mandate to include child victims, adult survivors and juvenile offenders. We get referrals from Drumheller, Hanna. There are no fees for clients. Most are not able to pay. Adult survivors deal with a lot in their lives and are not in a position to pay.*

The following table summarizes the counselling services available for adult survivors of sexual abuse.

Table !0: Services for Adult Survivors of Sexual Abuse

Counselling Services Specific for Adult Survivors of Sexual Abuse	General Services that might assist Adult Survivors of Sexual Abuse
Association of Communities Against Abuse (Stettler)	Drumheller Health Centre  Alberta Mental Health Private counsellors Churches Family Resource Workers

### Services for Abuse Against Older Persons

Thirty-three Drumheller stakeholders discussed services regarding abuse against older persons, while ten stakeholders do not work in this area and were not aware of any



services. This section addresses the stakeholders' views of the seriousness of the problem, the services they highlighted, what is working well as well as challenges and gaps in services. Eleven respondents commented on the abuse that seniors face.

*Often the abuse is from their own children. Pinpointing that it's happening is a big issue.*

*I deal primarily with women as victims; they are the ones that have to flee. For women who are seniors that can be really difficult especially if they are also disabled. Some men can be abused by their children/caregiver. For men it's more physical abuse, threats. I see a fair amount of bullying by children towards seniors. It isn't necessarily physical violence; it's verbal. People use words other than 'abuse' to describe what they are facing, but that doesn't change their experience. The primary perpetrators are children. It's hard to monitor if they're changing. Seniors are less likely to go to go to a lawyer, to go outside. Even if they wanted help, the perpetrators control who they speak to.*

The service providers highlighted financial abuse as the form that they hear about most frequently.

*If a senior discloses, it's usually financial abuse. Seniors are vulnerable in that area. Adult children view the parents' money as their inheritance. They feel they have the right to tell the parents what to do. Rurally when the family has land, according to the children, parents don't have the right to sell land. The view is that seniors don't need money: the government gives them the old age pension and the senior has no right to spend anything more. It's difficult. Any parent wants their children's circumstances to be better than theirs so parents often struggle with selling land in order to keep themselves going.*

*A daughter slapped her mother around over finances once the father had passed away. There was disagreement over the inheritance.*

*I hear from crack addicts I work with that they take money. They are usually 19 to 30, and they cajole, manipulate a grandparent, often one that is alone. They take things that they can sell or pawn. They also take their meds - pain killers, downers.*

Twenty stakeholders identified the Family and Community Support Services (FCSS) Seniors Program as a resource for older persons who are being abused.

*I probably refer the most to Jane (FCSS Senior's Coordinator). If it's something she can't help with, she'll refer them on.*

*The Seniors' Coordinator will visit in-home if the senior can't come in. She makes referrals.*

The FCSS Senior's Program consists of one-person program who coordinates these activities. She described her work as follows:

*One advantage is that I'm right in the town office so people know where to find me. They don't need to make an appointment; they can just come in. I work with both victims and perpetrators. They'll often come about some other issue. Sometimes that is the safest way. I'm in a good position because I'm not a*

*counsellor and there are a lot of reasons a senior may come in. Most family members will allow their relative to speak with me. Sometimes the RCMP will contact me about someone financially taking advantage of a senior—often grandchildren using them to get money to buy drugs. I can be an intermediary between the senior and the police. There's only certain ways I can help. I can call in RCMP, Victim Services, talk with lawyers if the woman wants; but often they don't. I have difficulty holding my tongue, but I do—it's about what each senior wants to do about their situation, not up to me.*

The twenty respondents consistently commented that the program is working well.

*The seniors trust her. She's relatively anonymous and very resourceful. She's been in this job for 15 years and knows it well. She's clear, consistent and reliable. People go to her for reasons other than abuse, but stories come out, for instance when she was talking to them about old age security.*

*The seniors support worker is a committed and caring individual. The only problem is that she's retiring soon.*

*Jane is the Seniors' coordinator for the Town of Drumheller. She does everything, even things outside her job description.*

*The woman who runs the seniors programs is brilliant! Jane is great! If anything is going on, she talks with the senior, determines the need and if she needs our intervention, she calls. Jane deals with the financial issues seniors can face and the government pensions. Anything to do with seniors, she knows.*

However, two service providers identified challenges with this program.

*The small town attitude assumes everyone knows how to find Jane if needed. The services are accessible but not visible. Jane is on the second floor above the library. People know that, and if you don't, you're out of luck. There is no sign that says "seniors". The infrastructure isn't in place for such a huge issue.*

*Jane is stretched too thin and she's the only one to go to. She won't advertise about being a service for domestic violence of the elderly because then people won't go there to get help with things like old age security.*

Eight stakeholders mentioned the Strathmore Community Crisis Society as a resource for seniors who are abused.

*They deal with violence against any age group.*

In addition, one stakeholder mentioned that Kerby Rotary Centre in Calgary may be an alternative because this shelter specializes in working with older victims.

Seven stakeholders identified Alberta Mental Health as a resource for older persons who are being abused.

*Alberta Mental Health can be of help for both victims and perpetrators.*

*She's starting a new program in doctors' offices twice per month. She can talk to seniors there; they don't have to go to her office. Seven stakeholders mentioned*

that seniors could access medical services, including their doctors and hospital services for help.

*Doctors are the first line of defence.*

*They come to the ER if there is serious physical abuse. They might talk to their doctor. The physician is a gatekeeper. They might spill a little to the physician and then he/she could refer them. But most of it is just suffered in silence.*

*A geriatric psychiatric nurse at the hospital is number one for victims.*

*We have a Seniors' Outreach Nurse. She's pretty good.*

Seven stakeholders suggested Victim Services as a resource for older persons who are being abused.

*I've had cases of elder abuse. Violent abuse is not common; mostly it's fraud, taking financial advantage. Victim Services helps with the Victim Impact Statement and the restitution request form, so they can seek compensation.*

The RCMP was identified as a resource with respect to the abuse of older persons by five stakeholders. The only comments these stakeholders added were related to challenges, stating that seniors are often hesitant to disclose for fear that the police would be called in.

*There are cases of financial abuse and we try to approach people about that. But you have to make the senior make the complaint and they often will not because their son/daughter/caregiver is all they have.*

*We need a place where older woman can say they are being sexually abused or beat up and know that the cops won't instantaneously be sent. They might not want the cops. They might be dependent on their partner for managing their daily lives-especially if they have health issues or a disability.*

Stakeholders mentioned a variety of other services that older persons who are being abused can access. Three stakeholders mentioned lodges, continuing care facilities and two mentioned Homecare.

*Staff in lodges and continuing care facilities are there for victims. Homecare is working well and is a first point of screening and referrals for support.*

Single stakeholders also each mentioned a variety of other services that may be able to help: churches, the Alzheimer Support Group, Helping Hands, lawyers, public guardian, and Association of Communities Against Abuse in Stettler.

The following table summarizes the services available for older persons experiencing abuse that are either specific to assisting them or, because of their role in helping seniors with other issues, could identify and/or refer to specific services if they are aware of the abuse dynamics. .

Table 11: Services to Assist Victims of Elder Abuse

Counselling Services Specific to Abuse Against Older Adults	General Services that could address Abuse Against Older Adults
Family and Community Support Services	Alberta Mental Health

Counselling Services Specific to Abuse Against Older Adults	General Services that could address Abuse Against Older Adults
Seniors Program	
Kerby Rotary Centre (Calgary)	Family Physicians
Community Crisis Society (Strathmore)	Drumheller Health Centre
Association of Communities against Abuse (Stettler)	Victim Services
Central Alberta Women's Emergency Shelter (Red Deer)	RCMP
Brooks and District Women's Safe Society Brigantia Place (Camrose)	Parole/Probation Officer
	Seniors Lodges
	Continuing Care Facilities
	Homecare
	Alzheimer Support Group
	Helping Hands
	Lawyers
	Public Guardian

### Challenges Addressing Abuse Against Older Persons

Eight service providers stated that underreporting is an issue.

*Elders are not able to get out of the homes to even have the chance to say there is a problem. People don't want to admit that there could be a problem of elder abuse in their community.*

*One gap is the isolation of the elderly. They might not have a circle of friends. Doctors might pick up that there is a problem, but sometimes it goes unnoticed and that might be the only time the senior leaves home. They also don't have another place to live. They think that they have nowhere else to go so they'd better not say anything. The whole problem is under-reported because we just don't know about the cases.*

*If it's hard for a mum with kids, just imagine what it's like for someone who is elderly. There would be even more barriers to them accessing services. Another issue I see is family members. They may do lots to keep elderly relatives from getting to services. If family members have addiction issues, it could be even worse. Financial abuse of the older persons is a huge problem. Family members with addictions could take the older person's money. They really wouldn't want the older person to get services.*

Even if victims wish to disclose, seven service providers mentioned that victims may not know to whom they can turn for help. One challenge is that people are not always aware of available services.

*We need more awareness of this type of abuse and avenues for support.*

*One difficulty is the lack of awareness and how to access service. Need to target seniors, e.g. the senior centre, lodges, Seniors Coordinator's office.*

*I'd like a course on violence against seniors: what's acceptable behaviour, what's not. We just can't get victims to come out. Perpetrators don't want them to go and of course, the perpetrators won't go. If I run a presentation, not even 10 people come.*

## **Bullying**

Forty-four Drumheller stakeholders spoke of the issues and available services to address bullying, many of which are prevention and education programs, similar to dating violence. This section presents the respondents' views of the issue, the services they highlighted, what is working well, as well as challenges and gaps in services.

*Bullying is an ongoing concern. It is important to educate families, schools and communities in regards to bullying.*

*It's important. There are different forms of bullying, from bullying at school to workplace bullying to bullying in homes. It's prevalent in our society in a lot of homes and the workplace.*

*We've had a lot of issues with suicides linked to bullying.*

*In the high school there's a lot of bullying, verbal and physical.*

*Bullying is receiving lots of exposure. There are programs through schools, doctors, and at peoples' work. It is being addressed pretty widely.*

The schools, including Family Resource Workers, school counsellors, teachers and administrators were identified as resources for bullying issues by thirty stakeholders.

*The problem is kids won't go for help, so education in schools is really key. Telling kids there's help out there.*

*Family resource workers do fairly well trying to involve the bully as well as the one who is bullied.*

*The family resource workers deal with bullying, also teachers and principals. School bus drivers must deal with it also. They can educate and raise awareness about power and balance issues.*

*Safety for children at school should be the principal's number one concern. My kids feel safe at school. Protection is the number one issue. If you address that first, you don't have to worry about trying to get it back.*

*Counsellors in schools are good. We have had awareness campaigns in schools. School staff have been trained. Bullying gets nipped in the bud or is less of a problem because of the awareness built by the school staff.*

Two respondents provided specific examples of school personnel's efforts to deal with bullying.

*My kids' elementary school has a bullying program. I'm glad the school is addressing the issue. My kids bring home information about bullying. They have a peer support program where kids are trained to be outside at noon to watch for incidents of bullying and mediate. I hope it's effective. But I still hear stories*

*about bullying. Some people have taken their children out of the school because of bullying.*

*Family resource workers are a huge support for the after-school care program we run. They give us ideas of how we can deal with the children. We have children with behaviour issues who are name-calling other children and staff, as well as physical abuse. A boy in after-school care was acting out, aggressive; out of control. We contacted a family resource worker and the parent. The child saw the family resource worker 3 times per week. We saw a huge difference.*

School staff, including family resource workers, commented on the work they are doing to reduce bullying.

*Kids are referred because they're bullying or are victims. Over half the referrals start with some type of violence. They're usually referred by teachers.*

*The Dare to Care program works with kids to provide strategies to stand up for bullying: not to be silent about bullying. We also provide counselling.*

*There is school programming: the Dare to Care program. A lady (funded through Encana) comes to teach parents, students, and staff about bullying at the beginning of the year. We mention the slogans to kids throughout the year. Our mandate is to strive to be a bully-free school.*

*We have a group I train that are called conflict managers; they are grade four, five, and sixers, chosen by their peers based on different characteristics. For the past twelve years, we train 13 - 16 students to they go onto the playground and mediate conflict. It works exceedingly well.*

*We have a website where kids can leave anonymous messages to the principal if they are experiencing bullying: [www.stopbullying.org](http://www.stopbullying.org). We also have Roots of Empathy. A mother with a newborn visits the Grade 1 classroom once every two weeks. It's designed to teach kids empathy. We often can't run the program because we don't have enough trained staff and moms with babies.*

Two stakeholders remarked that school initiatives seem to be working well:

*Providing sessions for parents, students and teachers has been very effective. It's giving kids the opportunity to speak up. You might not believe what I say, but in this school there is no bullying; we have zero tolerance for it.*

*It's working well. We have a decrease of kids saying I'm being bullied.*

However eight stakeholders noted that there are still challenges regarding the schools' attempts to reduce bullying.

*The individuality of the teachers can be a problem. Some teachers are more sensitive to the problem and some don't think it's important at all.*

*The difficulties we encounter are at the schools. So many teachers and administrators have this attitude "boys will be boys" and "What did you do to tick him off?" That's just ignorance. You can educate people, but people have to be willing to listen.*

*I have lived in Drumheller all my life and it is like “night and day” compared with when I was a kid. But it has a long way to go. One parent was wondering what to do if the schools ignored her concerns about her child being bullied. The Student Council was left to decide if an anti-bullying program was needed. The council decided no. I believe such a program should be mandatory.*

One stakeholder noted that in response to the bullying that occurs through text messaging on cell phones, her agency has been attempting to ban cell phones from school:

*We’re trying to get cell phones banned at high schools. Some kids are bullying through text messages, also with MSN messaging. If enough people rally we can get cell phones banned. There have been information sessions for parents. Parents need to make sure they know what their kids are doing.*

Nineteen stakeholders stated that Citizens United to Reduce Bullying (CURB), a volunteer group that focuses on bullying, is a resource regarding this issue.

*Their goal is to educate and get the community involved.*

*Their mandate is to get the entire community involved with the bullying issue and share resources and expertise from schools with the entire community. They want to enlighten people to the fact that bullying is happening everywhere, such as in homes and businesses, not just in schools. There is someone from Drumheller and District Association for Prevention of Violence on the CURB committee.*

*CURB’s purpose is to educate, to get the community to take ownership for bullying occurrences. It’s not a school issue; it’s a community issue.*

Several stakeholders reported that the CURB initiative is working well.

*CURB has done some great things. They’ve brought in speakers, a poster campaign. It’s working well. It’s wonderful that there are people that are passionate and are raising awareness.*

*CURB is a good initiative in the community. It’s trying to spread anti-bullying ideas from the schools to the community.*

*Last year CURB did a poster contest that raised awareness about their group. I’m quite impressed. This year they’re working hard and well together; the poster contest raised a lot of awareness.*

Seven stakeholders commented on CURB’s initiative in collaboration with the DDAPV to bring in Reverend Lang to speak about bullying.

*CURB was supposed to organize a talk by Dale Lang about bullying last year, but there was no financing. So the DDAPV got the financing.*

*Reverend Lang came to do a presentation on bullying and it was very powerful and positive, and it was initiated by CURB.*

*A Pastor from Tabor did a presentation for the school and the community. The pastor had lost his son from bullying. It had strong impact.*

The key informants noted several challenges for CURB. As a volunteer committee they rely on the willingness of community members to become involved.

*It is a fairly grassroots effort and it is not moving too fast right now. It is hard to get people involved. It takes too much time to get people involved.*

*CURB had difficulty to convince Chamber of Commerce that there is bullying in the workplace. The business community does not see bullying as a problem. It's a gap that the business community is not being addressed sufficiently yet.*

*CURB wanted representatives from everywhere such as sports teams, the business community, and seniors. Outside of the schools, awareness is not as good. It's still seen as a school problem. We really wanted representatives from the sports teams to help with the CURB committee. They could serve as a good role model and bullying happens in sports. We did not succeed with any of them. It doesn't seem important to them.*

Nine stakeholders indicated the RCMP as a service which victims of bullying can access.

*The RCMP has a new staff sergeant that is really on board with bullying.*

*Sometimes the RCMP get called if an assault is involved and the school can't handle it. Sometimes parents make complaints to when bullying happens off the school grounds.*

Eight Drumheller stakeholders commented about the Community Crisis Society of Strathmore (CCS) as a resource with respect to bullying. CCS staff described the bullying prevention program they run.

*When I present, I don't focus on the bully; I do what I can to empower bystanders to act and empower kids who are being bullied. In Grades 4, 5 and 6 the bullying presentations mostly deal with how kids can deal with their anger, stress, fear, and what are reasonable responses to these issues. Kids can use adults for help; I try to give them ideas. If they feel unsafe I don't know how it can be fixed without engaging adult help. Adults have to be ready to protect kids.*

*When Janet goes into classrooms to present, teachers often identify children who are being bullied. Janet can give the teacher information/strategies to try. If Janet is aware before that a teacher is concerned about a child, the early interventionist, Jen, will often go with her. That way if the child wants to, there is someone who can talk with that child.*

Stakeholders perceive the program as working well.

*A counsellor from Wheatland was doing a bullying program for kindergarten to grade 6. It's really good that the programs have been introduced.*

*The educator is a really good resource. I use her all the time for family violence and bullying education. Having that available helps me in my job a lot.*

*The shelter does a lot of education in the school system about bullying. They do community workshops for service providers and the general community, though the general community doesn't usually come.*



Six respondents mentioned Victim Services as a resource for victims of bullying, but most added no further details. The Victim Services Coordinator commented on the role:

*We have a pamphlet that tells people to tell the school, tell the family resource workers. We do workshops on bullying and criminal harassment: they're the same. Criminal Harassment can be the charge. The victims don't have to report to the police. They can talk with us. We can tell them this is criminal harassment; we try to get them to tell a police officer. We need to get the word out that it is against the law. People still tend not to report. Bullies are good at what they do so victims tend not to tell.*

Stakeholders mentioned a variety of other services to address bullying. Six respondents mentioned Alberta Mental Health is a resource for bullying issues and three indicated medical services, as well as Child and Family Services.

*I deal with kids in ER. Sometimes they've been bullied or are in because of school violence.*

Two stakeholders mentioned the Kids Help Phone, Healthy Families, churches, and the Family Resource Library. Finally, single Drumheller stakeholders mentioned various special initiatives to counteract bullying.

*The Lighthouse Project started through Church of the Nazarene. They built a lighthouse to symbolize that there's a safe place for teenagers. They hang out and do safe fun things there. This was created as a result of a suicide that bullying caused.*

*Parent Link organizes education nights. They bring in people to speak or through the bullying committee. It's a community focus, mainly through schools.*

The following table summarizes the counselling services available to victims of bullying.

Table 12: Services Specific to Bullying

Services Specific to Bullying	General Services that could address Bullying
Dare to Care (Calgary)	Schools: Family Resource Workers, school counsellors, teachers & administrators
Citizens United to Reduce Bullying (CURB)	Roots of Empathy
Community Crisis Society (Strathmore)	RCMP
Challenge Day (US)	Victims Services
	Alberta Mental Health
	Medical Services: Drumheller Health Centre (hospital)
	Child and Family Services
	Kids Help Phone
	Healthy Families
	Churches

Services Specific to Bullying	General Services that could address Bullying
	Family Resource Library Lighthouse Project Parent Link

### Working with Children that Bully

Eight stakeholders spoke about community services for bullies. One school administrator described their approach to dealing with children who bully.

