



Survivors Voices: Navigating risk and moving to safety in domestic violence relationships in Canada

*A report of The Canadian Domestic
Homicide Prevention Initiative with
Vulnerable Populations*

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Contents

Introduction 4

 Structure of report 5

Section 1: Developing the research protocol 6

 Preparing the ethics application 8

 Ethics approval 8

 National launch 8

 Regional approach 10

 Research participant eligibility criteria 10

 Screening participants 10

 Changes to eligibility criteria 11

 Impact of COVID-19 on research 11

 Participation 12

Section 2 13

 Participant information 13

 Homicide victims – interviews with loved ones 13

 Survivor participants 14

 Geographic representation 14

 Relationship at time of violence 15

Section 3 17

 Leaving is a process 19

 Importance of listening and less judgment 19

 Use of systems by abusers against survivors 19

 Recommendations for policy, practice, intervention and prevention 20

 Social identity themes 22

 Indigenous: 22

 Immigrants and refugees 22

 Rural, remote and northern 23

 Children exposed to domestic violence 24

Conclusion 24

References 25

Appendix A 25

Introduction

The Canadian Domestic Homicide Prevention Initiative with Vulnerable Populations (CDHPVP) is a multi-year project funded by the Social Sciences and Humanities Research Council (SSHRC) (2015-2021). The initiative had the following key objectives: (1) to conduct research on domestic homicides in Canada; (2) to identify protocols and strategies that will reduce risk of domestic homicide as well as the violence that leads to domestic homicide; and (3) to share knowledge with and learn from the wider community. In doing so, the CDHPVP worked to create partnerships that would facilitate collaborative, cross-sectoral research of which the primary aim was to identify unique individual and community-level risk factors that may increase exposure to domestic violence and homicide for specific populations. The CDHPVP focused on four populations that experience increased vulnerability to domestic homicide and/or face unique challenges as shown below:

- **Indigenous populations** The rate of domestic homicide is significantly higher for Indigenous women compared to non-Indigenous women in Canada. Research suggests that colonization, poverty, systemic and interpersonal racism, as well as intergenerational violence largely contribute to the heightened risk faced by Indigenous populations.
- **Rural, remote and northern populations** The rate of domestic homicide in rural, remote and northern regions of Canada is often significantly higher than in urban areas. Research identifies potential contributing factors such as precarious employment, unemployment, and/or the role of firearms as well as barriers to leaving abusive relationships such as a lack of transportation and/or concerns surrounding privacy and confidentiality.
- **Immigrant and refugee populations** Immigrant and refugee populations experience language, cultural and legal barriers that make it more difficult to report domestic violence and to access services. Additional barriers that increase their risk are discrimination/racism and economic vulnerability.
- **Children exposed to domestic violence** Children and youth aged 17 and younger who were victims of family-related violence represent a large proportion of all children and youth victims of violent crime. Research has identified child abuse, separation, custody and access issues as common risk factors which typically occur in the context of domestic violence.

The CDHPVP recognizes that these are only four of the many marginalized and/or vulnerable populations who face higher risk of domestic homicide and/or unique challenges when experiencing domestic violence (e.g. people living with disabilities, seniors, LGBTQ+ communities, etc.). It is our hope that subsequent research will focus on these groups. For more information on the initiatives of the CDHPVP as well as helping resources, please visit our website: www.cdhpi.ca.

The CDHPVP project carried out 3 main research projects:

1. Domestic homicide database
2. Survey and interviews with service providers regarding risk assessment, risk management and safety planning practices
3. Interviews with survivors of domestic violence and loved ones of homicide victims

The domestic homicide database consists of information about domestic homicides in Canada from 2010 to 2019. The information for the database was obtained through a review of media and court records. The results of this research are available in 2 reports:

- One is too many: Trends and patterns in domestic homicides in Canada 2010-2015 [CDHPI-REPORTRV_EN.pdf](#)
- One is too many: 10 years of domestic homicides in Canada. [One Is Too Many: 10 Years of Domestic Homicides in Canada \(cdhpi.ca\)](#)

The research with service providers consisted of an online survey of more than 1400 service providers and interviews with 360 service providers. [National survey and interviews with domestic service providers on risk assessment and safety planning with victims, perpetrators and children living with domestic violence.](#)

This report focuses on the third research initiative - interviews with survivors of domestic violence and loved ones of homicide victims.

Structure of report

Section 1 describes the development and implementation of the research protocol for conducting interviews with survivors of domestic violence and loved ones of homicide victims.

Section 2 provides some demographic information about the people who participated in this research project.