*We have a pro-social program. If kids are fighting at school they see the family resource worker for five days at lunch hour. They are taught anger management and other ways to deal with situations that cause them to bully. We have seen a reduction of kids repeating bullying offences. It has dropped the number of issues that I've dealt with as administrator.*

Several stakeholders spoke of the justice system's response to bullying.

*If it were a severe problem the police would be involved, maybe charging for public mischief or assault.*

*Bullying is hard to pin down as an offence. It can be devastating, but it's hard to proceed on a criminal charge. I'm not getting calls from the police requesting my opinion on charging. It doesn't seem to be a big issue.*

*I see kids who get convicted of crimes associated with bullying. They usually get alternative measures. They often also get court ordered measures for drug and alcohol treatment and are mandated to write an apology letter to their victim. I think that's often important for the victim.*

The following table summarizes the counselling services available to children who bully.

Table 13: Services for Children that Bully

Counselling Services Specific for Children that Bully	General Services that might address Children that Bully
	Schools, including Family Resource Workers, school counsellors, teachers and administrators RCMP

### Challenges in Addressing Bullying

Eleven Drumheller stakeholders were concerned that there is a general lack of community awareness with respect to the serious nature of bullying. Stakeholders worried that if people do not recognize bullying as an issue, it is difficult to address the issue.

*Often families of the perpetrator are not willing to be involved in counselling or they don't even think their kid has done anything wrong. Some victims' families*

*think it's not an issue. More education for adults that bullying is an issue is required. Education within the community is needed through schools or some kind of public domain so that parents understand how important the issue is.*

*There could always be more services. The only thing lacking is the parent factor - education about how the parents' behaviour affects the kids. Attitudes like, "I got through it, so can they." But not all kids do get through it. Parent education is lacking. When something's offered the ones who need it don't go.*

*As far as I know there is nothing to stop bullying outside of the school.*

*We refer children to Family Resource Workers, Mental Health, Child and Family Services, physician. Problem is that parents have to follow through. If not, the services don't work.*

Two stakeholders mentioned additional strategies for increasing awareness of the issue and services regarding bullying:

*We're trying to get a Challenge Day in Drumheller: 100 students and 50 adults participate to break down barriers, kids talking about what would help, empowering for the kids. The DDAPV is working with the presenter to decide if it would be appropriate in Drumheller.*

*There needs to be easy access to support that is available in the community. It needs to be anonymous. In Olds, Didsbury, Sundre, Stettler there is an initiative through FCSS called Neighborhood Place. It is a place to meet that is staffed Tuesday to Saturday. It has a great referral network and community programs such as parenting and anti-violence programs. This is an office in town that serves many purposes. It's a source of information on many things. It's anonymous in the sense that anyone that sees you going in there has no idea what you needed.*

### **Addiction Issues in Family Violence**

Forty-three stakeholders in Drumheller perceive that addiction is often a concern when they deal with family violence. This section highlights the substances indicated as of greatest concern and the impact of substance abuse on family violence issues.

Forty-two stakeholders identified the substance of greatest concern in Drumheller area as alcohol, but noted the presence of crack cocaine, cocaine, marijuana, crystal meth, heroin, and ecstasy. Twenty-six respondents perceive alcohol as the substance most likely to be abused. Twenty-three individuals mentioned that crack cocaine is of concern; eighteen identified marijuana; ten named cocaine, nine named crystal meth; and two noted that heroin and ecstasy seem to be coming into the valley.

*Most incidents leading to legal intervention involve alcohol.*

*In this community, mostly marijuana and alcohol. Alcohol is the drug of choice.*

*There's lots of alcohol abuse here in town; marijuana, cocaine, crack and crystal meth are moving in.*

*In the last year, crack cocaine has been the number one in Drumheller. It has really infiltrated. It's causing the most problems: violence and putting children in the homes at risk. There have been some heroin use. A large population uses marijuana. Those drugs come to mind, but alcohol is definitely number one.*

*We have a significant crack cocaine problem. Alcohol has come up as the number one drug when it comes to family violence.*

*Mainly alcohol, gambling is just a small percentage. Rise in crack cocaine and with it seeing more child neglect, unstable environments.*

*Drumheller has a reputation as a drug town. But there's more alcohol, some recreational marijuana. I haven't seen much crack cocaine.*

*I don't know what specific drugs are of concern. From what people say, folks can get whatever they want. Money doesn't seem an issue.*

Ten Drumheller service providers mentioned gambling, stating that it seems to be less a problem in the area.

*There are not a lot of identified gambling issues.*

Forty-one stakeholders discussed their perceptions of the impact of substance abuse on family violence. Thirty-eight respondents commented that drugs and alcohol escalate the violence.

*If there are any addictions in the family it definitely impacts the abuse. With perpetrators it seems to make the violence more prevalent and severe. If a perpetrator is drunk he is more likely to hurt his partner.*

*They can lead to an escalation of violence, less control, a 'don't really care' attitude. More associated with charges like uttering threats. More difficult for the police to deal with. Fuels the situation. Leads to more serious offences. Cocaine even more so because of the effects of the drug.*

*I've come across drug use with families I've worked with. They don't cause the violence but exacerbate it. My suspicion is when there's violence, many times drugs or alcohol are behind it.*

*It makes it a whole lot easier to beat someone up under the influence because they have less control and it gives them an excuse.*

*It seems like being drunk is an excuse to cover up the real issue of abuse. It's like he gives himself permission to be violent. The women say that if he wasn't drinking he wouldn't have abused her.*

*It's so interconnected. Typically when we see assault, there's addiction. Need to address both at the same time.*

*It is used as a way to explain the violence away. It's a deflection. These men often have a history of substance use and are typically avoidant of problems. Or, they blame their violence on the partner's drinking. They say, "She was drinking too." Claim that she pushed their buttons.*

Eleven respondents commented about the way in which substance abuse also exacerbates financial problems.

*It adds to financial problems if people are drinking and making poor choices.*

*The violence is more frequent and severe when drugs or alcohol are involved. The family is in a more chaotic environment because they never know how that person will react. It also impacts them financially. They start out at the poverty line, and then there's even less for food and diapers. Sometimes the utilities have been cut off, or they've even been evicted and are living in the streets.*

*The family might have limited income so financial concerns create disagreements. Also just the fact that one family member uses it and others think it's wrong causes arguments. There are financial impacts. The drugs can change the person and the dynamics of the family. Situations become violent.*

Six stakeholders noted that victims may turn to substances as a means of coping with the abuse.

*The victim we see as not necessarily having substance use before, but at high-risk for developing addictions as a way to cope.*

Five stakeholders indicated that substance abuse could increase that likelihood that children are neglected or abused.

*It's more a neglect issue than a violence issue. Children's needs are being neglected when parents are addicted to drugs.*

*It's often the parents who are using, so there are neglect issues, especially if they're addicted to crack. They respond with violence as discipline. Drugs lower tolerance and increase frustration. Children grow up and see drugs as a coping mechanism and then resort to it themselves.*

### **The Justice System Response to Family Violence and Bullying**

Thirty-seven Drumheller stakeholders commented on the justice system response to family violence and bullying. This section is divided into two parts: family violence and bullying; discussing what stakeholders perceive as working well, the difficulties and gaps. (Please note that more specific comments regarding responses to particular forms of violence are in the chapters and sections regarding intimate partner violence, child abuse, dating violence, sexual assault etc.)

Consistently, stakeholders commented that one must be remain aware that the justice system is operating in a rural area.

*In the justice system, you need to take into account how the rural area affects things. Most of the money in Justice goes to programs in the city. The government needs to pay attention to the fact that abuse is also happening in rural Alberta. Alberta has the highest incidence of domestic violence in Canada and the incidence in rural Alberta is even higher.*

Thirty-five stakeholders commented on the response of the Drumheller justice system to family violence. The views were mixed.

*They are responding slowly. They are doing as well as they can with the clumsy tool that is the justice system.*

*The times I have dealt with the justice system, it often seems ineffective. It doesn't get to people who most need the help. The justice system seems too concerned about saving time and not concerned enough about saving people.*

Twenty respondents spoke of the RCMP response to family violence in Drumheller, many commenting on the adequacy of the police actions.

*The police are trying to do their best with limited resources.*

*We have great immediate support from the RCMP. Their response is quite overwhelming, they're so on board.*

*In my experience the RCMP have been responsive. They are at the forefront of social pressure to make violence issues of higher priority. It appears that they are doing a good job. But until you're right in there, it's hard to say. Our clients who are perpetrators are getting charged as they should be.*

*The police have a zero tolerance policy. They lay charges in all cases of domestic violence. If it weren't for that policy we wouldn't see a lot of the offences. We see minor offences - a slap, a push. If it's a minor isolated event usually criminal charges aren't laid, unless it's a repeat offender. We consider the circumstances, financial pressure, job loss. We normally resolve those cases without charges. We listen to what the victim has to say about the home situation.*

Ten stakeholders noted challenges with the police response, stating that the RCMP don't always take a victim's complaint seriously or are inconsistent in their responses.

*The RCMP have come a long way in how they deal with domestic violence, but there are still gaps in terms of charges being laid and making women and children safe. I think family violence and sexual assault isn't taken seriously enough by the RCMP.*

*Sometimes the woman come into the justice system because her partner called the police and had her charged but once you talk to her you realize that she is really the victim—he just simply called the police first.*

*From what I've heard from women, some RCMP are fantastic, other women have horror stories; it depends on which member. One client told me her husband got extremely violent when he was drinking. One night he was drinking heavily and hadn't come home. She knew what was coming so she called the police and said she was scared for her safety. He got home and assaulted her. The cops came and said to the woman, "You set it up. You called in advance." The cop refused to take him; refused to charge him; and left the perpetrator in the house with our client. We tell women to call the police and then this happens and they aren't taken seriously. I don't know how you change this. It comes down to individuals. One police officer believed victims; supported them through the court process and stayed in contact with them. We don't have the services that the city has. It comes down to the individual; what each individual is willing to do.*

*The police response is not great in an emergency. Some women'll call and the police don't ever show up. [When are they less likely to respond?] When there's a history of domestic violence and/or alcohol abuse in the home, the response is more, "Here we go again." Sometimes the police dual charge. Some officers don't seem to have the experience with domestic violence; a woman is trying to defend herself from this man physically assaulting her and they dual charge. On the other hand, most guys get their guns taken away so it seems the police are using the gun legislation.*

*RCMP - it depends on the staff. Most of the time domestic violence is given the importance that it needs. It's dangerous for them to go to these incidences and they don't take it seriously because they suspect she won't charge. But it has to be taken seriously **every time**. Women have been asked if they're ok, and then that's it; the RCMP leave.*

The Drumheller stakeholders commented on the court process, from prosecution to sentencing and probation. Five stakeholders discussed their contact with the prosecutors. Their remarks were consistently positive.

*The Crown is very supportive and aware of the impact family violence issues have on society.*

A Crown prosecutor described their role.

*We are responsible for a large area: Drumheller, Beiseker, Three Hills, Trochu, Strathmore, Chestermere to the Calgary city limits, Hanna to the Saskatchewan border. We prosecute all criminal offences including domestic violence, ranging from common assault to murder. We haven't had a domestic violence murder in the area in recent years. We listen to what the victim has to say about the home situation. Usually we use the peace bond -- in place up to 12 months. Can give the perpetrators any conditions: domestic violence counselling, AADAC, family counselling, taking firearms away. A huge number of factors: the most determining factor is the cooperation of the victim. There's a 75 to 80% rate of recanting by the victim that makes it difficult to proceed with charges. It's the same in Calgary. But we still need to address the issues, as best we can. We may proceed even if the victim has recanted. The victim's sworn statement can be used for evidence, but it involves videotaping and 2 officers need to be available. There aren't enough resources to do this. At 3 am there may only be one officer.*

Both Legal Aid and the Family Court Worker are available to help either victims or perpetrators through the court process. However the Family Court Worker commented that in the past year there has been little demand for her services in Drumheller.

*There's so much domestic violence, everywhere. I went to Drumheller for a whole year, but I haven't for the last year because the cases dried up. The court administrator in Drumheller called me and asked, "When are you coming back?"*

Thirteen service providers commented on the sentences and orders that can be imposed on perpetrators.

*There are always gaps in the justice system. Sentences with regards to spousal abuse are too lenient.*

*The justice system is doing what they can. Following the law is all they can do. Judges need to be more aware of domestic violence issues when they are sentencing and releasing men. If I beat up a stranger I get a heavier sentence than a husband who beats his wife or a mother who beats her child. A domestic is more serious than a regular assault, because these people have relationships with each other and the dynamics are totally different. It's important to take that into account. The whole community, the province, everyone has to get involved to make judges take it seriously.*

*Restraining orders don't get followed and there is no one to enforce the order or to protect the women. Convictions don't result in a long enough incarceration and rehab such as anger management or AADAC is not mandated. The ability to be released part way through a sentence is ridiculous.*

*Perpetrators get off too lightly. There should be stronger demands that they complete programs and follow up. It should be more rigorously enforced. Guys get away with stuff three or four times before they are sent to jail.*

*Probation and judges are still mandating "anger management" rather than domestic violence counselling. They don't understand that this is not about managing anger. The guys are good at managing their anger almost everywhere—they save it up until they get home. I'd like them to change the wording on the orders.*

*Justices of the Peace are not enforcing peace bonds. Even when CFS workers and police recommend Emergency Protection Orders, they won't issue them.*

*With a peace bond, if the person has contact, we have grounds to charge and put them in jail. The response to breaches depends on the judge and prosecutor. Sometimes they're tough. But to judges it's not a criminal charge, so they don't treat it very seriously. It could become a bigger deal if the offender realizes there aren't consequences if he breaches.*

Several stakeholders provided examples of situations in which they were of the opinion that judges were too lenient with perpetrators.

*A column in the paper reports court proceedings. Sometimes I find the judge's responses very casual about domestic violence. One guy beat his wife and the judge's let him off because they have kids and love each other. He let another guy off on a sexual assault charge. He said the girl had falsely laid the rape charge, "You are a pretty young girl; you don't have to do that." Another woman was being stalked by her ex. He was harassing her and her family, damaging their cars, and the judge said to this guy, "You're close to having a problem." Another woman had a restraining order and then reconciled. She left him again and he stalked her, followed her when she's driving and tried to force her off the road; he's broken into other peoples' homes when he's thought she might be there. I'm very concerned for her safety. The judge told this guy, "You had better stop." I'd like something stronger. Domestic violence is not taken seriously.*

*Judges are letting people get away too easily. These parents got put in jail for abusing their cat; they were only charged when the cat got abused not when the*



*kids were being abused. They took their children away from them for abusing them, they didn't charge.*

Nine respondents commented on probation services.

*We have one probation officer. He's doing an excellent job. We collaborate about finding enforceable conditions. We take breaches seriously; they're all taken to court. We have a close working relationship. That's unique to a rural area. He's in court when I'm in court. He can give the background to the family; tell me if the accused is under probation already and problems with alcohol.*

*Probation is good about mandating men both to AADAC and the men's group.*

One respondent identified the small number of staff as an issue.

*They are understaffed. They don't have a hope keeping track of all the people. Geographically it's unrealistic to keep track of so many people over such a large area.*

Stakeholders also had ideas about special initiatives regarding the justice system. Five service providers suggested that agencies and justice services provide workshops to each other regarding their areas of expertise.

*The police are good but it depends on the officer. They have different views on what is violence, no consistency. One officer would say nothing's wrong. Another would say the woman needs to go to the shelter.*

*Crown and police are more aware of legislation and the changes we have to work with. They educate us on changes in legislation and how it may affect our work. If there are major changes coming, it can help define our roles and responsibilities to ensure people have clear understanding of domestic violence is.*

Three stakeholders suggested that Drumheller develop a specialized court for domestic violence issues.

*We have no dedicated court or dedicated judge. A domestic violence program would help. There's no support, no person to assist when the victim starts recanting. In Calgary, Mental Health has received huge amounts of funding to support victims of domestic violence and there's Homefront. In Drumheller, domestic violence is in amongst all the other cases. I can't see a dedicated domestic violence court here but that would be the ideal. We could have a dedicated day or two days per month, with Social Services and probation in court, so we could focus on those unique issues. There will be differences between a rural area and the city, but it shouldn't be such a disparity.*

One respondent noted that the justice system has few alternatives regarding rehabilitation of offenders and suggested that Corrections implement more programs.

*In BC, Corrections does its own domestic violence programs. Here we struggle to get any programs at all. It's most serious for victims. Without treatment, men are going to continue being abusive. If you can get the perpetrators to understand that what they're doing is wrong, they won't be victimizing anyone; putting victims at risk. If you don't teach the guys so they have an understanding of*

*what's normal they'll go right back to their old ways. I have a guy on my caseload convicted of sexual harassment. He has been charged and convicted three different times for sexual harassment. He's still harassing her. He went through the men's group, the psychologist has seen him. He's probably the most counselled client on my caseload and it's not making a difference. Jail is his next alternative. Some guys get better after going to group but it's not long enough. The facilitators do the best that they can. It's does help but it's not intensive enough and the men aren't challenged enough. They really need to have their thinking challenged. If we had, the funding could ensure that treatment was occurring. In Alberta, it seems the money goes to urban centres and rural Alberta is left on its own. That doesn't help.*

One stakeholder noted concerns about the newspaper reporting court proceedings.

*Publishing information is a problem. Then everyone knows about a family's problems.*

### The Justice Response to Bullying

Six respondents commented on the justice response to bullying. Three stakeholders perceive the justice system as responding well.

*They're taking it very seriously. They are charging youth for uttering threats, some as young as 12 years. It's not tolerated in the community.*

*There is now more compassion on the part of the police officers, a willingness to look at issues more informally, which can be more effective. For a kid that has done something wrong, such as bullying, it's often better to talk rather than be charged with an offence. They can be flexible, which is good.*

Three stakeholders do not consider that the justice system is taking bullying seriously.

*For bullying, the responses of the justice system are very similar, but regarded as less important than family violence. There is not enough investigation, follow-up, and punishment.*

*I don't see the justice system involved with bullying. It is mainly the school that deals with it.*

### **The Role of Healthcare in Addressing Family Violence and Bullying**

Thirty-eight stakeholders spoke of the role of healthcare professionals in addressing family violence and bullying in the Drumheller area. This section is subdivided between the comments pertaining to family violence, and those regarding to bullying.

Thirty-eight stakeholders commented on the role of healthcare professionals in addressing family violence. Twenty-seven respondents indicated that healthcare professionals have a pivotal role in identifying victims of abuse.

*They are gatekeepers. They provide support, information and direction.*

*Health care plays a huge role. It's the starting point for many assessments. They see the women and children when injured or in distress and they can identify that*

*these people are victims. They can also determine which services the women and children receive. Whether the health care professional is in public health, the doctor, or seeing people in an emergency room, they're pivotal in assessing domestic violence.*

*They are often the ones to first identify physical abuse because they are the first to be contacted.*

In contrast, six stakeholders see healthcare professionals in more secondary roles.