Section 3 provides an overview of key themes that have been identified related to the populations focused on in this study. This report offers some preliminary themes based on the work completed to date. Additional exploration and analysis of the interviews will be conducted over time and additional themes and findings may be identified.

Section 1: Developing the research protocol



One major goal of the Canadian Domestic Homicide Prevention Initiative with Vulnerable Populations (CDHPVIP) was to interview survivors of severe domestic violence and loved ones of homicide victims to understand the context around high-risk domestic violence within four populations that have an increased vulnerability to domestic homicide:

- Indigenous
- Immigrants and refugees
- Rural, remote and northern
- Children exposed to domestic violence

We wanted to hear from survivors about the risks that women experiencing domestic violence face, how they work to keep themselves and their children safe, barriers and obstacles to help-seeking, and experiences with help-seeking services. This research was conducted with the support of the partners and collaborators of the CDHPVIP ([Partnership Members | Canadian Domestic Homicide Prevention Initiative \(cdhpi.ca\)](#)).

A research protocol was explored at a Partnership meeting in 2017. Partners discussed the importance of conducting trauma-informed interviews and what this might look like. Table 1 offers a summary of the suggestions provided during the meeting.

Table 1. How interviewers can meet the needs of research participants

<p>Choice and Voice: What people being interviewed may want or need to participate in a research study</p> 	<p>What interviewers need to know or have</p> 
<p>Choice about when, where, how they will participate; who they will speak with</p>	<p>Be trauma-informed – support and respond to choices and needs of person being interviewed</p>
<p>A chance to tell their story at their own pace in their own language</p>	<p>Empathy, warmth, awareness of trauma reactions, active listening skills. Offer breaks, flexibility in interview schedule</p>
<p>An interpreter with expertise in field of domestic violence</p>	<p>Awareness of potential language and interpretation needs of those being interviewed</p>
<p>To know that their contribution matters, will have an impact on preventing tragedies in similar circumstances in the future, to understand the purpose and intended outcome of the study; that they can revoke consent at any time</p>	<p>Understanding of purpose of research and ability to convey this in plain language; clarify ongoing consent</p>
<p>Respect, to be believed, acknowledgement</p>	<p>Open minded, non-judgmental</p>
<p>Assurances of confidentiality</p>	<p>Ability to maintain confidentiality</p>
<p>Follow-up and referral to culturally appropriate support services</p>	<p>Culturally specific sensitivity training, awareness of help sources, referrals</p>
<p>A support person at the interview or available directly after the interview</p>	<p>Be aware of potential trauma responses and how to respond appropriately</p> <p>Ensure that supports are available if required</p>

A narrative interview guide was developed by Diane Crocker and Kate Rossiter and was reviewed at a Partnership meeting in October 2018. The narrative interview guide asked participants to talk about times when they didn't feel safe, what they did about it, who they sought help from, and what was helpful and unhelpful.

Once the interview guide was finalized, a member of the research team conducted a pilot interview with a survivor friend who allowed us to record the interview and use for training purposes. In June 2019 we assembled a team together of research coordinators and research assistants to conduct training on the interview guide and protocol. The training included hearing from survivors about non-clinical interviews, understanding perspectives and experiences of Indigenous and immigrant populations, and understanding and addressing vicarious trauma. We continued to conduct practice interviews among the research team and with some survivors to address and made changes to the protocol as necessary.

Preparing the ethics application

In consultation with our Co-Investigators, collaborators and partners, we drafted various materials in preparation to submit to the research ethics boards such as a research protocol, recruitment materials, screening checklists, consent forms, interview guides, and resource/shelter lists. Initial ethics applications were submitted to the University of Guelph, followed by Western University. Primary inquiries from these boards pertained to the security of videoconferencing platforms, collaboration with Indigenous partners regarding data ownership, and screening and final interview procedures. Once ethics certificates were obtained at the two universities affiliated with the Co-Directors, we submitted the certificates along with ethics applications to the remaining universities and territorial licensing bodies associated with the project.

Ethics approval

Ethics for this research project was sought and obtained from 13 Canadian universities including University of Guelph, Western University, University of Calgary, University of Saskatchewan, Aurora College, Simon Fraser University, Ryerson University, University of Manitoba, University of Fredericton, Concordia University, Universite de Quebec a Montreal, Saint Mary's University and University of Toronto. Additionally, research licenses were obtained from Yukon territory and Northwest Territories.

National launch

In September 2019 we held press conferences in five regions of the country to raise awareness of the research project and to encourage survivors to come forward to share their stories. The press conferences and events were held in Montreal, Quebec at Concordia University; London, Ontario at Western University; Thompson, Manitoba; Fredericton, New Brunswick; and at a wellness camp in the Northwest Territories. A subsequent launch was hosted in Vancouver, British Columbia in December 2019 coinciding with December 6th activities. Each event was created specifically to address the strengths and focus of the region where the interviews were being conducted. In some instances, survivors came forward to share their stories and

speak to the importance of participating in the research. All events received good media coverage that assisted in encouraging participation and interest in the project.

Photos from national launches



New Brunswick



Ontario



Manitoba



Quebec



Northwest territories

Regional approach

The research was coordinated through Research Coordinators in 6 regions: Northern Canada, British Columbia, Prairie provinces, Quebec, Ontario and the Maritime provinces. A research coordinator in each region was responsible for promoting the research with and among partners, conducting screening interviews, and assigning researchers to conduct interviews with participants based on the principles identified in Table 1. We began conducting interviews in Ontario as that is where the first ethics approval was obtained. Participant recruitment began in other regions once ethics approval was obtained from each of the participating universities and licensing bodies in the region.

The team in Manitoba worked collaboratively with Indigenous partners including Survivor's Hope Crisis Centre, MaMawi Wi Chi Itata Centre, Circling Buffalo, Manitoba Keewatinowi, Wahbung Abinoonjiiag to conduct interviews based on the principles of relationship, relationality and collaboration. The interviews were conducted from a strength-based focus to highlight the resilience and expertise of Indigenous individuals and communities, to focus on the information shared by participants as sacred stories versus traditional "data".

Research participant eligibility criteria

People eligible to participate in this research were 18 years of age or older, experienced domestic violence between 2006 and 2016, were currently safe from domestic violence, and identified with one of the four populations focused on in this study: (1) Indigenous; (2) Rural, remote and northern; (3) Immigrants and refugees; (4) Adults who were exposed to domestic violence as children or parents of children who were exposed to domestic violence. Participants had to agree to have their interview audio recorded. They were not to be involved in any court proceedings.

Screening participants

In order to determine whether the participants matched the criteria we were looking for, a screening interview was conducted by the Research Coordinator that the participant reached out to. The screening interview consisted of questions related to the eligibility criteria, as well as an open-ended question which asked them to tell us about the domestic violence they had experienced. People who came forward (almost all women) were very eager to share their stories with us.

It was the responsibility of the Research Coordinator to describe the interview process to the participant and answer any questions they had. The Research Coordinator also asked potential participants if they had any preferences for the final interview including the gender and cultural identity of the interviewer. We were successful in matching all participants who requested a specific gender and cultural identity of the person conducting the interview. Interpreters were made available. In recognizing that the discussions in these interviews could be difficult but necessary, participants were given the opportunity to have a support person attend the interview with them. Their role was to provide emotional support rather than participate in responding to the interview questions. Participants were also given the choice to determine how they

would like to be interviewed by way of in-person, by telephone, or video conference. If necessary, the project would reimburse for travel expenses to attend the interview, and childcare expenses while the interview was conducted.

It was difficult for research coordinators to tell potential participants who did not meet the necessary eligibility requirements that they were not able to participate in the research study as it could unintentionally be interpreted that their story did not count. The screening interviews were amended to allow for the women to talk about the domestic violence they experienced without going through the entire narrative interview process, so that their experiences were noted and counted. An amendment was made to the ethics protocol to include these stories within the study.

Changes to eligibility criteria

We made some changes to the eligibility criteria after some initial screening interviews were conducted. Many women were involved with the court system for several years after a relationship ended – more so the family court system than the criminal court system. We decided to include women who were still involved with the family court, otherwise we would have to screen out many of the participants.

We removed the criteria that homicide victims had to represent one of the four populations identified (however, this criterion was upheld for those interviewed as survivors of domestic violence). This change was made in recognition that the original criteria would have had a significant negative impact on the number of people who knew a homicide victim and who were available and willing to participate in the study. We did not want to deter people from sharing their stories of loved ones who had been killed in the context of domestic homicide as they had important perspectives to share. We wanted as many voices to count as possible.

Safety was originally defined as being out of an abusive relationship for at least one year. Many women who came forward were either currently in shelter or recently out of shelter and therefore, believed that they were currently safe. Recognizing that each woman knows her circumstance best and is in a better position than anyone else to determine their safety and weigh any potential consequences of sharing their story for the purposes of the study, we removed the definition of safety and allowed participants to decide for themselves. They were encouraged to think about any negative consequences that might occur by participating in the study.