*Victims use healthcare professionals as a last resort; mostly for referrals to other services or medication for depression because of bad situations.*

*We get the end result. We respond to the incident after it has happened; we are just emergency services. We can't interrupt the cycle.*

Twenty-three stakeholders mentioned that healthcare professionals screen for victims of abuse.

*The come in contact with injured people on a daily basis. They are on the frontline so when they see an injury, they have to ask "is the injury consistent with the story that's given." If they suspect more then they react to that.*

Nine respondents identified challenges with the screening.

*The emergency department and doctors are not quick to identify family violence. Asking about family violence should be part of their routine.*

*Some workers understand more than others and that's a problem. For the victim to get proper help depends on who is working that day. Empathy and compassion would have to be there.*

*Domestic violence screening depends on the nurse and their assessment skills. An inexperienced nurse might see burn marks and just treat them without question whereas an experienced nurse would call someone in to look. We ask whether the patient feels safe at home. But, that paperwork is only for people admitted to the hospital; not people in the ER. I don't think we have the proper tools to identify people. If someone came in with a fractured wrist, saying they fell on the ice, we have no prompt that would allow us to ask them to speak alone or to double check. Something like that would be beneficial. But, I would want that tool to be left to the discretion of the health professional so that we wouldn't have to ask every person. Some cases, that kind of question wouldn't make sense.*

*Some medical personnel have told me they don't always ask the questions about family violence in screening. People in this community know each other. If they know the family they don't ask. They don't know how to ask.*

A stakeholder expressed concern that there may be situations in which medical personnel overreact.

*Medical personnel are trained in assessing injuries to see if a person might have been abused. They sometimes jump to conclusions that put people at risk of being indicated as an abuser when they are innocent, such as when children hurt themselves.*

Twelve respondents discussed the responses of Drumheller physicians to family violence issues.

*The doctors in town not afraid to consult with RCMP and ask questions if they have any concerns that abuse might be involved.*

Nine stakeholders noted challenges with physicians' responses.

*Some doctors ask about possible problems and some don't.*

*The big issue is with the doctors. They're minimizing the problem. This is a concern for nurses because the doctors are their supervisors. Need to keep educating doctors about the impact of family violence.*

*The physicians aren't quick to refer. They're not giving victims proper referrals. They're putting the issue aside, giving them a prescription.*

*Women often go to doctors and the doctors turn a blind eye. Doctors' need their awareness increased: they should not be ignoring what is going on. It gets back to education. Lots of people in the medical field are doing exactly what they should. But other medical people see the woman as a man's property. Some doctors don't look beyond the words. If she says she fell down the stairs, then she did. They aren't paying attention to the women hiding the marks and bruises.*

Ten stakeholders commented on the role of the hospital.

*I have heard positive feedback on the support given at the hospital. They give good referrals. There's an excellent psych nurse at hospital.*

*Doctors would treat physical symptoms for victims of family violence, psychiatrists/psychologists would help with 'dealing with issues'.*

*They provide education and deal with post-traumatic stress disorder and of course then give stitches.*

*Nurses and doctors are more willing to confront family violence than they used to be.*

Two stakeholders discussed collaboration between hospital personnel and the justice system.

*The hospital has an obligation to report. We don't get a lot of reporting. They're cooperative when they have to be. If we need a medical record they'll supply it. I don't see them as playing a huge role.*

*The hospital has privacy issues. They're not willing to tell us stuff because of FOIP. They've been told there are things they should release. The prosecutor gave a talk to hospital staff. But they're worried about lawsuits. Even when kids are at risk, they are hesitant. The doctors are better at telling us.*

Four individuals commented on the response of public health nurses to family violence issues.

*Public health can interrupt the cycle of violence because they do a lot of education around many issues. Their education portion is good.*

Four stakeholders suggested that healthcare professionals might benefit from additional training on family violence.

*Physicians need to be aware what to do if a victim's injuries don't match the story. We've done that with kids, we need to do the same with adults. How do we educate doctors and nurses? What are they going to say to a woman if they suspect she is being abused? What about someone they saw two years ago with injuries and they tell one story; then they tell the same story a year later and again this year. How do people identify abuse, how can they call attention to the injuries and how do they ask the victim? The same could be useful for those who work in the public health system.*

### The Role of Healthcare in Addressing Bullying

Three Drumheller stakeholders mentioned the role of healthcare professionals in addressing bullying.

*Helping to identify it. Making any referrals.*

*Parents will take a child to a doctor if a child is depressed. The doctor will ask the child if they're being bullied. In one instance, a doctor came with a parent and child to talk to us about an issue at school. We were able to deal with the incident once it was brought to our attention.*

### Culturally Sensitive Services

Forty-three service providers noted that culturally sensitive services for families are generally not available in the Drumheller area.

*There's not a lot of cultural diversity in Drumheller. Most of the population is Caucasian.*

*There aren't culturally sensitive services, not formally. If someone doesn't speak English we try to find a nurse or community member who could help.*

*There aren't many people from multicultural backgrounds in the community. When there's an issue, someone is brought in. For example, a Mennonite or Hutterite person from another colony has been brought in. The sensitivity is there.*

However, twenty-three respondents commented on current needs and changes within the community's population that may increase the demand for culturally sensitive services. They noted that the lack of formal services creates some gaps.

*We need more education and experience working with immigrant issues. Only 4% of the people we work with are immigrants, but more people are moving to rural areas where the cost of living is lower. We're not set up to deal with immigrant people in rural areas. Services in Calgary won't come to rural areas and transportation can be hard for an immigrant family. We need information about the legal system.*

*Potentially culturally sensitive services would be needed, but it's not a multicultural community. They can't hurt. I've had one or two immigrant families in court. It's not a priority. I've had to order interpreters. But there may be*

*cultural differences with a woman's obligation to her family and to her husband and their openness to services helping them. It would be useful to have access to services, if not in the community, at least to have access.*

Five stakeholders commented that Drumheller has a program for international students which may increase the need for culturally sensitive services.

*Drumheller is becoming a destination for foreign students; they want to promote the town internationally. They are vested in seeing the area as a safe, healthy, wholesome place. We have a lot of people sending children to learn English and have the advantages of Canadian schooling. But in some ways that is negative. People are sometimes afraid to talk about family violence for fear of negative perceptions. That makes people afraid to access help.*

*There is nowhere for exchange students to go for support. It would be good to have an outreach service to access someone from their background by phone.*

Four service providers mentioned the Hutterite colonies in the Drumheller area and expressed concern about how services can reach these communities.

*The biggest cultural group is the Hutterite community and there's nothing specific for them.*

*We have Hutterite communities. The colony doesn't usually want services. I'm sure that there is family violence and abuse but in a closed community it's hard to get in. The women have no place to go. There should be more help but it is difficult to get help into closed communities. Among seniors there is also a real reluctance to speak of abuse. It is even more difficult for Hutterite seniors. Hutterites have an old style patriarchal system. They tend to say nothing is wrong. Law enforcement may be one way in because the RCMP has had trouble with Hutterite kids stealing. It does concern me because the women have no access to resources. The men have contact with the larger community.*

Four stakeholders noted that the Aboriginal population in the Drumheller area is small.

*There are multi-cultural gaps; Aboriginal people lack cultural services.*

*There's an Aboriginal part of Child and Family Services. If you're dealing with an Aboriginal family this department is involved.*

### **Collaborating to Address Family Violence and Bullying**

Thirty-three stakeholders discussed the collaborative response to family violence and bullying in Drumheller. This section examines what is working well, in addition to the problems and gaps that these stakeholders identified. Please note that comments specific to collaboration through the Drumheller and District Association for the Prevention of Violence are addressed in the section discussing the DDAPV.

Seventeen stakeholders are of the opinion that there is a collaborative response in the Drumheller area to address family violence and bullying.

*There's a collaborative response. All of us work to make it more successful when women need assistance. There are lots of community players at work.*

*Everyone's cooperation and willingness to be flexible helps the process. Because it's small town Alberta I pick up the phone and talk with any organization with ease. Services are easy to tap compared to a big city where you get, "Sorry that's not my department." People from Hanna can receive services in Drumheller with relative ease. Being small towns we're not big enough to do it on our own. We have to work together between communities and between agencies.*

*Yes, there is collaborative response to family violence and bullying: drug task force, DDAPV, school division, parents, churches, and professionals work together and good awareness that this is a problem.*

*There are interagency meetings. There is Citizens United to Reduce Bullying (CURB); the Committee for Prevention of Violence (DDAPV). Incidents are quickly networked. There are a lot of referrals and teamwork. Kids often also get attention from Alberta Mental Health and/or Healthy Families.*

The key informants described instances when collaboration has worked well.

*Yes, there is a collaborative response to family violence and bullying. CURB opens up the channels for communication and raises awareness that these issues are better worked on through a collaborative approach because not one agency has the capacity to work on it alone.*

*Yes, there's a collaborative response. In the case of the family who had to go to the shelter, the church played a valuable role. We have good connections with Mental Health and the Wheatland shelter.*

*We definitely hear about child abuse and work closely with the Drumheller Child Welfare office.*

Six service providers identified interagency meetings as a valuable tool in maintaining collaboration between agencies.

*At interagency meetings we have information sharing. Agencies work together.*

*Domestic violence and bullying is a concern of the community as a whole. Interagency meetings occur once per month in Drumheller and in Hanna. They're very useful. We talk about what agencies are doing what, what programs are running. Then I have the resources to pass on to clients.*

Eighteen stakeholders identified challenges and gaps in collaborative responses to family violence and bullying. They noted challenges with how information is shared.

*We don't have a collaborative response to family violence and bullying. People are scared about the issue and don't know what to do about it.*

*We don't have a collaborative approach to dealing with any abuse. People have specialties. People feel territorial. Agencies say, "this is what we do and that solves the problem." With domestic violence, with victims, children and offenders, no one agency can deal with it. They need to have communication.*

*In Drumheller people in some organizations control the information. They don't seem focused on clients being able to access services but on getting the client to do what they want and go where they think they should. The final decision should be up to each individual client. It's important that all agencies work together. We have limited resources in the country and we need to be sure that clients get the help they need. It doesn't matter who does it. What does matter is that it is as close to the clients' homes as possible and it's timely. Clients are often very vulnerable and it takes a lot to ask for help. If it is not handled immediately, clients can be easily dissuaded until the situation gets really bad again. We have to pool our resources and refer back and forth between agencies freely. We can't be experts in every field. We have to network and share information. That's the way I see collaboration. We use the expertise of each service provider. We all have lots of information and expertise, but we each work in specific areas and we can give aid in concise ways.*

*It's one thing to say "there is this number you can call" and another to say, "I know her and she's great." So much more happens if you have a personal connection. We all become protective of our clients and we want to know the person we are referring to and be confident about the work they do. We need more collaboration and working together. Now it seems to be, "I know you. Do I like you? Are you part of the circle?" A woman here bullies the women into calling services. That's not helpful. It's much better if you leave it like "when you are ready." There seems to be a lack of respect for victims. Workers seem to want to tell them what to do. Women aren't stupid. People make changes when they are ready. They are doing the best they can. I have enormous respect for survivors. We need to listen to what clients are saying and support them.*

Six stakeholders noted that the Freedom of Information Act creates challenges for service providers in sharing information regarding clients.

*I find it hard to have a collaborative response when dealing with confidentiality. Its good to have a collaborative response but it's tricky.*

*There are individual steps that a client has to pursue. Once they are referred we don't hear what happens for them because of the Freedom of Information Policy (FOIP). We can provide a phone number for the victim, but we can't phone, the victim needs to do it. There's no team meeting, no combined effort. It would help if there was a team effort.*

*Lots of barriers prevent us talking about things, like FOIP. Six or seven agencies may all work with the same family. They don't know they're all involved. They may be telling families contradictory things. We deal with FOIP using consent forms and we have links with other agencies at the management level. We can case conference together. Consent forms can be used to help or hinder the client. We are limited in what we can share. Sometimes the consent form only covers a specific issue, so we can only discuss that. We're working better together, talking about things and having a common plan, an understanding.*

Three stakeholders noted challenges in getting community representatives involved in family violence and bullying issues.



*There's not a strong community response There is a small group of concerned citizens but most don't feel responsibility. People aren't always well informed about what is going on in community or how those issues are defined. With bullying, people think any conflict with children is bullying. With family violence, it's private so people don't hear much about what really goes on. There are two groups: one broader group, and one specific group on bullying. This is positive because it gets community working together; at least it's a good start.*

Two respondents commented that service providers are not always aware of services in the Drumheller area that can help those dealing with family violence or bullying issues. If service providers are unaware of services, they cannot make appropriate referrals. Thus, these respondents suggested that professionals could benefit from attending workshops outside of their area of expertise. In an example given previously in this report, one service provider stated she had worked with a woman who was a victim of intimate partner violence and her counsellor had not been aware that there were any resources for her. One respondent provided an example of the value in workshops.

*I went to a two-day training in the fall by the shelter. That kind of training helps people have a common understanding, that's important.*

On the other hand, two service providers stated that professionals in the Drumheller area do attend workshops.

*It's a small community so if there's a workshop most agencies attend.*

### **Prevention or Intervention Strategies that Work Well in Rural Areas**

Thirty-five Drumheller stakeholders discussed prevention or intervention strategies that work well in rural or remote areas. Fifteen were not aware of any. Two commented that they saw no difference between urban or rural people who are dealing with family violence and/or bullying issues.

Twenty stakeholders commented on strategies that work well in the Drumheller area. Seven respondents stated that education regarding family violence and bullying is a valuable strategy.

*Education works especially well in rural communities. Having information so these people don't feel isolated; putting information online is good, most people have computers connected to the internet.*

*Part of the goal is to make abuse something people can talk about. We're hoping these talks help empower those living with abuse do something about it. In any audience, there are people living with abuse. We need to talk with people who are being victimized before a crisis. I always ask: "who can you talk to?" Maybe that plants the seed. There are people who just don't know much about abuse. I did a presentation to a service club and a couple of people said they didn't realize the number of people who live with abuse, how great the need is, or how much it affects all of us in the community. We need to create awareness among every member in the community. Most folks want help but they don't know how to get it. My job with each presentation is to create a room full of advocates for victims.*

However two service providers noted some challenges or additional considerations.

*Rural people are fed up with being thought of as less informed than city folk. The other side of that is that a lot of rural people think that problems only happen in the city. If people show up at meetings they think other people will think that they have violence in their backgrounds. We have to get rid of stigma and myths. In a small community there is more secrecy but a lot of support.*

Five service providers mentioned that since resources are limited in rural communities, collaboration is a valuable strategy.

*All getting together—Child Welfare, probation, the Strathmore Crisis Society, police, Mental Health, the psychologist, prosecution. I see tremendous benefit from that. Sharing information, ideas. Being aware of what each other is doing. Everyone knowing who's the best person to contact.*

*Collaboration. The reason it works is because everybody is there. People can leave with information for clients, or contacts they need. Sometimes it's just a chance for people to talk with the people they need to talk with. With our base, everybody knows everybody.*

As one example, Community Crisis Society (CCS) instituted a toll free crisis line as a result of interagency collaboration. Other service providers had expressed concerns that women who called the shelter for help often had to pay long distance charges. The shelter staff agreed that this was a problem and instituted a 1-800 number.

Four respondents stated that offering outreach programs works well in rural communities.

*Outreach programs work well because they usually come out to you.*

Three respondents noted that since resources are limited, the commitment of each service provider is an important consideration.

*The people in the job make a big difference to a program. And when a new person comes, the program usually changes. That's what makes change in staff so difficult. For example if the new probation officer chooses not to use the DDAPV committee as a resource we lose that contact. And so much of the job is a reflection of the person. I'm retiring soon, if the person taking over my job doesn't choose to do what I do then resources can be lost. But I do a lot of things that aren't in the job description, so they could very well decide not to take some of this on. It shouldn't be that way, but in small communities we are so limited in the resources we have.*

Three service providers noted that having a 24-hour crisis line and 24-hour access to crisis services is an important strategy for working with clients who are experiencing family violence.

*The 24-hour crisis line is accessible. No matter where you are, you can call.*

## Stakeholder Recommendations Regarding Family Violence and Bullying

Thirty-five stakeholders commented on what they viewed as the most important initiatives needed to improve the response to family violence and bullying in Drumheller and area. The respondents presented a number of issues including: ongoing education, awareness and prevention; more support for area services; increasing community awareness; improvements between agencies and within agencies; and building a shelter in Drumheller.

Fifteen stakeholders perceive ongoing education, awareness and prevention of family violence and bullying as the most important initiatives for service providers to undertake in Drumheller.

*Everybody needs more information and education. My theme would be 'stop that talk and start the walk'. Hold public meetings on family violence.*

*Public awareness definitely. Educate people on bullying because everyone has their own definition. Prevention is absolutely needed.*

*Education and awareness are hugely needed. It's a huge obstacle because people don't think abuse is a problem. We need to get the message out to the right people. The ones attending the information sessions are already doing the right thing. We need to target the populations that need to change. High profile speakers sometimes draw more people.*

*Prevention and education is needed. All community members have a role. Demonizing perpetrators doesn't work. We need to strengthen families all around.)*

*It comes down to helping people understand what family violence is in this community. It must be presented in a way that relates to the community. Go to the churches, talk with them about what family violence is in this community. Schools need to know what do if they find out about abuse and understand the need for confidentiality. Talk about how to reach out to a neighbour experiencing abuse. People in this community are conservative thinkers. They believe your problems are your own, you create your own problems. It's not about service providers coming in with the answer, but working with the community. Families need to know where the resources are. Respect the history of people in this community. If you say they have to do it a certain way, they won't respect you. It's important to help people understand how drugs and alcohol impact family violence.*

Fourteen stakeholders commented that, since services in Drumheller are limited, the most important initiative would be to enhance services.

*What is needed are discreet, confidential services; services that if you've got to go, you can go right now.*

*People need someone they can talk to about their concerns without the fear of having their children taken away or their husband thrown in jail. People in that context, judging from the victims I've talked with, are in desperate fear of talking to the wrong people and having something horrific happen.*

*There should be some way for families to receive finances to support them when they've left an abusive situation and are in transition.*

*The services we provide to our mandated clients should be available for non-mandated clients as well.*

*The most important initiative would be to have specialized domestic violence counselling. A specialized counselling service can give information on what is appropriate behaviour. We have a good community. People would see it as a credit for the community and that we don't want to turn our backs on the issue. In Alberta we have a province wide program to deal with addictions: AADAC. Why couldn't we have a province wide program to deal with domestic violence? A government run program would also address funding, because that would be looked after.*

Six respondents stated that the most important initiative would be to gain community involvement with respect to the issues of family violence and bullying.

*We need public awareness, not just information, but people personally getting involved. We need caring people to say it's okay to tell about abuse.*

*We need constant public awareness. For example, the newspaper has to take responsibility by making readers aware of available services, not just once in one article, but constantly.*

Four stakeholders recommended that the most important initiative in terms of improving services would be having a single office that people could come for referrals and support.

*There aren't enough funds to go around. How do you serve the people in the remote areas? The dollars don't compensate for the long distances we need to travel. Some families only come into town once a week to get groceries. We need a drop-in centre that they can access at any time. A place that's convenient, not scary. We have offices, but some are behind locked doors.*

*I'd like to see an office downtown where people could just drop-in, not just for family violence and bullying but for the community at large. Some place people could go and services would be there. But it would also be a place where people could get like a bowl of hot soup; a place where people could talk.*

Stakeholders raised a number of ideas that could offer improvements both within agencies and between agencies. Five service providers suggested that the most important initiative was for service providers to improve collaborative responses.

*Workers in agencies have to be willing to refer to other organizations including the police, Child Welfare and the shelters. We can work closer by having clear expectations, communication and a commitment to work together.*

Three stakeholders suggested that the most important initiative would be to improve communication by devising protocols.

*The most important initiative needed is the development of protocols among all agencies. We need better communication among agencies.*

*Protocols dealing with issues of confidentiality and safety.*

Three stakeholders stated that not all service providers take family violence seriously; thus they thought the most important initiative would be to provide service providers with education regarding the issues.

*The agencies involved need to take the issue more seriously and refer the person to necessary services. Finances should be put into training people to intervene. The staff in emergency should have more training in detecting abuse.*

*We need to educate the service providers. The people on the front line need to be aware of the dynamics of abuse, how to do risk assessments and safety planning, to know how to refer, where to refer. Those most likely on the front line, doctors, counsellors, teachers, clergy, caregivers, need to know about abuse and how to respond. Victims need to be able to talk with someone about where to go for help. Frontline people need to know how much danger that woman is in, to check how much support she has and how much more support she needs.*

Finally, three stakeholders were of the opinion that the most important initiative in Drumheller would be to build a shelter.

## Chapter Six: The Response to Family Violence and Bullying in Hanna

This chapter documents feedback from community stakeholders about services for victims and perpetrators in Hanna and the surrounding area. Notably, however, the victims and perpetrators of family violence and bullying in Hanna use many of the same services as their counterparts in Drumheller. As such, we did not include separate tables for Hanna's services. Further, the residents of both communities documented many of the same successes and challenges in accessing services.

Both Hanna and Drumheller are small rural communities, which for victims of abuse, has benefits and drawbacks. While there is a strong sense of community, victims may also experience isolation. Both communities lack specialized services and residents may have to travel long distances in order to access the resources they need. Services for perpetrators are also limited in both communities.

In Hanna, being smaller and further from large centres than Drumheller, the issues of isolation and lack of services are accentuated. The service providers are often based in Drumheller. Though the staff from some agencies make regular visits to Hanna, access to their services is limited.

Table 14: Hanna's Key Informant Interviewees

<b>Constituencies of Key Stakeholder Interviewees</b>	<b>N = 19</b>
Justice System	6
School Personnel	3
Health Services	4
Counselling Services/ Community Intervention	5
Community representatives	1

Nine stakeholders based in Hanna and area participated in the research interview. All but one were service providers or worked with victims of family violence and bullying in some capacity: three health care professionals, two school staff, two justice system personnel and one other service provider. The one non-service provider respondents was unfamiliar with services for victims or perpetrators and did not respond to many of the questions.

Though most of the comments included in this chapter are from stakeholders based in Hanna, the comments of ten stakeholders from outside Hanna are included when they referred specifically to Hanna. Most of the ten provide some form of service in Hanna, including justice system responses and counsellors. One of the ten is from a small community outside Hanna whose residents routinely travel to the town to access services.

### The Importance of Family Violence in Hanna

The Hanna stakeholders were asked how serious they consider family violence and bullying to be in Hanna and area. All eight stakeholders responded that these are important issues, with ratings from seven to ten (on a ten point scale). Half (four) gave the issues the top rating of ten. With respect to the reasons for their ratings, three stakeholders rated the issues as highly important as high because they perceive the problems as growing.

*It is becoming more an issue - we are seeing more of that type of offence.*

*It's becoming more prevalent. We don't get calls every day. In the school, bullying is becoming more an issue.*

*From listening to TV, media, and people, it's an increasing problem in schools and communities.*

Two others consider the issues important because people who experience violence need services.

*It's important that services are there and people know about them.*

*Somebody going through a problem should be able to get help.*

Two stakeholders were concerned that bullying keeps children from achieving their potential.

*It's important for the kids to feel safe coming to school and going home. They need this to be successful at school and in other areas of their life.*

*If you have any violence or bullying, you are dealing with self-esteem issues and there's the potential of hurting another human being. If a young child is being bullied then he is going to hide away. This hinders the child's full potential. It may cause him to become involved in drugs or alcohol or drop out of school. Bullying affects so much of one's life.*

The stakeholders were asked which forms of violence they consider to be of most concern in their community. Three stakeholders mentioned intimate partner violence, two specified bullying, two mentioned family violence and one stated that all forms of violence are of concern.

### **Leaving Abusive Intimate Partners**

The stakeholders were asked whether anything about their community makes it easier or more difficult for victims to leave abusive relationships. Thirteen stakeholders, some based in Hanna and some serving Hanna and area, commented on what factors influence the ease of leaving abusive relationships. Five stakeholders commented on aspects of their community that made it easier for victims to leave; four of the five also mentioned factors that make it difficult. An additional eight stakeholders commented only on the issues that make it harder to leave.

The two main factors that were perceived as making it easier for victims to leave abusive relationships are Hanna's close-knit community and the accessibility of services. Three stakeholders commented that Hanna is a supportive community where people have family and friends who will support them. However, all three of them also noted that not all victims have this support or are comfortable accessing support.

*A lot of people have family here and can get family support. They can stay with family. There may be expectations that they'll stay with their husband.*

*The community always tries to help people in need. Most people that come here because of that reason find it difficult to stay because people know your business.*

*Victims might have the stigma of having been abused, but also they are helped by the community.*

Two stakeholders noted that services are accessible.

*Services are accessible. People don't have the wait times you have in Calgary. While services are not located here, you can phone today and get in.*

Other stakeholders commented on the difficulties for residents of Hanna and area to leave an abusive relationship. Four respondents noted that victims are reluctant to seek help because they would prefer that others not know about the abuse, also a factor in large communities, but accentuated in a rural setting.

*What makes it hard for the victims is that everyone knows everyone so the anonymity is not there. There is the fear of someone finding out.*

*People may be more apprehensive to leave because in a small town a lot of people find out. If someone leaves, everybody knows.*

Financial difficulties related to leaving an abusive relationship were mentioned by six stakeholders, including lack of jobs and housing, although in one stakeholder's opinion, housing is inexpensive and good paying jobs are available. Two stakeholders, both serving the whole Drumheller and Hanna region, commented on the lack of services for Hanna and area.

*In Hanna there are even fewer services. AADAC and Mental Health go out regularly, and Victim Services has an office. It's not as remote as some communities, but there are even less options.*

*The smaller the community, the harder it is for women to relocate. They need to be even more affluent in order to pack up and move; and they have to have a car or friends with cars to help them move. A lot of factors can make it even more difficult: no vehicle, not knowing how to drive, age, infirmity.*

### **Services for Victims of Intimate Partner Violence**

The stakeholders were asked about services available for Hanna and area victims of partner violence. Eight stakeholders based in Hanna, plus five stakeholders who serve Hanna as well as other communities, responded. The services most commonly mentioned were: shelters (ten), the RCMP (eight), Victim Services (six), Mental Health (six), Child and Family Services (five), AADAC (five), family resource workers in the schools (four), FCSS (three), and hospital staff (three) and outreach services from shelters (three).

When asked how well the services for victims are working, two respondents did not know enough about the services to comment. According to four respondents, the services for victims of partner violence work well and three perceive services as accessible. One stakeholder commented that there are more support services now than there were in the past.

*We have social services and mental health workers available to us and visiting on site. Before, we had to refer someone to Calgary or Red Deer. It was a long process. The support system and availability is much better today.*



Eight stakeholders, two not based in Hanna, commented on the lack of services for victims in Hanna or the limited nature of the available services. Six reported that staff from Mental Health and AADAC only come to Hanna on certain days, once or twice per week. Three respondents noted that services are not available 24 hours or when emergencies arise outside of regular office hours.

*The mental health therapist only comes two times a week. This makes it pretty inaccessible when they are needed right away. We have a long way to go in having services available after hours for emergencies and full hours during the week.*

*AADAC and Mental Health each come once per week. I don't know if they are able to see all the people who need to see them.*

But with a change in location, one stakeholder believes that Mental Health is now more accessible.

*Mental Health used to be downtown in a public building. That prevented people from going. Now that it's attached to the hospital it's confidential because people don't know why you're at the hospital. That helped that service be more accessible.*

One stakeholder reported that previously a therapist had come to Hanna weekly, but they could not find anyone willing to continue making the trip from Red Deer.

*There are no permanent professionals in Hanna. Mental health professionals don't want to stay in Hanna. It's a lot of driving for someone coming from outside. We did have a marriage and family therapist who provided counselling once per week. That service was well used. Those counsellors came from Red Deer. If there was a full-time position someone might move to Hanna.*

Two respondents commented on the long distances to travel to access services and difficulties with transportation. Three reported that people are not aware of services.

Victims of intimate partner violence in the Hanna area also access emergency shelters. Stakeholders identified shelters in five communities that are utilized by residents of Hanna and area: Red Deer, Strathmore, Brooks, Camrose and Medicine Hat. Three stakeholders, two based in Hanna and one based in Drumheller, commented that the Strathmore Wheatland shelter (Community Crisis Society) is most often accessed by Hanna residents.

*Strathmore is the primary service and they do a tremendous job.*

*From here they go to Strathmore or Brooks: both are 1 to 1-1/2 hours from here. Brooks is closer, but they go to Strathmore more. I don't know why.*

*I turn to Strathmore first. Sometimes clients end up in Red Deer because Strathmore is full. I am aware of Brooks, but don't access services there. We have a good relationship with Strathmore. They really make an effort to support Hanna.*

Two Hanna stakeholders were familiar with the Strathmore and Red Deer shelters, but not the Brooks shelter. One of them noted, "I have never really dealt with the

Brooks one.” Two stakeholders commented on the positive relationship they have with shelters.

*The Strathmore shelter attends our interagency meeting, held every two months. They let people know that services are available.*

Referring to the shelters in Red Deer and Strathmore, one stakeholder commented:

*They let us know that even though they’re not here, the services are available to us if they are needed.*

Six respondents noted difficulties involved with transporting victims to shelters.

*Victim Services will make arrangements for them to go to the shelter. If they don’t have transportation, we would contact Victim Services. I’ve never had a situation where Victim Services has taken them. A friend would take them.*

*Transportation is a huge gap because there is no good way to transport victims to the shelter in an emergency.*

One stakeholder commented on the distances women must travel to get to a shelter:

*Unfortunately for women, none of the shelters are close. Strathmore is the closest; one hour away. The other shelters are in Red Deer and Brooks. From Hanna and Oyen, we can send people to the Medicine Hat shelter, but it’s a bit far.*

Two stakeholders noted that victims would prefer not to leave their communities to stay in a shelter.

When the stakeholders were asked about outreach services provided by the shelters, one was not aware of outreach services offered by any of the shelters. Two respondents were aware of outreach services from the shelter in Strathmore (Community Crisis Society) and noted that the only outreach provided to the Hanna area is from the shelter in Strathmore.

*Outreach is provided by Strathmore. Drumheller and Hanna have no dealings with the Brooks shelter. There’s some contact with the Red Deer shelter, but no outreach is provided by Red Deer in Drumheller.*

Two shelter staff commented that although that outreach services from the Community Crisis Society serves Hanna, most is conducted by telephone because of the long distances.

*With outreach we go to Hanna, Cluny, Bassano, Chestermere, Carseland and Didsbury. If we get a request we go. But we aren’t that big.*

*Outreach works with clients in Drumheller and Hanna depending on need. Hanna is a 3 to 4 hour drive so most work with women in Hanna is over the phone.*

### **The Justice System Response to Violence**

A number of justice system personnel serve Hanna and area. Hanna has its own RCMP detachment. In addition, other justice personnel serve Hanna as well as other

communities: the Crown prosecutor, Legal Aid, a Family Court counsellor, and probation. The Victim Services staff person provides services to Hanna and area with support from volunteers in Hanna.

When asked how the justice system is responding to family violence, five stakeholders replied that they were not familiar with the justice response to family violence and bullying. However, three of those five made positive comments about the work of the Hanna RCMP in general.

*Police are very good at responding. They are easy to work with. I don't know how they respond to family violence. They are busy with it.*

*The RCMP is doing a good job.*

*We have full cooperation from the RCMP.*

The three Hanna respondents who were familiar with the justice response commented only on the response to partner violence. Both Hanna RCMP officers perceived that partner violence is being taken more seriously by the courts than it was in the past.

*The issue has really been brought to the forefront in the last two to three years. All agencies have received an increase in training and put policies in place. The courts have taken a more stringent view toward domestic violence.*

*If we have enough evidence we lay charges. The victim may not want us to but we lay charges anyway. There may be plea bargaining. In my opinion, the sentences are not strong enough, but it's being taken more seriously all the time. If there are breaches of probation, we can put a lot of conditions on it: counselling, restitution, no alcohol or drugs, no contact. Breaches are handled okay. Sometimes it's a matter of having time to enforce. Sometimes they're breaching over and over. They're not getting stiff sentences. It's done by teleconference. It would be better if they were held in custody until the court meets.*

One police officer described the use of emergency protection orders and victim impact statements.

*I've only done one emergency protection order. The victim has to agree with it. When it came for review, she decided not to proceed. It's not common.*

*Any victim has the opportunity to make a victim impact statement. They may read them to the court. They're really good. They can talk about how it's affected them emotionally, financially. We ask if they want to prepare a victim impact statement. Victim Services will explain and provide them the form. The judge in Hanna won't proceed until he knows the victim has had an opportunity to do a victim impact statement. He's a real advocate of them.*

One of the RCMP officers commented on the difficulties of evaluating the justice system response to family violence because they do not see many cases.

*We have received a lot of training over the past few years, but we don't run a high percentage of cases. Its like not knowing how well your fire extinguisher works until you have a fire.*

One stakeholder is working with the police and others to develop protocols to improve the response by police and others.

*I'm working on a protocol response to family violence, to formalize the response. Groups participating in the development are the RCMP, hospitals (particularly the emergency departments), probation, Human Resources and Employment, and agencies who victims call. I've been getting a very positive response in Drumheller and Hanna. Protocols will improve the police response and make it more consistent.*

Another stakeholder from education noted that, "There has been some good work in changing legislation." One stakeholder commented on difficulties with the RCMP and the courts.

*They have a long way to go. We still have judges that don't understand why moms decide to stay. The RCMP does not have the understanding necessary to respond to domestic violence calls. The police are the only emergency responders. They are too stretched and too intrusive. People do not feel comfortable using them as a first call for help.*

As mentioned above, Victim Services is often called in cases of partner violence. The Victim Services Coordinator described her role.

*I supervise eleven volunteers in Drumheller, three in Hanna and three in Oyen. I'm the only full-time person; everyone else is a volunteer and this may not be their priority. We're covering three RCMP detachments, all along Highway 21 from Carbon to the Saskatchewan border.*

An RCMP officer also commented on how the RCMP works with Victim Services.

*We make a phone call and Victim Services comes out and takes over. The victim has to consent to us giving Victim Services their name and phone number. Victim Services have come when we've had to take kids out of the home.*

Two Hanna respondents commented positively about Victim Services.

*Victims Services is very easy to access. Kim Telford responds to all calls in Hanna and there's a base of volunteers to respond if she can't.*

*Victim Services works very well. It's a great organization. There are a lot of volunteers. It's someone removed from the situation, not judgmental, calm, not personally involved like a friend or family would be. They can give 100%. For me, I have a job to do.*

Other justice system services are provided to Hanna. Legal Aid is available in Hanna to assist victims of partner violence. However, the Legal Aid intake worker noted that people in Hanna are not using her services.

*I'm in Hanna once per month because the courthouse is only in session once per month. We've been trying to educate people that Legal Aid's available. We've tried advertising and getting the lawyers to refer, but the number of people coming to apply is a lot less in Hanna for all issues, not just family violence. In a*

*month, I'll get thirty in Drumheller and three in Hanna. Unless people are connected with the court in some way or someone has referred them, they don't find out about it.*

In the past, a Family Court counsellor was also available to Hanna residents, though those wanting to use the service were required to travel to Drumheller. Recently the counsellor has stopped visiting Drumheller because of a lack of referrals, but would resume her visits if there was interest. One stakeholder commented positively on a speaker, Val Campbell, from Alberta Justice, who spoke in Hanna about family violence and the justice system. *"I heard her in Hanna and Strathmore. It was the best speech and insight into the justice system I've heard."*

### **Services for Perpetrators of Intimate Partner Violence**

The stakeholders were asked about services for perpetrators of partner violence. Five respondents based in Hanna did not know whether any services are available. The services for perpetrators mentioned by two respondents were counselling through Mental Health and AADAC. As noted above, other services are available for perpetrators in the larger Drumheller area, but the Hanna stakeholders that we interviewed were not familiar with these. Few commented about services for perpetrators, though four respondents, two based in Hanna and two not, noted that there are not enough services for perpetrators.

One stakeholder not based in Hanna mentioned subsidized family therapy services in Hanna that could be used by perpetrators.

*In Hanna through Child and Family Services or someone. They've contracted family therapy services for people who can't afford it. Not sure where their funding is from.*

Two respondents not based in Hanna reported that men from Hanna attend the perpetrator groups in Drumheller facilitated by staff from the Wheatland shelter and AADAC. One of these commented on how difficult it is for men living far from Drumheller to get to the group.

*Another issue is distances. We just have the group in Drumheller. Some guys get released from the probation requirement for counselling because of the distances. If they have to drive two hours each way, they'll argue that the counselling isn't feasible. If they don't have a car, they'll say there is no way to get there. If we mandate men to attend, we need to find ways to make it accessible.*

### **Services for Victims of Dating Violence**

When asked about services for victims and perpetrators of dating violence, two respondents were not aware of the extent to which dating violence is or is not a problem in Hanna and area.

*We don't get reports of dating violence. There's not a lot of education about it. It isn't something people talk about. I don't know how prevalent it is.*

The services that address victims of dating violence most commonly mentioned by stakeholders were the schools (five), the RCMP (four), and doctors (two). Other services mentioned by one stakeholder each were: the hospital emergency department,

the sexual assault centre in Red Deer, Mental Health, Victim Services, and the Community Crisis Society from Strathmore.

*The school system is equipped to deal with those situations. Outside of that we'd ask through RCMP to find out if there's anyone we can refer the victim to. Usually doctors have somebody they know they can access.*

*Family resource workers can provide support to the victim, and refer if they need extra support. This would usually be to get them connected with the Wheatland shelter to talk to a worker there.*

*For kids in grades 4 to 12 there is a child therapist available at the school. The worker is always there. We know kids know about the service because there has been a survey to find out.*

Two stakeholders noted that educational programs related to dating violence have been offered in Hanna.

*The school and counsellors do some programs. From time to time, the RCMP has spoken to schools about the issue.*

*A lady provides education sessions. They've had some public forums on date rape drugs. The RCMP was involved. I didn't attend, but I saw it in the paper recently. It was well received; it had a good turn out from both kids and parents. People are looking for information and that's good.*

### **Services for Victims of Sexual Assault**

Eight Hanna stakeholders were asked about services for victims or perpetrators of sexual assault. The stakeholders mentioned services provided by the RCMP (six), Victim Services (three), Mental Health (two), the hospital (two), and the sexual health nurse (two). Other services noted by one stakeholder each were: general practitioners, the public health nurse, family resource workers, the sexual assault centre in Red Deer and Child and Family Services.

*First line is going to the RCMP and the hospital, then we refer them to social services or the appropriate people.*

*The RCMP are brought right in, they bring in Mental Health. [Are services accessible?] Yes.*

*We contact Victim Services. We do more of the investigative work. We won't leave the victim until someone from Victim Services comes or a friend/ family. Victim Services make referrals to services.*

Five of the eight stakeholders were asked how well services are working and they all responded positively.

*I think we're covering it the best we can here. For further stuff people can go to the big cities.*

*This is one form of violence we are better dealing with. The interventions are more effective because it's so unacceptable compared to other forms of violence.*

*The hospital and medical people take it for what it is, which is critical. Police are very responsive. There is no question in people's minds that it's wrong.*

*RCMP, Victim Services, Alberta Mental Health, the hospital. [What is working well?] Pretty good relationship between all those groups.*

One stakeholder was concerned about the way the RCMP had dealt with an incident of sexual assault.

*Because of her age and because she had already dated this young man, the police didn't see her as credible. There was evidence that they hadn't collected and interviews that they should have done. There still exists the attitude that women get what they deserve when it comes to sexual assault.*

### **Services for Victims of Abuse Against Older Adults**

The eight stakeholders were asked about services for older adults who are victims of abuse. Three had not heard that there is a problem with older adults being abused in Hanna and area.

*I haven't dealt with that and I haven't heard anyone else deal with it.*

*RCMP, although I can't recall any incident being reported.*

Seven stakeholders identified services for older adult victims of abuse. The most commonly mentioned services, each mentioned by two stakeholders, were Mental Health, the RCMP and a phone number to call about seniors' issues. Other services, noted by one stakeholder each, were the seniors outreach worker and the Association of Communities Against Abuse in Stettler.

*The senior's outreach worker, Betty Jean Goodkey, helps coordinate services for seniors. She works with Mental Health and home care services.*

*There is the Protections Care Act which protects people in care and at home. There is also a number you can call that is intended for the elderly. We have it listed as a reference number for them.*

*Alberta Mental Health could help with this when they are in the community, however their services are intermittent. There might be outreach services that deal with that, but I don't know.*

*There is an Association of Communities Against Abuse in Stettler and there is a 7-4-2 number; they deal with abuse issues. We have outreach programs with psychologists, therapists, and speech and language therapists. We have numbers who we can contact and if they can't help they'll know who can. [What is working well?] I can't say, because I'm not involved.*

Only one of the respondents had much experience with the services for abused older adults.

*We have a senior's line; we have it posted in hospitals, nursing homes, lodges. I don't know if anyone's used it or not. [Are services accessible?] Yes, with the senior's line they get immediate results. One incident of senior abuse was*

*reported through that line, but it turned out it wasn't serious and it was checked up on later. It was verbal abuse, not physical abuse.*

One stakeholder commented that there are few services for older adults.

*If the individual is an adult there is only Mental Health intervention and the police. It's a huge gap. I see the need for services.*

One stakeholder mentioned services for perpetrators of abuse against older adults.

*For perpetrators, the court system would hook them up with social services, and get them help through Mental Health.*

### **Services for Abused Children**

The stakeholders were asked about services for children, both those who are victims of child abuse and those who are exposed to domestic violence. The most commonly noted were child welfare (five) and the RCMP (five). Also mentioned were Mental Health (three), family resource workers (three), Victim Services (two) and the hospital (two). Noted by one stakeholder each were FCSS, the public health nurse, AADAC, and the Community Crisis Society's Early Intervention Children's Program (counselling).

*The hospital would refer to Children's Services if a child came in who had been abused.*

*Children's Services is mandated by law to cover this. They have family enhancement programs. Family resource workers work in collaboration with that agency.*

This family resource worker also commented, "We are one of the first resources available to school age children." A Community Crisis Society staff person noted that their outreach worker and Early Intervention Children's program provide services to Hanna.

*We have an Early Intervention Children's program. The staff person travels between Drumheller and Hanna.*

A respondent from a small community outside Hanna noted:

*We involve Mental Health. They have a child social worker that comes to the school who we involve depending on the situation.*

One stakeholder referred to a play group that provides education about abuse issues:

*Parents come to the 321 play group and play with their own children. It's great. At the 321 play group we try to educate them all on violence issues.*

Of the eight stakeholders based in Hanna, five made positive comments about the services available for victims of child abuse, though three of them, plus another two stakeholders, (five) raised several concerns. According to two stakeholders, all of the services are working well.



*In our community the first line is the hospital. If they suspect something, social services are called in and the RCMP. The hospital, social services and the RCMP are all working well. Suspected cases are looked into right away.*

Three stakeholders spoke positively about how the school family resource workers intervene when children are abused.

*Family resource workers are helpful and well-accessed. People are comfortable with them. They have a really good relationship with the kids.*

*The family resource workers are in schools and know children well. We're very accessible because the kids trust us. We are aware of any changes with the kids, to recognize if something is wrong. The family resource workers work closely with Alberta Mental Health which also works well.*

However, one stakeholder commented that family resource workers are not accessible to all children because of the requirement of parental consent. Neither are they accessible to children who are not attending school.

*Parental consent is required to work with kids. If that consent is not given, the kids can't benefit from what we provide. Since family resource workers are often the main source of help for kids, the kids that are out of school, have quit school, would not be able to access us. This would be the case for kids that need help when school is not in session.*

Two stakeholders identified problems of victims and families in accessing services from Alberta Mental Health.

*There is an issue with scheduling counselling and consent from the parents. To use their services, parents need to consent and be willing to take the kids there. They come to Hanna only a few days a week.*

*There are days when services like Alberta Mental Health come to Hanna. The services are accessible within Hanna but on a limited basis.*

A respondent from a small community outside Hanna commented:

*It is difficult to access Mental Health to provide children a therapist who will come to the school. There is a huge turnover of staff. I can think of situations where there was no one in the job. It is important that we have someone to come to schools. Families often don't have the means to travel on a regular basis.*

When asked if there is a collaborative response to family violence and bullying in the community, this stakeholder replied, "We have to work really hard to ensure that we have good connections with Mental Health and the Wheatland shelter." This stakeholder was also concerned about whether these services would continue to be available.

*All of these services are tenuous. The Strathmore educational worker [from the Community Crisis Society] is on a yearly basis and Alberta Mental Health hasn't always had someone who specializes in children. There doesn't seem to be a lot of commitment in these areas. What we have this year, we may not have next year.*

Four stakeholders were of the opinion that Child and Family Services does not visit Hanna often enough. Another stakeholder from justice noted that the Child and Family Services office is 45 minutes from Hanna.

*Child and Family Services is available, although for two or three years they haven't had an office here. Now they visit Hanna once or twice a week for appointments: fairly inconvenient for families. It gives a sense of the issue not being a big deal. We're covering it the best we can.*

*Child and Family Services don't come often, less than once per week, as needed. How do they know about the abuse if they're not here? In Hanna and area there are 10,000 people. These people need services. CFS staff from the Drumheller office come to Hanna, but don't travel past Hanna. So those people aren't being served.*

*Children's Services doesn't have an office here. They have a heck of a time with staffing. That's an issue in rural Alberta. There is a geographical problem of trying to service such a large area. There is both a need for more positions and for keeping the existing positions filled. Kids at risk in violent homes are getting fragmented services because of this.*

Two stakeholders commented on communication problems with Child and Family Services, some because of constraints due to confidentiality. Both noted that the agencies are attempting to improve the collaboration with Children's Services.

*There are restrictions to working together because of confidentiality. I'll do my thing and family enhancement (Child and Family Services) does theirs and there is no consistency between the two because of confidentiality. I have no idea what they are doing with the families. Sometimes we tear families apart with interventions. One service is encouraging them to work things out and the other is encouraging one partner to leave. This is detrimental to everyone in the family. There is an attempt at collaboration between a lot of support services. I provide a supportive role and work with Children's Services and the RCMP and they work together also. We do the best we can, but it's hard to with confidentiality.*

*Children's Services is frustrating. We have to have someone come out from Drumheller. We've made referrals, but we don't get much information from them about their investigations. We haven't got the support we need. We need to use a 1-800 line after hours. Children's Services knows what our problems are. Communication is starting to improve.*

### Services for Children Exposed to Family Violence

The majority of the services for victims of child abuse were also noted as services for children who have been impacted by intimate partner violence. Those mentioned most often for children impacted by domestic violence were: family resource workers in the schools, Child Welfare, Mental Health and FCSS youth programs. Also mentioned, by one stakeholder each, were a play group, the RCMP, Victim Services and the Community Crisis Society's outreach worker. An RCMP officer described how the RCMP involves other services.

*For domestic assault, if children are involved we contact Victim Services. We contact Children's Services whenever a child has witnessed domestic violence.*

A respondent from a small community outside Hanna noted:

*For children impacted by family violence, there is the Wheatland shelter (Community Crisis Society) outreach worker who will come and work with children.*

The stakeholders were also asked about the new Alberta Child Welfare legislation, one aspect of which was more specifically noting that children affected by being exposed to domestic violence are a population in need of protection. Five respondents had no knowledge of whether the legislation is being used in their community. Three others believe that the legislation is being utilized.

*The workers realize that there's a major issue with kids seeing domestic abuse. They work hard to follow through.*

*We have binders on the new legislation, but we haven't had a case where it has been an issue.*

### **Services for Perpetrators of Child Abuse**

Only one stakeholder, the probation officer, commented on services for perpetrators of child abuse who live in Hanna. He reported that perpetrators travel to Drumheller or Calgary to access services.

*The only service for offenders is the monthly visit from the psychologist and that's not enough. The psychologist comes from FAOS, the Calgary sexual offender group. Men usually go to Drumheller to attend counselling with the psychologist. They go as long as they are ordered by the court. I enforce what's on the court order. If he's mandated to attend on the court order, then he has to go. Some men go to Calgary and attend counselling there.*

### **Services for Victims and Perpetrators of Bullying**

Seven respondents commented on the services available for victims or perpetrators of bullying. Five stakeholders mentioned the family resource workers in the schools. Two other services noted by one stakeholder each were: Alberta Mental Health for counselling and the Child and Family Services family violence and bullying coordinator, Patrick Dillon (FCSS).

*Resource workers, supervisors in the schools watch for bullying. There is a zero tolerance policy for bullying in the schools.*

*I am a family resource worker, so I provide individual counselling to the kids. I also facilitate preventative programming. Alberta Mental Health is available for counselling if necessary.*

*The family resource workers provide counselling for victims and perpetrators. There are also recreational services, anger management classes, mediation and conflict resolution for kids through the family resource workers.*

*Schools, family resource workers: some is reported to me. I talk to the schools. I don't know how much education is in the schools.*

*Child and Family Services' family violence and bullying coordinator, Patrick Dillon. Family Resource workers do a lot of work on that.*

Programs and presentations in the schools, including the "Safe and Caring Schools" initiative of the Alberta Teacher's Association and presentations offered by the RCMP, the public health nurse, FCSS and the Community Crisis Society, were mentioned by six stakeholders.

*Family resource workers are available and we present different programs in the schools. There is the "Safe and Caring Schools" initiative, as well as "Bully-proof Your School." Wheatland Shelter comes and does a program called "Words aren't for Hurting, Hands aren't for Hitting."*

*The RCMP has a bullying presentation we do in schools if asked.*

*FCSS has speakers about bullying, presenting to parents and the general community.*

*I was asked to give a presentation at a school on Down Syndrome that would hopefully prevent bullying. There were kids waving chocolate bars in front of kids allergic to chocolate, so they brought me to educate the kids on what allergies are. It's important to educate kids from kindergarten up.*

Four stakeholders commented positively on the services for victims and perpetrators of bullying.

*In Hanna the bullying issue has been covered pretty well.*

*Schools are looking out for it, very aware.*

*Schools are starting to really take a firm hand on school ground bullying.*

One stakeholder reported that there is a collaborative response to bullying in Hanna.

*The RCMP work well with the school. The school system is trying to educate about bullying outside of the school and the RCMP has been helping.*

Two other respondents mentioned gaps in service.

*Although it's well covered in the school, outside the schools there have not been any bullying initiatives.*

*Block Parents had a couple of incidents of kids coming to their house to escape bullying, but there was no protocol for block parents to follow-up. Who do they call?*

Three stakeholders made suggestions for dealing more effectively with bullying including educating parents, recommended by two stakeholders (school, healthcare), a bullying policy for every school (healthcare) and bylaws against bullying (school).

*As far as bullying, the parents need more education. A lot are not sure what bullying is and some parents are bullies themselves. How do you reach those parents?*

*Each school should have a bullying policy sent out from the school board or Alberta Learning. It's up to the school and teachers to reinforce a consequence to these actions to prevent further bullying or abuse in the family.*

*Bullying is legitimized. It's seen as part of child development. In Rocky Mountain House there are bylaws against bullying, not only for youth but for adults. Kids over 12 years of age can be charged for bullying. This bylaw makes the community aware that bullying is not acceptable.*

### **Education and Primary Prevention**

According to seven stakeholders, education with respect to preventing various forms of family violence and bullying is offered by a number of agencies and services including the RCMP (mentioned by three stakeholders), schools (two), the public health nurse (two), Victim Services (two), the Community Crisis Society of Strathmore (two), FCSS (one) and the Hanna Health Centre (one).

*The shelters are really good at the educational part. They come out to our areas and educate the community and the kids.*

*The Health Centre does education about shaken baby syndrome and other topics through tele-health and video conferencing, so people can come to the Hanna hospital and see a workshop from Red Deer.*

*I am a family resource worker. I facilitate presentations on self esteem, bullying, drinking and driving. I do the presentations or coordinate others to do it.*

*Public health does some teaching in the primary schools.*

A representative of the Community Crisis Society described the prevention education that they offer.

*We run an Early Intervention Prevention Program in the schools: sessions on bullying, family violence and what you can do. We also do presentations with the younger children with puppets. I started the programs and did the presentations in both Drumheller and Hanna. Janet has resurrected that program and gone far beyond with it. She presents regularly in Drumheller, Three Hills and Hanna.*

In addition, education about bullying was mentioned by five stakeholders in the section about bullying. Also noted by two stakeholders in the dating violence section was education about dating violence.

Three stakeholders commented on gaps in knowledge and the need for more public education.

*There is a profound need for education about what abuse does to kids. Unfortunately, people don't understand the severity of the consequences of abuse unless they've experienced it. The Wheatland shelter is very helpful in providing education. We do that well in the schools for our youth, but I'm not sure about the*

*entire community. We're not getting the information out to the people who really need it. Victim Services tries very hard, but they can only do so much.*

*We used to have a fair that displays to the community the services that are available to them. We don't do them as often now. These are helpful, but they need to be put on in conjunction with something else. The services alone are not enough to get everyone in the community out.*

## **The Response of Health Care Professionals**

The response to family violence by Hanna health care professionals was described by eight stakeholders from Hanna and one stakeholder serving Hanna and other communities. They spoke primarily about the response of the staff of the hospital in Hanna, the Hanna Health Centre, though two referred to the work of public health nurses. Three stakeholders had limited knowledge of the role of health care professionals.

The hospital is a service through which many victims of violence make initial contact with the healthcare system and other services, according to three stakeholders.

*Hospital staff are the first to help victims. They do referrals and give information; I think they know about shelters and agencies.*

Two stakeholders commented that hospital staff have a role in screening for family violence and three noted that hospital staff refer victims to other services.

*In hospitals we're trying to gather more information so if these people show up at the hospital, we deal with it appropriately. We are trying to be more observant, and then linking them with the services they need as soon as we can.*

Three stakeholders commented that hospital staff have played a limited role in screening or reporting.

*Health care workers address physical complications resulting from different forms of abuse. I'm not sure what they do in terms of reporting. It all depends on the individual that comes across the situation.*

*Here at the hospital we'd see people if they have injuries. The privacy act limits so many things for us. It depends on who the person is. Usually it would be discussed with the physician on what to do.*

Three respondents noted that the hospital is a "safe haven" for victims escaping their partners.

*People have used the Drumheller and Hanna hospitals as safe places to go in cases of family violence.*

*Hospitals are open 24 hours and I've seen moms come and sit in the waiting room because they know it's a safe place where their husband won't come.*

*We don't see a lot of violence here. We see family social issues but not related to violence. Things like that get dealt with at clinics and at the RCMP. Being a small community, people avoid the hospital unless they need a safe haven or have no choice but to come here.*

Four stakeholders commented on the helpfulness of hospital staff.

*I don't know how much the hospital can say with FOIP. They're very cooperative. If we have to take someone there, they go out of their way to assist.*

One stakeholder (health) perceived the response by hospital staff as improving. Two stakeholders were concerned about how hospital staff respond to victims.

*Staff sometimes talk about these people in ways that are not respectful. They need training about family violence so they understand why women don't leave and why they might recant.*

Two stakeholders, one a public health nurse, described the response of the public health nurses.

*I've had moms that suffer from domestic violence. I'll offer the first consult for counselling, to figure out what are their needs, how can we help and do they want help. If yes, I refer them to Mental Health or the Strathmore center, depending on the situation. I'm here for them as someone to initially contact.*

### **Addictions and Family Violence**

When asked whether drugs, alcohol and gambling are of concern when dealing with family violence issues, the eight stakeholders all were of the opinion that addictions have an impact on family violence. For two stakeholders, alcohol is more a problem than illegal substances. Six commented on the use of marijuana. Three of those also mentioned a number of other drugs. Two stakeholders mentioned that they do not see gambling as a significant problem in Hanna. Only one stakeholder from the health sector perceived that gambling is as much a problem as alcohol and drugs.

When asked how the use of substances impacts the violence, five of the eight stakeholders replied that it makes the violence worse.

*Alcohol always makes it worse; at least it's statistically known to heighten violence problems.*

*It often reinforces the violence in the family. It is hugely harmful in a family that is predisposed to violence.*

*The majority of all crimes, not just domestic violence, have an alcohol or drug component. Very rarely do you have two sober, non-drug addicted people that come to blows.*

Two others commented that the use of substances can cause financial difficulties which can lead to problems with abuse.

*Usually financial strain happens first, then addictions create more financial strain, and then neglect of the family.*

*Money becomes an issue because when they are high on drugs or alcohol they seem more argumentative, cause more fights. Their personality changes.*

One stakeholder noted the importance of AADAC in responding to the issues related to alcohol, drugs and gambling in small communities.

*AADAC is absolutely essential in our community and in all the small towns. Thank goodness they go to the smaller communities.*

## Collaboration

The stakeholders were asked whether they perceive a collaborative response to family violence and bullying in Hanna. Seven Hanna stakeholders and one who serves Hanna and Drumheller responded. All but one were of the opinion that there is a collaborative response in Hanna, with six mentioning the interagency meetings.

*Bullying and domestic violence are concerns of the community as a whole. There's an interagency in Hanna. It's very useful. We talk about what agencies are doing, what programs are running. Then I have the resources to pass on to clients.*

*Every two months all health services and agencies meet to share information about projects. All the services that should be involved are there.*

*At interagency meetings every other month we go over areas we're missing and ways we're missing kids. The community is well represented. We also have outsiders come to the meetings such as the Wheatland shelter. Services are accessible because we have relationships with other professionals in the community. It's easy to find out what services someone should use.*

*Every two months we have an interagency where all agencies in Hanna and Three Hills get together and see what different agencies are working on.*

*Interagency meetings. We talk with schools and Victim Services on a regular basis. Collaboration is important. We do it pretty well. For family violence the lines of communication are open.*

*There are inter-agency meetings with other stakeholders like CFS, Prairieland, Alberta Mental Health, and FCSS in Hanna to coordinate and establish appropriate responses.*

Three stakeholders (police, Child and Family Services) referred to joint initiatives undertaken by Hanna service providers.

*A committee was formed with members from the RCMP, Child and Family Services, AADAC, the school, and FCSS to deal with youth issues such as drugs, alcohol, smoking, and violence, also to share information. It's difficult to share information because of FOIP.*

*We have youth interagency. We're making a card listing services to hand to youth. People don't always feel they should call. They're provided with information, but I don't know whether they follow-up.*

One stakeholder described programs developed by the interagency group.

*We brainstorm to see what we can bring in to help the problem. For example, they brought in a boy and girls club to keep the kids busy. They had a Pokemon competition to keep kids busy, help them build self esteem and get them off the streets. These are all good initiatives.*

Two stakeholders raised the concern that rules about confidentiality often prevent agencies from sharing information, as previously noted in the section about services for



child victims. Two stakeholders were of the opinion that more information sharing and collaboration are needed.

*More information sharing between groups.*

*Awareness and more inter-agency meetings.*

### **Culturally Sensitive Services**

The stakeholders were asked whether there are culturally sensitive services in their community. Seven of the eight Hanna stakeholders commented that there are not, and one did not know.

*Not in Hanna. There are not even services for Aboriginal populations.*

One stakeholder thought that culturally sensitive services would be helpful.

*No. There are very few people from different cultural backgrounds in the community. If they had someone to talk to them in their first language, even if it was someone on the phone, that would help.*

Another stakeholder was of the opinion that culturally sensitive services may be needed in the future.

*No. [Are they needed?] Not yet, but maybe in the future. Right now there aren't diverse cultures, but they're starting to come to the community.*

### **Stakeholder Recommendations for Hanna and Area**

The key community stakeholders were asked, "What is the most important initiative needed to improve the response to family violence and bullying in your community?" The most common recommendations were for more education about family violence and bullying and increased services for victims. Most of the recommendations were not directed at a particular agency or service provider. Five stakeholders recommended more education to increase awareness of the issues.

*In terms of understanding why victims stay in abusive situations in rural Alberta, courts are still struggling. We need to educate the justice system as well as our communities and service providers. People need to understand the situation that the women are in.*

Two of these stakeholders mentioned education for parents as a way to address bullying, as noted in the bullying section. Four stakeholders recommended education for the general public about what services are available. Three of these also mentioned that service providers need to know more about services.

*Most don't know where to go if they don't ask the RCMP, and not everyone wants to go to the RCMP. The community needs more education.*

*We could use some good in-servicing to teach us what is available. There is a problem with continuity. People change jobs like they change underwear.*

*Education is always an asset. We need to make people aware they can go to the hospital for a safe haven until they can get the information they need. We need to let people know through the schools, the Hanna Herald, and staff at businesses.*

*The Town of Hanna also gets lots of calls, so they need to be educated as well. If there are services out there they are not being communicated very well.*

*Public awareness to make them aware that there are support systems out there, there is help available.*

Seven stakeholders recommended more services for victims.

*Someone you can access immediately, within 24 hours, is a necessity.*

*With family violence, more services need to be created so that there is easier accessibility.*

*More resources, more services for after the fact. We do a good job of responding to it, but what happens next?*

Several of those who recommended more services mentioned specific services for victims including a help line, support groups, workshops and safe houses.

*It would be great to get a help line [for] victims.*

*Workshops for victims. Safe homes they should keep looking at. They need to do goal setting as far as support services; some advocacy for government dollars for safe homes. There needs to be more first response that is understanding of the issue and the place that victims are. Mom doesn't want to phone the Strathmore shelter because it's not close to home, even if they understand the issue.*

*I would really like to see a woman's shelter in Drumheller.*

*In smaller communities it's harder, but you need to develop more support groups so they know there are others having the same problems as them.*

Two stakeholders recommended more communication among service providers, through more inter-agency meetings or "more information sharing between groups." One stakeholder would like Child and Family Services to be more involved in the community.

*Service providers being more involved in the community so people know they can access them.*

Two suggestions for dealing with bullying were to develop a bullying policy for every school and create regional bylaws against bullying.

## Chapter Seven: The Drumheller and District Association for the Prevention of Violence

This inter-disciplinary group was formed 15 years ago to provide education, information, and support to perpetrators and victims. The association includes representatives from the major institutions and organizations that respond to family violence and bullying including the justice system (RCMP, Victim Services), child welfare, health, mental health, addictions and the schools. Representatives from the Community Crisis Society (Wheatland Shelter) have also been long-time members of the group, since this organization offers the closest emergency shelter for abused women and provides outreach services for Drumheller, including a treatment group for male perpetrators of intimate partner violence.

According to two respondents, one original purpose of the association was to provide men's treatment for domestic violence:

*The Association (committee) was originally set up to find funding for the men's group so perpetrators could stay in the community and get treatment. We applied for and got charitable status. The priority at the beginning was men's treatment. It was a group of concerned individuals or organization that did have the view of consumers at the core. (DDAPV member)*

Of the 59 interview respondents from Drumheller, Hanna and district, 15 were current members of DDAPV and 6 were former members. One additional individual's name was on the list of members, but did not see him/herself as a member. That such a high proportion of committee members were interviewed for the current study (about one-third) makes sense, given that these individuals both have an interest and knowledge of the impact of different forms of family violence as well as what gaps exist in providing services for victims.

Nine of the DDAPV respondents have been members for two years or less. The other eleven have been or were members for more than two years, several for more than five years.

Current goals include the following, all from committee members;

*The role of the Association is to coordinate, advise and mobilize the community along with the agencies that provide services to people around the issue of family violence. Agencies are not necessarily specific to the field of family violence; it also includes those services that come across violence issues in their work such as Mental Health, Probation, AADAC. (DDAPV member)*

*Its plays the role of prevention and education about violence in the community. (DDAPV member)*

*Their role is to be a vehicle to obtain grants, to deliver programs, and to insure that the issue is never lost. (DDAPV member)*

*The work of the Association is to get awareness out there. (DDAPV member)*

According to several members, the DDAPV committee has recently expanded and added new activities:

*Before the committee just did the Red Rose campaign. In the past year the committee has expanded, new members want to contribute and help people get more aware of services. Thirteen (or 18) organizations are involved. Last year Hanna joined. We're liaising with programs that already exist. Public awareness and that it's okay to get services. Resource library started by DDAPV. It's all family violence and bullying materials. It's in the public library and there's a self-checkout. We just got it in last week. (DDAPV member)*

*We've been more active in the past year. Actively working together to address protocols, and now to address transportation as a committee. (DDAPV member)*

*We have done well providing symposiums. Poster campaigns, family violence symposium, workshops, school presentations. The symposium held over the period of a week was good. There was a lot of good information. (DDAPV member)*

*There's a partnership fair in June, organized by DDAPV and the Community Advisory Committee (CAC). It's not specifically about family violence. All the social agencies will be there - AADAC, Mental health. DDAPV will have a booth and a display.*

*DDAPV developed fact sheets. The fact sheets are good. (DDAPV member)*

### **Awareness of DDAPV**

Of 31 individuals that were not members of the association, eight had heard of the committee, twelve had not heard of it and eleven had heard of the committee but did not know much. Understandably, Less than half (4 of 9) of the Hanna people had heard of the DDAPV and several other of the 31 were from small communities outside of Drumheller.

*I just know there is a committee to stop family violence and bullying.*

*I don't know a lot. I have seen a graphic poster of a woman who looks like she's been abused. It caught the eye; sometimes it takes that to catch the eye.*

*I've just heard of it.*

### **Awareness of the DDAPV Activities**

The Red Rose campaign was initiated and run by the Community Crisis Society of Strathmore as a memorial to the December 6<sup>th</sup> murders of 14 women engineering students at the Montreal Polytechnique, but the DDAPV committee took it over in 2005.

The Red Rose Campaign is one of the more visible activities of the DDAPV Committee. Of the non-committee members from both Drumheller and Hanna, 26 had heard of the Red Rose campaign, nine had not (3 from outside Drumheller and Hanna). In Hanna, seven had heard of the Red Rose Campaign, but only two were familiar with any of the other activities of the DDAPV.

Generally the perceptions of the Red Rose campaign were positive.

*The Red Rose Campaign really catches me. I would like to know more about these issues and this has prompted me to find out. (non-committee member)*

*I think the Red Rose Campaign is the most helpful thing we do. It runs every year. We actually have businesses calling to make sure they don't get missed. Red Rose Campaign is the most important. (DDAPV member)*

*The Red Rose campaign and the phone information are very positive. They're part of the education that needs to be done. People need to know. We can't assume they see things on TV. With the Red Rose campaign and the phone information cards, everyone's getting it, not singling anyone out or putting people at risk. (non-committee member)*

Others were less enthusiastic.

*The Red Rose Campaign is good because we do need to do something annually. But I don't think it reaches that many people. I think it makes people feel good and then they can forget about domestic violence for another year. (DDAPV member)*

*I'm not sure what the purpose of the Red Rose Campaign is. I'm not sure what it shows. I don't see its effectiveness. Again the energy of the association, in my mind, should be in direct service. (DDAPV Committee member)*

Nine non-committee members mentioned other DDAPV activities.

*They sponsor community fun nights. Helps create an atmosphere for healthy families. At the fun nights, there are activities for the children and educational sessions for parents about raising families, prevention of violence. Other DDAPV activities: Dr. Lang coming to town.*

*They had a group (and I think AADAC was involved) where they had a candlelight walk.*

*Display in the mall last year. A number of tables with representatives from the RCMP, Victims Services, Child and Family Services.*

*They had an inter-agency display/fair a while ago.*

*Brought in Dale Lang. Citizens United to Reduce Bullying (CURB) was also involved in bringing him to Drumheller.*

### **What is Working Well?**

Fifteen DDAPV current or former members and seven non-members commented on what they see as working well with respect to the work of the committee.

*We have lots of concerned people. We have a strong family violence group. We're supported by community businesses. They let us leave pamphlets about services or upcoming workshops in their business. (DDAPV member)*

*Red Rose campaign. Gets businesses very involved, more are wanting to be involved each year. Collaboration with existing organizations. Everything has been well-received. (DDAPV member)*

*They help victims through various services. Just to help them reduce crime and violence in the community.*

*It's productive, worthwhile, preventative, and progressive. We have to be on the latest edge of things. It's a start and it's done some good stuff. It's a good partner with other agencies. It has a positive mandate. (DDAPV member)*

*Community awareness and resources liaising with other organizations is good.*

### **Challenges for DDAPV**

A number of respondents both current (8) and former (5) DDAPV committee members and non-committee members commented on several challenges with respect to the committee and how it is perceived in the community.

Two committee members were concerned about how much the DDAPV committee could accomplish, especially as volunteers:

*We are really busy. We don't have the funding to pay someone to make this a full time job. We're doing this voluntarily. So there's only so much we can do. The Committee is very demanding, there's lots of requirements. We all have to be careful about burnout. We don't have resources like the city. We can only do so much. (DDAPV member)*

*Everyone is doing the best they can. The availability of resources has always been a problem. A big hole has been women who live out of town. How do we get services to them; money to get the services to them? (DDAPV member)*

According to other respondents:

*The DDAPV has gone through fairly massive changes because of the change of staff. (Hanna)*

Although the DDAPV committee includes representation from a number of community agencies and many of the activities involve such collaboration, seven of those interviewed identified current difficulties in collaborating or a lack of contact with several other groups including the Community crisis Society in Strathmore, the two year old CURB Committee (Citizens United to Reduce Bullying). This does not necessarily imply that the DDAPV is responsible for the lack of connection as is suggested by the following.

*We've tried to convince the anti-bullying committee - CURB - to join us (DDAPV). CURB is a small committee, in existence for about 2 years. A lot of the same people were on CURB and the DDAPV committees. We're still talking to them about joining us. We're trying to work it out. (DDAPV member)*

*There is an Anti-Bullying committee in town as well. DDAPV members were trying to get them to join, but the Anti-Bullying committee are determined to be on their own. ((DDAPV member)*

*There's the Prevention of Violence Committee (DDAPV) and CURB. I think that the prevention of family violence committee (DDAPV) moved to make it part of their own organization. (school)*

Seven individuals identified collaboration difficulties between the DDAPV and the Community Crisis Society (and Wheatland shelter) in Strathmore. With changes in

the boundaries in the Health region, Strathmore is no longer in the same region as Drumheller. However, they have been very involved with DDAPV over the years and been providing outreach and other services to the town for a number of years. The Wheatland shelter is also the closest transition home.

*Drumheller is now part of the Red Deer region. We didn't want to give up our partnerships with Drumheller so we've stayed involved as much as we can. However the committee used to be a better working team. Now I'm not sure I have a good understanding of what is happening in the community. There was a change of people on the committee. It seems that no matter what we (the shelter) do, we aren't good enough: we're either taking over or we're too absent. (CCS representative)*

This latter comment that, despite their ongoing outreach activities and perpetrator treatment groups, the Community Crisis Society organization is perceived as not contributing to the committee was validated by the following comments from DDAPV members,

*If the shelter was more involved in the community that would help. The shelter hasn't attended a meeting in many months. They don't seem interested in supporting the community. ((DDAPV member).*

*The shelter isn't as much a presence as it used to be. The last 2 years it hasn't been as apparent. They don't have representatives on our committee. (DDAPV member)*

*Strathmore tend not to include us. The Family Violence Committee which includes all the major players in family violence, there are town representatives, police, the Pen. But we only hear about the services they offer through the town paper. They've not shared with the committee. (DDAPV member)*

This dramatic negative shift in the relationship and communication between the DDAPV and the Community Crisis Society is unfortunate, especially in light of the previously strong working partnership and the fact that CCS offers several key services for victims and perpetrators of domestic violence in the community.

Beyond the relationship issues with respect to the Community Crisis Society, six interviewees (four of whom were not committee members) mentioned territoriality as an issue, several concerns were with respect to the DDAPV committee.

*People feeling territorial. Agencies saying this is what we do and that solves the problem. With domestic violence stuff, with victims, children and offenders, no one agency can deal with it. They need to have communication.*

*This is very much about power and control and territory--it's very territorial. We need to be working in partnership, not looking after territory. I think we need to show one another respect and be putting the needs of clients ahead of our own agendas. I've seen how effective community collaboration can be. It's not my experience with this committee. We need true collaboration. (counselling)*

*It is hard to work collaboratively because people have preconceived notions and are very suspicious of “outsiders.” Outsiders are anyone with an agency doesn’t live in the community .(counselling)*

*I heard it (DDAVP) gets bogged down in meeting processes instead of them actually doing something. (counselling)*

*All getting together, all sitting down-- Child Welfare, probation, the Strathmore Crisis society, police, Mental health, the psychologist. I can see tremendous benefit from that. Sharing information, sharing ideas. Being aware of what each other is doing. I don’t have that sense of collaboration. (justice)*

### **DDVAP Goals for the Future**

The research interviewees were asked, “In future, what activities, programs or initiatives should the DDAVP be providing and/or supporting?” Thirty-four respondents provided their opinions about this question.

The respondents had various perspectives on what the committee should do in future. The largest group were content that the committee continue with the current public awareness and education activities (15, four of whom were current or former members). The following are comments related to the committee continuing with the status quo.

*Focus for the committee should be distributing information about family violence services, using the community resource cards etc. Also strengthening partnerships with agencies, e.g. with the shelter. (DDAPV member)*

*The education needs to be ongoing. There need to be ways to get information out to people.*

The other 15 respondents (ten of whom were current or former DDAVP members) supported an expanded role for the association, although they varied on what direction this should take. Three key respondents specifically mentioned the need to secure funding to hire a full or part-time coordinator to take on the education and public awareness tasks that now fall upon the volunteers that make up the membership of the Association. Further, a staff member could increase the public awareness and education functions of the group.

*I would like to see them raise-funding to have a person doing the awareness piece rather than asking the volunteers to do it. Full time would be nice but that won’t happen. So a part time person even, could be doing more in the community to raise awareness, to get the word out about what you can do if you are being abused and who you can go to for help. (DDAPV member)*

*Provide support people can easily access. Increase public awareness. Remain active. Fundraisers. Family violence and bullying conference. Get schools on board. Hire a full-time family violence coordinator eventually. (DDAPV member)*

A third group of ten respondents suggested a more dramatic shift to funding and perhaps offering more formal supports and services for those directly affected by family violence and bullying.



*The Association is doing the best they can for what they've got. In my mind the association is losing sight of what is important: to get services for clients. They are giving information sessions, but that that's not the key need. I talk with both perpetrators and victims. The problem is not enough services. (DDAPV member)*

*We haven't done a lot of working with perpetrators and victims. There should be more effort put into doing more after-the-fact work such as services for counselling, anger management, and behaviour modification. The issue of transportation to the shelters must be addressed.*

*Gaps in treatment need to be addressed. The priorities, in this order are: 1) family therapy, 2) better transportation to the shelter, 3) more consistently organized support to perpetrators and 4) emergency interim housing options. Should have a public awareness campaign, more in the newspaper. We put things in the paper during Prevention of Family Violence month in November and the shelter publishes articles in the paper, but we could do it on a more consistent basis. Should make sure family resource workers have information about Child and Family Services. (DDAPV member)*

*We need one clear, consistent presence meaning an office with someone there 5 days a week to deal with problems of violence. Ideally there should be someone answering phones on weekends as well. They are doing well at providing information and education, but they need to work on supports. There wasn't enough money to do this, but supports for victims and families are needed. (DDAPV member)*

*They should apply for funding, continue trying to bring more supports into the community. (DDAPV member)*

To conclude this section, the key community respondents suggested that the Association either continue with the current activities or expand those activities, each supported by about half of the community stakeholders. The latter direction, moving towards providing support and direct services to victims and offenders, would involve a major shift in the direction of the Association and considerably more input, energy and resources. The Committee could consider embarking on a decision-making process with respect to their mandate. If the consensus is that the committee pursue the latter direction, this would entail revising the strategic plan and perhaps changing other aspects of the organization.

In summary, the Drumheller and District Association for Prevention of Violence has existed in Drumheller for the past 15 years. An interdisciplinary committee, it has and continues to mount a number of public awareness and information activities including the yearly Red Rose campaign among others. Besides the committee members that were interviewed for the current study, less than one third of the community key stakeholders had heard of the committee or knew much about them. This suggests the need for further marketing to become better recognized in the communities of Drumheller, Hanna and district.

In general, those aware of the DDAVP Committee spoke positively about their activities. Besides the Red Rose campaign, bringing in speakers such as the Rev. Dale

Lang, agency fairs, posters and brochures with respect to various forms of family violence were all mentioned as valuable contributions to raising the awareness of the serious nature of such violence in Drumheller and District.

Notably however, a number of the key informants, both committee members and non-committee members, were concerned about the extent to which they perceived rifts between some service providers on the committee and other newer committee members, particularly with respect to territoriality and boundary issues. That the perception of these struggles extends beyond the committee, having been mentioned by community stakeholders with few ties to the committee, suggests the serious nature of the conflict. Collaboration is difficult and time-consuming, but is a central characteristic of committees such as the DDAVP. That the relationships between the committee members have been long-standing and the fact that there are significant differences of perception with respect to the involvement of either party, suggests that a process to mediate the difficulties be considered.

Finally, the committee seems to be at a critical point with respect to their mandate and direction. Engaging in community meetings and a strategic planning process to re-visit the goals and mission of the organization would be an important step before making a dramatic shift from public awareness and education, to providing services and supports directly to victims and perpetrators of family violence.

## **Chapter Eight: Summary and Recommendations**

The interviews with 59 key stakeholders and three women victims of intimate partner abuse from Drumheller, Hanna and district provided considerable information and perceptions about the available services, strengths, challenges and gaps with respect to addressing family violence and bullying in this primarily rural region. This chapter summarizes these ideas, contrasting the issues with the previously described literature on rural interventions with various forms of family violence and bullying. The report concludes with recommendations for consideration by both members of the Drumheller and District Association for the Prevention of Violence and other community representatives with a vested interest in preventing, reducing the occurrence of and assisting those affected by family violence and bullying.

The interview guide developed in partnership with members of the Drumheller and District Association for the Prevention of Violence was broadly focused and detailed. It yielded a substantial number of comments, many that presented common perceptions of issues and some that identified controversies and competing views. The goal of this report is to identify such issues, not to provide solutions. The responses to any issues need to emerge from the community, from those that understand the strengths and limitations of operating within their environment as suggested by several authors (Breton et al, 1997; Edleson & Frank, 1991; Hornosty & Doherty, 2001; Jiwani et al., 1998).

### **Overview of the Research Results**

The stakeholders interviewed for the current needs assessment were from a variety of jurisdictions, from those that work directly with victims and perpetrators of violence such as individuals that work in child welfare, counselling and Victim Services, to those that at times become aware that one of their clients, patients and students has been affected by family violence or bullying, to those that have no little or no direct experience with these issues. The key informants represented the major systems that respond to family violence: justice, health, mental health and education. Although the interviews were conducted with a relatively small number of individuals in the Drumheller and Hanna district, the depth and breadth of their responses provide a comprehensive picture of the community response to the problems and gaps or challenges in the response.

The community stakeholders perceived issues of family violence and bullying as of significant concern. Their perception was not necessarily that family violence and bullying happens more often in their district, but that when these issues arise, it is critical that they be addressed and appropriate assistance provided. Their concerns are congruent with the findings of the Alberta Public Opinion Survey (EKOS Research Associates) conducted in 2005 that reported that residents of rural areas are more likely than urban residents to believe that family violence should be an urgent priority for the provincial government

The stakeholders from Drumheller and Hanna identified a number of issues with systems already in place to address family violence and bullying, such as the justice, child welfare and health systems. Of the various forms of family and other violence addressed in this needs assessment: intimate partner violence, child abuse, the abuse of older adults, dating violence, sexual assault and bullying, according to the key

informants, the issue of most immediate concern in both Hanna and Drumheller is the response to child abuse. Child welfare workers were perceived as responsive to referrals, but, with significant caseloads, as not following through on many cases that the stakeholders considered worthy of intervention.

Another significant issue was that, while the key informants commented that some individuals affected by family violence and bullying are well-served by members of the justice, health, mental health and educational systems, this is often individual-specific. Some staff intervene effectively while others respond in ways that not only minimize the significance of the abuse, but exacerbate the problem. Examples of ineffective responses provided by the stakeholders included perpetrators of spousal abuse receiving light sentences or no repercussions at all, victims being refused emergency protection orders, and health professionals not utilizing screening protocols.

Such diversity of professional response is certainly not any more prevalent in rural communities than urban centres. For example, research on the justice response to domestic violence both in terms of police services, the judiciary and justices of the peace (with regard to emergency protection orders) show difficulties across Alberta communities (Tutty, et al., 2005). Even when domestic violence screening protocols in hospital emergency departments are mandated by the administration, the utilization of the screening varies considerably from staff member to staff member (Thurston, Tutty, Eisener, Lalonde, Belenky, & Osborne, under review). Ultimately, the issue is not whether one lives in an urban or rural community, but raising public awareness and providing specialized domestic violence training to change the culture of the institution to make it unacceptable to treat victims inappropriately or to not utilize available tools that give victims the choice to seek assistance.

The key informants identified a number of services or individuals with specialized knowledge or interest in violence issues that are resources to those affected by family violence and bullying in the communities of Drumheller, Hanna and the surrounding district. While there were some identified gaps in service for specific groups of victims or perpetrators and access to the available services was not necessarily ideal (to be addressed later), the major resources considered essential to assisting victims were primarily in place. For example, although there is no shelter for abused women in Drumheller, outreach services for women abused by intimate partners and groups to provide intervention with men who abuse partners have been provided over the years by the Crisis Community Society from Strathmore and AADAC. Such long-standing partnerships are essential in rural communities and demonstrate the resourcefulness that is necessary in rural constituencies. Some services or programs were not widely known about, suggesting the need to develop a strategy to document and circulate information on what services and programs are available locally.

The challenges identified in the literature with respect to providing appropriate and comprehensive services for those affected by domestic violence and sexual assault in small rural communities were echoed in the key community stakeholder interviews of the current needs assessment. These include having specialized services for various forms of family violence, the stigma and lack of privacy embedded in living in a small community that can be a barrier to seeking assistance and transportation/access to services. Each is addressed below.

In comparison to urban settings, rural communities such as the Drumheller and Hanna region have fewer specialized services or professionals with advanced training to intervene with the victims and perpetrators of domestic violence and bullying. Training and community collaboration are even more essential in rural settings because of the paucity of specialized services.

Smaller rural communities often rely on individual practitioners taking the initiative to develop specialized knowledge while working in agencies that must address general issues. In Drumheller, as only one example, Jane Danis from FCSS has developed specialized knowledge with respect to the abuse of older adults. According to the key stakeholders interviewed for the current study, Jane is well recognized and valued in the community for her expertise. Individuals that champion such issues are greatly valued and fulfill important roles in rural settings in particular. A disadvantage of relying on local champions is that because of the general scarcity of resources, this individual may be difficult to replace when they leave the community or retire. This process reinforces the importance of continuing training and information sharing about all forms of family violence and bullying.

Finding ways to more effectively engage victims was another concern raised in both the literature and by the key stakeholders interviewed for the current study. The greater lack of privacy and confidentiality that accompanies living in a small town or rural community can certainly be a barrier to those that need services but wish to retain their anonymity, especially when in the early stages of exploring their victimization. Two factors are interwoven in this particular issue: providing anonymity and reaching out to those affected by various forms of violence. With respect to the need for confidential and sometimes anonymous services, the stakeholders suggested strategies to provide greater security such grouping services together so that an outsider could not ascertain if a woman was going for counselling or to see a doctor for a medical complaint. Other communities put social services and counselling offices into shopping malls for the same reason. A resourceful group in a tiny community in Labrador provided a once a week book club that was actually a support group for abused women. Creative alternatives to the traditional means of engaging clients are one option. The toll-free 24 hour crisis telephone line offered by the Community Crisis Services of Strathmore certainly provides both anonymity and the opportunity to explore issue related to living with violence before taking actions that result in the public becoming aware of these very sensitive and personal problems.

The second question is how to engage victims of family violence and bullying in the hope of providing services early enough to prevent potential long-term problems associated with such violence such as depression, anxiety and substance abuse. While privacy and confidentiality are particularly challenging to ensure in rural communities, difficulties engaging victims are common in larger urban centres as well. For example, Rodrigues (2000) interviewed 10 women whose partners had been involved in a batterer intervention program at the Calgary Counselling Centre. The research was prompted by the noted lack of involvement of the women partners, even though the Centre offers both individual and group counselling for women. Although most of the women saw their relationships as having improved as a result of their partners' participating in the group

program, they did see a need for services for themselves (but did not re-contact the agency to attend).

In 1998, a study by Gondolf (1998) found that battered women whose partners are court-ordered to attend batterer intervention programs tend to rely on the criminal justice system and their own informal tactics (threatening separation/divorce, staying at a friends house) to cope with violence. While a little more than half (58%) of the women called the police, only 28% accessed domestic violence counselling and only 7% utilized shelter services. Gondolf concluded that abused women that use the justice system have different patterns of help-seeking than women that use shelter and other services and may need to be engaged differently.

Clearly, it is a mistake to assume that women abused by intimate partners all have the same needs for services. Further, as identified by several key informants in the current research, there is a fine line between finding ways to offer services and assuming that those affected by family violence and bullying are helpless victims, rather than having made sometimes difficult choices to continue living under challenging circumstances. These comments suggest that the emphasis be on public awareness and providing information about resources so that they are visible and accessible when needed.

Transportation to specialized services such as shelters is another commonly noted difficulty both in the literature and with respect to Drumheller and Hanna. There were no suggestions in the published literature with respect to this issue. Importantly, the Drumheller and District Association for the Prevention of Violence has made this a priority issue. Nevertheless, transporting women and children to shelters is common across the province, whether it is from full urban shelters to smaller rural ones with a vacancy or rural districts that have no shelter to the closest shelter in a larger community. Consulting with the shelter representatives or the Alberta Council of Women's Shelters might provide additional ideas to address this significant barrier.

The key-stakeholder interviews identified a number of available services to address a number of forms of family violence issues. Nevertheless, the most obvious service gap identified in this study was a shelter for abused women and their children situated in Drumheller. Other gaps in services included the following:

- Lack of counselling services, couples and individual counselling
- Lack of services to treat child abuse perpetrators
- Nothing that addresses bullying outside of the schools.
- Few of culturally sensitive services

Others mentioned services that are available but are under-utilized or people seem not to be aware of them:

- People not aware of Legal Aid.
- People not using the Family Court counsellor.

Finally, other services are available but not adequately funded:

- Increased funding for the perpetrator groups would allow groups to be offered more frequently as need dictates; and individual counselling could be more readily available to the men.
- More local services for sexual assault victims and offenders are needed. Increased funding for the psychologist associated with probation could allow them to come out more than once a month

Other services exist but do not seem adequate to meet the need:

- There's a perception that Mental Health and Child and Family Services are not providing enough services to Hanna.
- Health care professionals often do not screen for abuse

Another theme that emerged from the interviews was issues about which there seemed to be a lack of awareness or attitudes that suggest the need for additional training and education:

- abuse against older adults
- dating violence
- Lack of understanding of the dynamics of intimate partner violence among health care and justice professionals.
- Attitudes of justice professionals toward sexual assault – some have the attitude that women victims get what they deserve.

## **Recommendations**

The following are recommendations that stemmed from the research results for consideration by the Drumheller and District Association for the Prevention of Violence.

### **Recommendation One: Review the issues and stakeholder suggestions identified in the current needs assessment to prioritize issues and develop action plans.**

The needs assessment interviews inquired about many forms of family violence: intimate partner assault, child abuse, dating violence, sexual assault, the abuse of older persons and bullying. Although there are commonalities across these forms of abuse, each form has separate literatures and often different intervention strategies. Without setting priorities, the committee could become overwhelmed if members attempted to address every issue. Some issues were clearly of more immediate concern, such as the child welfare response to child abuse, access to shelter for abused women and the response of some professionals with respect to understanding the dynamic of family violence and bullying and responding appropriately.

The key informants provided their suggestions of priorities for addressing family violence and bullying. As these reflect the opinions of local community members, they deserve particular consideration. Those mentioned most frequently were continued public awareness, education and prevention programs as well as enhancing the services already available. Also seen as essential is continuing to training professionals to identify, assess and intervene when, in the course of their regular work, they encounter individuals who

present with issues that could reflect having been impacted by family violence or bullying.

The suggested need for increased training also stems from some stakeholders' critiques of the justice, child welfare and shelter system responses to individual circumstances. Cross-training, inviting professionals from different spheres of service, such as the police and child welfare workers, has recently been recommended with respect to education in family violence. Learning about the perspectives on family violence from these different players is important in assisting service providers understand the strengths and limitations of the possible responses of each to referrals.

**Recommendation Two: Catalogue the existing services in the district, who offers them and how they are funded.**

The needs assessment interviews identified the core services in Drumheller, Hanna and district that address the needs of victims of family violence and bullying through either agencies specific to the abuse, or organizations that could provide services in staff were trained to detect and address the issues. Nevertheless, some service providers lacked awareness of the services offered. As such, it could be helpful to develop a resource handbook or pamphlet similar to that developed by the Camrose Family Violence Action Society in Camrose or the Action Committee Against Violence in Calgary that catalogues the available services, what they offer and how to contact them.

In addition, it might be helpful to examine how information is disseminated in the district. How can information about the available resources and services become more available to those that need it, given community-wide concerns about confidentiality and maintaining privacy?

**Recommendation Three: The DDAVP Committee consider a strategic planning process to decide future goals and directions**

The Drumheller and District Association for Prevention of Violence has existed in for the past 15 years. An interdisciplinary committee, it has and continues to mount a number of public awareness and information activities including the yearly Red Rose campaign among others. Those aware of the DDAVP Committee spoke positively about their activities. Besides the Red Rose campaign, bringing in speakers such as the Rev. Dale Lang, agency fairs, posters and brochures with respect to various forms of family violence were all mentioned as valuable contributions to raising the awareness of the serious nature of such violence in Drumheller and District.

As mentioned previously, the DDAVP committee seems to be at a critical point with respect to their mandate and direction. Over the years, the committee has successfully embarked on public awareness activities such as the Red Rose Campaign and bringing in public speakers. Recent shifts in the committee membership have resulted in some exciting new initiatives and an expanded sense of purpose. The comments from the committee members are divided with respect to whether the Association's focus should continue with their current awareness or education activities or expand the public awareness and training initiatives, perhaps even providing direct services to those affected by family violence and bullying. If the association were to respond to the



community need to enhance training and public education as identified in the current need assessment, it would certainly need to expand by applying for funding for a part-time or full-time coordinator.

Engaging in community meetings and a strategic planning process to re-visit the goals and mission of the organization would be an important step before making a dramatic shift to expanding their activities.

The key informants identified conflict between several member agencies has developed. Given the long-standing commitment to the region of committee members, the conflict should be mediated. Part of the strategic planning process would be to review committee membership and address claims of territoriality and conflict between some DDAVP members. Because of some significant differences of perception a process to mediate the difficulties could be considered.

**Recommendation Four: Consult with Alberta representatives of rural models that address family violence and bullying.**

Although there are few well developed rural models to address any form of family violence, there are examples of organizations and individuals in Alberta who have successfully developed rural initiatives. The DDAVP committee could consult with some representatives to assist their decisions about priorities, including the Alberta Council of Women's shelters and various rural communities that have successfully developed programs to address family violence and bullying. One resource for such programs is the Environmental Scan of Family Violence Services in Alberta, conducted by Tutty and Christensen in 2005. Examples include the following:

- **The Camrose Family Violence Action Society** is a non-profit society with an independent board whose director is Margaret Hollingston.
- **Association of Communities against Abuse (ACAA)** in Stettler
- **Eagle Women's Emergency Shelter: Black Diamond:** This emergency shelter for women with or without children coming from abusive situations. Public education on domestic violence in the community stresses how abuse and violence may uniquely appear in rural areas and farm communities, as well as how to respond, including appropriate resources. The shelter will also provide information, support and referral services, and outreach counselling for women dealing with abuse.
- **Drayton Valley Family Support and Intervention Program:** The program provides a variety of supports for individuals dealing with abuse issues, including groups based on anger management practices. It offers individual and group counselling for men who have perpetrated abuse, women dealing with abuse in their lives and adolescents based on building and maintaining healthy and respectful relationships.
- **Family Wellness Centre: Wetaskiwin:** A Family Life Improvement Program. Individual and couple counselling, as well as anger management and parenting and to provide access to community resources. Also included is a prevention education component in schools, and support for youth.

In conclusion, the comprehensive information provided to the needs assessment by the key community stakeholders from the Drumheller and Hanna area provides valuable feedback about perceptions of the current contingent of services available to address family violence and bullying, gaps in services and future directions.

## References

- Arias, I., & Corso, P. (2005). Average cost per person victimized by an intimate partner of the opposite gender: A comparison of men and women. *Violence and Victims, 20*(4), 379-391.
- Beattie, S. (2003). Criminal harassment. In *Family violence in Canada 2003: A statistical profile*. Ottawa, ON: National Clearinghouse on Family Violence. Online at: <http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence.html>
- Bergen, R.K. (2004). Studying wife rape: Reflections on the past, present, and future. *Violence Against Women, 10*(12), 1407-1416.
- Bergeron, R. & Gray, B. (2003). Ethical dilemmas of reporting suspected elder abuse. *Social Work, 48*(1), 96-105.
- Bethea, L. (1999). Primary prevention of child abuse. *American Family Physician 59* (6). Available on-line at: <http://www.aafp.org/afp/990315ap/1577.html>
- Biesenthal, L.M. (2000). The Ontario rural woman abuse study (ORWAS): Final report. Ottawa, ON: Research and Statistics Division, Department of Justice.
- Breton, F., Despres, J., DiPaolo, R. Doucet, J. Fleiger, D., Haddon, A., Johnson, G., Kay, D., Lee, L., Matheson, L., McCluskey, H., Mersereau, J., Merritt-Gray, M. Monaghan, L., Moriarty, M., Pinder, L, Walsh, D., & Wuest, J. (1997). *Prevention of family violence in rural town, island, and geographically isolated communities: Determining sociocultural influences on the meanings of and responses to woman abuse*. Final report: Muriel McQueen Fergusson Centre for Family Violence Research.
- Brooker, S., Cawson, P., Kelly, G., & Wattam, C. (2001). The prevalence of child abuse and neglect: A survey of young people. *International Journal of Market Research, 43*(3), 249-289.
- Brown, J., Cohen, P., Johnson, J., & Salzinger, S. (1998). A longitudinal analysis of risk factors for child maltreatment: Findings of a 17-year prospective study of officially recorded and self-reported child abuse and neglect. *Child Abuse & Neglect, 22*(11), 1065-1078.
- Campbell, J.C., & Soeken, K.L. (1999). Forced sex and intimate partner violence: Effects on women's risk and women's health. *Violence Against Women, 5*(9), 1017-1035.
- Chalifoux, Z., Neese, J., Buckwalter, K., Litwak, E., & Abraham, I. (1996). Mental health services for rural elderly: Innovative service strategies. *Community Mental Health Journal, 32* (5), 463-480.
- Crocker, D. (1996). Innovative models for rural child protection teams. *Child Abuse & Neglect, 20*(3), 205-211.
- Cupitt, M. (1997). Identifying and addressing the issues of elder abuse: A rural perspective. *Journal of Elder Abuse and Neglect, 8*(4), 21-30.

- Department of Justice, Canada (2005). Child abuse: A fact sheet from the Department of Justice, Canada. Available on-line at: <http://www.justice.gc.ca/en/ps/fm/childafs.html>
- deLara, E. (2002). *Adolescents' perceptions of safety at school and their solutions for enhancing safety and school violence: A rural case study*. Cornell University: Doctoral Dissertation.
- Dulmus, C., Theriot, M., Sowers, K., & Blackburn, J. (2004). Student reports of peer bullying victimization in a rural school. *Stress, Trauma, and Crisis*, 7, 1-16.
- Dutton, M.A., & Goodman, L. (2005). Coercion in intimate partner violence: Toward a new conceptualization. *Sex Roles*, (11/12), 743-756.
- Edleson, J. & Frank, M. (1991). Rural intervention in woman battering: One state's strategies. *Families in Society: The Journal of Contemporary Human Services*, 72(9), 543-551.
- EKOS Research Associates. (2005). *Albertans' perceptions of family violence and bullying: Final report*. Submitted to Office for the Prevention of Family Violence and Bullying, Alberta Children's Services. Edmonton, AB: Author.
- Farrell, A., Valois, R., Meyer, A., & Tidwell, R. (2003). Impact of the RIPP Violence Prevention Program on rural middle school students. *The Journal of Primary Prevention*, 24(2), 143-167.
- Finkelhor, D. & Pillemer, K. (1988). Elder abuse: Its relationship to other forms of domestic violence. In G. Hotaling, D. Finkelhor, J. Kirkpatrick, & M. Straus (Eds.), *Family abuse and its consequences: New directions in research*. Thousand Oaks, CA: Sage Publications.
- Fontana, J. (1999). *Bullying in Montana's K-8 schools*. University of Montana: Doctoral dissertation. Available on-line at: <http://proquest.umi.com.ezproxy.lib.ucalgary.ca/pqdweb?index=0&did=729756401&SrchMode=1&sid=2&Fmt=13&VInst=PROD&VType=PQD&RQT=309&VName=PQD&TS=1149868948&clientId=12303>
- Forsdick Martz, D. & Sarauer, D.B. (2000). *Domestic violence and the experiences of rural women in East Central Saskatchewan*. St. Peter's College, Muenster, SK: The Centre for Rural Studies and Enrichment.
- Gondolf, E. (1998). The victims of court-ordered batterers. *Violence Against Women*, 4(6), 659-676.
- Hajjar, I. & Duthie, E. (2001). Prevalence of elder abuse in the United States: A comparative report between the national and Wisconsin data. *Wisconsin Medical Journal*, 100(6), 22-24.
- Hornosty, J. & Doherty, D. (2001). *Responding to wife abuse in farm and rural communities: Searching for solutions that work*. Paper presented at: Rural Canada: Moving Forward or Left Behind? A national conference sponsored by the Saskatchewan Institute of Public Policy in partnership with The Centre for Research and Information on Canada. Regina, Saskatchewan.

- Jiwani, Y., Kachuk, P. & Moore, S. (1998). *Rural women and violence: A study of two communities in British Columbia*. Simon Fraser University at Harbour Centre: The FREDA Centre for Research on Violence against Women.
- Johnson, M., & Elliott, B. (1997). Domestic violence among family practice patients in midsized and rural communities. *Journal of Family Practice*, 44(4), 391-401.
- Kimmel, M.S. (2002). "Gender symmetry" in domestic violence: A substantive and methodological research review. *Violence Against Women [Special Issue: Women's use of violence in intimate partner relationships]*, 8(11), 1332-1363.
- Krishnan, S., Hilbert, J. & Pase, M. (2001). An examination of intimate partner violence in rural communities: Results from a hospital emergency department study from Southwest United States. *Family & Community Health*, 24(1), 1-14.
- Monsey, B., Owen, G., Zierman, C., Lambert, L., & Hyman, V. (1995). *What works in preventing rural violence: Strategies, risk factors, and assessment tools*. St. Paul, Minnesota: Amherst H. Wilder Foundation.
- Mouton, C., Rovi, S., Furniss, K., & Lasser, N. (1999). The Associations between health and domestic violence in older women: Results of a pilot study. *Journal of Women's Health & Gender-based Medicine*, 18, (9), 1173-1179.
- National Clearinghouse on Family Violence (2005). *Child abuse and neglect overview paper*. Available on-line at: [http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/html/nfntsnegl\\_e.html](http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/html/nfntsnegl_e.html)
- Osgood, N., & Manetta, A. (2002). Physical and sexual abuse, battering, and substance abuse: Three clinical cases of older women, *Journal of Gerontological Social Work*, 38(3), 99-113.
- Perry, B., Pollard, R., Blakley, T., Baker, W., & Vigilante, D. (1995). Childhood trauma, the neurobiology of adaptation, and "use-dependent" development of the brain: How "states" become "traits". *Infant Mental Health Journal*, 16(4), 274-291
- Pillemer, K. & Finkelhor, D. (1988). The prevalence of elder abuse: A random sample survey. *The Gerontologist*, 28(1), 51-57.
- Rodrigues, B. (2000), *Engaging abused women*. Unpublished report to the Calgary Counselling Centre.
- Scott, W. & VanDine, C. (1995). *Family violence in rural, farm and remote Canada*. Fredericton, NB: The Canadian Farm Women's Network.
- Schechter, S. & Gary, L. (1988). A framework for understanding and empowering battered women, in M. Straus (Ed.), *Abuse and victimization across the lifespan* (pp. 240-253). London: Johns Hopkins University Press.
- Semple, R. (2001). Psychological abuse in intimate relationships: New Zealand perspective. *New Zealand Journal of Psychology*, 30(2), 60-71.
- Shannon, L, Logan, TK., Cole, J., & Medley, K. (2006). Help-seeking and coping strategies for intimate partner violence in rural and urban women. *Violence and Victims*, 21 (2), 167-181.

- Statistics Canada (2000). *Family violence in Canada: A Statistical Profile*. No. 85-224-XIE ISSN 1480-7165. Ottawa: Statistics Canada, Canadian Centre for Justice Statistics.
- Statistics Canada (2005). *Family violence in Canada: A Statistical Profile 2005*. Canadian Centre for Justice Studies, Catalogue no. 85-224-XIE.
- Stockdale, M., Hangaduambo, S., Duys, D., Larson, K., & Sarvela, P. (2002). Rural elementary students', parents', and teachers' perceptions of bullying. *American Journal of Health and Behaviour*, 26(4), 266-277.
- Swift, C. (1988). Surviving: Women's strength through connection. In M. Straus (Ed.), *Abuse and victimization across the lifespan* (pp. 153-169). London: Johns Hopkins University Press.
- Thurston, W.E., Tutty, L.M., Eisener, A.E., Lalonde, L., Belenky, C., Osborne, B. (under review). Domestic violence screening rates in a community health urgent care clinic. *Research in Nursing and Health*.
- Tolman, R. & Bhosley, G. (1991). The outcome of participation in a shelter-sponsored program for men who batter. In D. Knudsen, & J. Miller (Eds.), *Abused and battered. Social and legal responses to family violence*. Hawthorne, NY: Aldine de Gruyter.
- Trocmé, N., MacLaurin, B., Fallon, B., Black, T., & Lajoie, J. (2005). Child abuse and neglect investigations in Canada: Comparing 1998 and 2003 data. Centre of Excellence for Child Welfare: #26E. Available on-line at: <http://www.cecw-cepb.ca/DocsEng/CISComparisons26E.pdf>
- Tutty, L. (2006). There but for fortune: How women experience abuse by intimate partners. In M. Hampton & N. Gerrard (Eds.), *Intimate partner violence: Reflections on experience, theory and policy* (pp. 9-32). Toronto, ON: Cormorant Books.
- Tutty, L. (1999a). *Husband abuse: An overview of research and perspectives*. Ottawa, ON: National Clearinghouse on Family Violence. Online at: [http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/maleabus\\_e.html](http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/maleabus_e.html)
- Tutty, L. (1999b). *Domestic violence involving firearms in Alberta: Case studies of women and children*. Final report to The Canadian Firearms Centre, Department of Justice Canada
- Tutty, L., & Christensen, J. (2005). *An environmental scan of programs that address domestic and sexual violence: What's working in Alberta?* Calgary, AB: RESOLVE Alberta: Finale Report for Alberta Ministry of Children's Services.
- Tutty, L., & Rothery, M. (2002). Beyond shelters: Support groups and community-based advocacy for abused women. In A.L. Roberts (Ed.) *Handbook of domestic violence intervention strategies Policies, programs, and legal remedies* (pp. 396-418). New York: Oxford University Press.
- Tutty, L., Koshan, J., Jesso, D., & Nixon, K. (2005). *Alberta's Protection Against Family Violence Act: A summative evaluation*. Calgary, AB: RESOLVE Alberta..

- Tutty, L., Rothery, M., & Grinnell, R., Jr. (Eds.) (1996). *Qualitative research for social workers: Phases, steps, & tasks*. Boston: Allyn and Bacon.
- Tutty, L., & Bradshaw, C., Thurston, W.E., Barlow, A., Marshall, P., Tunstall, L., Dewar, M.E., Toy-Pries, D., Thomlinson, D., Este, D., Meadows, L., Josephson, W., Dobko, S., Proulx, J., Perrault, S., McDonald, M., & Nixon, K. (2005). *School based violence prevention programs: Preventing violence against children and Youth (Revised Ed.)*. Calgary: AB: RESOLVE Alberta. Online at [www.ucalgary.ca/resolve/violenceprevention/](http://www.ucalgary.ca/resolve/violenceprevention/)
- Vinton, L. (1992). Battered women's shelters and older women: The Florida experience, *Journal of Family Violence*, 7 (1), 63-72.

## Appendix One: RESOLVE Alberta Stakeholder Interview Guide

Introduction: Hello, my name is \_\_\_\_\_. I am a research assistant with RESOLVE Alberta, a research institute on family violence and abuse at the University of Calgary. The Drumheller and District Association for Prevention of Violence has contracted with us to find out what services are needed for victims of family violence and bullying Drumheller, Hanna and surrounding region. We are contacting key service providers and community representatives to find out your impressions of what services are available and whether they are meeting the community's needs. The interview will take about 20 to 45 minutes. Are you willing to be interviewed? When would be a good time?

1. What agency do you work for? What is your role?

Do you work directly with victims of family violence and bullying?

*[If yes]* Please describe your involvement.

*[If no]* Do you have any type of involvement with victims or perpetrators?

2. How important are the issues of family violence and bullying in Drumheller, (or Hanna) and the surrounding area on a scale of 1-10 (1 – not important and 10-important). Please explain why.

3. What forms of violence do you think are of most concern in your community?

*[family violence (intimate partner abuse), elder abuse, child abuse, dating violence, bullying, sexual assault]*

4. Are you familiar with services for family violence and bullying in your area?

5. What services are available for victims of *family partner violence* in your community?

What is working well? Are there any difficulties with the available services?

Are services accessible? *[If no]* What difficulties do people have accessing services? How could the services become more accessible?

Are there any gaps in service?

Without giving any identifying information, can you describe a case in which someone either accessed services easily or had difficulty accessing services?

6. What services are available for perpetrators of *family partner violence* in your community?

What is working well? Are there any difficulties with the available services?

Are services accessible? *[If no]* What difficulties do people have accessing services? How could services become more accessible?

Are there any gaps in service?

Without giving any identifying information, can you describe a case where someone accessed services easily or had difficulty accessing services?

7. Are you aware that the communities of Red Deer, Strathmore and Brooks provide Outreach services to residents of Drumheller/Hanna affected by family violence? *[If*



yes] With what Outreach services are you familiar? [*Individual and group support for women, men's group (co-facilitated with AADAC), short-term shelters*] What is working well? Any difficulties? Examples?

8. What services are available for children impacted by family violence? What is working well? Any difficulties? Are services accessible? Any gaps? Examples?
9. What services are available for victims or perpetrators of *elder abuse* in this community? What is working well? Any difficulties? Are services accessible? Any gaps? Examples?
10. What services are available for victims or perpetrators of *child abuse* in this community? What is working well? Any difficulties? Are services accessible? Any gaps? Examples?
11. What services are available for victims or perpetrators of *dating violence* in this community? What is working well? Any difficulties? Are services accessible? Any gaps? Examples?
12. What services are available for victims or perpetrators of *bullying* in this community? What is working well? Any difficulties? Are services accessible? Any gaps? Examples?
13. What services are available for victims or perpetrators of *sexual assault* in this community? What is working well? Any difficulties? Are services accessible? Any gaps? Examples?
14. How is the justice system responding to family violence and bullying in Drumheller/Hanna, including the police, the Crown, the courts, Victim Services, and probation, as well as the hospital? Are there any special initiatives? What is working well? Any difficulties? Are there any gaps?
15. What role do health care professionals play in addressing family violence and bullying in your community?
16. Is there a collaborative response to family violence and bullying in your community? If yes, please describe. What is working well in the collaboration? Any problems? Any gaps?
17. The new Alberta Child Welfare legislation added children who are exposed to domestic violence as a population that might be in need of protection. Is this legislation being used in your community? If yes, how is this working?
18. Are there culturally sensitive services available for families from different cultural backgrounds in your community?
19. Have you found that drugs/alcohol/gambling are of concern when dealing with family violence issues? What types of drugs? How do substances impact the violence?
20. Is there anything about your community that makes it easier or more difficult for victims to leave abusive relationships?

[i.e. hope for the relationship, lack of money, wish to stay in the community, lack of a job, community attitudes]

21. What is the most important initiative needed to improve the response to family violence and bullying in your community? [prevention, public awareness]
22. Are you aware of any prevention or intervention strategies that work especially well in rural and/or remote communities? If yes, what are these?
23. Have you heard of the Drumheller and District Association for Prevention of Violence? (Family Violence Committee)
- [If yes] What do you know about the work of the Association? [If no, go to question 25.]*
24. Are you affiliated in any way with the Association?
- [If yes] How are you involved?*
- How long have you been involved?
- What did you hope to accomplish through becoming involved with the Association?
25. How do you view the work of the Association?
- How do you see their role in the community?
- What activities/programs/initiatives should they be providing/supporting?
- What needs does the Association meet in this area?
26. Are you aware of the Red Rose Campaign held in November every year? The phone information cards sent out with utility bills and in grocery bags last year? Are you aware of any other activities and/or initiatives of the Association?
27. What activities and/or initiatives of the Association have you found the most helpful?
- Least helpful?
28. In future, what goals should the Association adopt and what projects, activities, or initiatives should they provide or support?
- This is pretty much the end of my questions. Is there anything you'd like to add?
29. Is there anyone in the community that you'd suggest we talk to about services for victims of violence and bullying?

Thank you for taking the time to do this interview!

## Appendix Two: Drumheller and District Victim Interview Guide

Introduction: RESOLVE Alberta has been contracted by the Drumheller and District Association for Prevention of Violence to determine what services are needed for victims of family violence and bullying in Drumheller, Hanna and surrounding region. (need time frame/approximate length of interview; confidentiality – name and number will not be released—no identifying information would ever be given out and if quotes from the interview are used any identifying information will be disguised or deleted.) Before I start asking you questions, I want to make sure that this is a good time for you and that it's safe. Is it okay to go on?

It would be helpful to know a bit about you and your family:

- Where are you living now? How long have you lived here?
- Do you have children? If so, how old are they? Do they live with you?
- Are you working now? *[If no]* how do you support yourself?
- What is your ethnic/religious background? How does your ethnic/religious background perceive/deal with partner violence?

2. What is your current marital status? (common-law, married, divorced, dating, single)

3. I'm just going to ask you a bit about your abuse experience.

- Was the abuser known to you? If so, what relationship, if any, did you have with him/her?
- (for women who are victims of family violence) How long were you in a relationship with your partner?

4. Did you contact any agencies about the abuse?

For each of the services mentioned, the interviewer will ask:

How did you find out about *[name of agency]*?

What did *[name of agency]* do in response? Was this helpful? Not helpful?

Did they refer you to other agencies or services?

5. We've already talked about *[name of agencies discussed in question 4]*, but now I'd like to list the names of some other organizations and services. Could you let me know if you contacted any of these them organizations or services for help in coping with the abuse/bullying?

- Police
- Victim Services
- Crisis line
- Wheatland Shelter
- Medical Services:
  - Public health
  - Healthy Families
  - Growing Opportunities
  - Emergency Medical Services

Family Doctor  
Other

- Counselling Services:
  - Private
  - Mental Health Services
- Family and Children Services
- Social Services (Welfare, SFI, Alberta Works)
- AADAC
- Child Protection
- School:
  - Principal
  - Teacher(s)
  - Family Resource Workers
- Church or Faith Community (Who?)

If the participant identifies that she has had contact with some of these services or organizations, for each the interviewer will ask:

- How did you find out about [*name of agency*]?
- What did [*name of agency*] do in response? Was this helpful? Not helpful?
- Did they refer you to other agencies or services?
- For each of the services used the interview will ask:
  - How did you find out about [*name of agency*]?
  - What did [*name of agency*] do in response? Was this helpful? Not helpful?
  - Did they refer you to other agencies or services?

6. Were you offered Victim Services by the Police?

- If you declined, why?

7. [*If s/he has children*] Did you have any contact with Child Protection?

[*If yes*] Was this helpful? Not helpful?

8. Before you went to any organizations or services, what did you do to deal with the abuse? How helpful was it?

- To whom did you turn for help? (i.e. friends, family?)

9. Have alcohol/drugs/gambling played a role in the perpetrator's violence abuse you've experienced from your partner? If so, which have been an issue and in what way?

10. Have alcohol/drugs/gambling been part of your coping strategy for dealing with your partner's abuse or bullying? If so, which ones?

11. [*If alcohol/drugs/gambling have been an issue*] What services for alcohol, drugs and gambling have you or your abuser used for people and families affected by alcohol, drugs and gambling? What is working well? Any difficulties? Are the services accessible? Are there any gaps?

12. Do you know of other services that are available in your area to help women, men and children affected by family violence and bullying? Have you used them? Why or why not?
13. Are there services that aren't available that could have helped you and your family?  
*[Transportation, children's services, information about the legal system]*
14. If a friend told you about being abused, what advice would you give him/her about getting help in your area?
15. If you knew of someone being bullied, what advice would you give him/her about getting help in your area?
16. Is there anything about living in this community that makes it easier or more difficult for someone to leave an abusive partner get help in dealing with abuse and bullying?  
(no prompting)
17. Are additional services needed for women, men and children affected by family violence and bullying in your community? If so, what are they? (no prompting)

Thank you for taking the time to do this interview with me. I've asked you a lot of questions, is there anything you'd like to add?