Impact of COVID-19 on research

Due to the Covid-19 pandemic, all in-person research was suspended in March 2020. Fortunately, we were able to continue to conduct interviews by telephone and videoconference without delays due to our existing ethics protocol that provided these interview choices to participants. All interviews were audio-recorded, however, the quality the recordings was contingent on the quality of internet connections.

In Manitoba, the team opened the research project with a ceremony in Thompson which involved Elders and community members. Ideally, the team would have also held a closing ceremony, but the pandemic did not allow for any in-person contact so this ceremony unfortunately did not take place, however, the team is continuing to look into safe alternatives to honour those involved in the research within this region.

Participation

Interviews were conducted between August 2019 and December 2020. From August 2019 to March 2020, interviews were conducted either by phone, in-person or video conference. From March 2020 to December 2020 all interviews were conducted by phone or video conference.

We conducted interviews with 129 participants. Thirty-eight interviews were conducted with loved ones of homicide victims. Ninety-one interviews were conducted with survivors of domestic violence. The participants mostly represented the diversity of populations focussed on in this project. Further information about the participants is available in Section 2 of this report.

There was a great deal of concern about the impact that the interviews may have on participants. We tried to ensure that the participants left the interviews in a good way, and made sure that supports were available to them if needed.

Participants were asked what participation in the research project meant to them. Overwhelmingly, people wanted to have their stories heard. They wanted people to learn from their experiences – they wanted to help others to hopefully prevent someone else from experiencing what they had gone through.

One participant offered these words:

“I know this is going to help somebody. To be part of a study that’s really going to contribute to some real tangible changes, I’m happy to do it. It makes me happy to know that if nothing else, at least the story can go towards helping make some changes.”

We hope that the experiences and insights shared by these people do help to inform practice and improve communication and collaboration among service providers and beyond, and possibly lead to policy change.

Section 2

This section provides some information about the people who participated in this research project.

Participant information

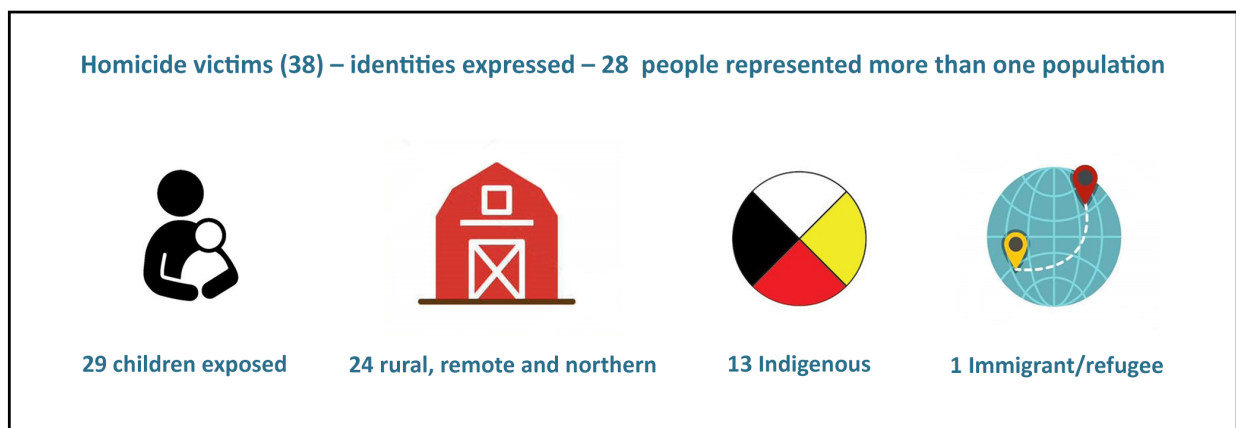
As stated previously, 129 interviews were conducted with survivors of domestic violence and/or people who were close to domestic homicide victims. Thirty-eight interviews were conducted with people who knew a homicide victim well – either as a family member or friend. Ninety-one interviews were conducted with survivors of domestic violence, however, due to technical issues one survivor interview was not audio recorded, resulting in a total of 90 survivor interviews. Therefore, the final database is comprised of 128 interviews. The participants mostly represented the diversity of populations focussed on in this project.

The majority of domestic violence survivors interviewed identified as female (88 of 90). All of the domestic homicide victims had identified as females.

Homicide victims – interviews with loved ones

Nearly three quarters (28 of 38) of the homicide victims were identified as belonging to more than one of the populations focussed on in the study (see Figure one). More than three quarters of the homicide victims had children who were left behind when they were killed (29 of 38) and one homicide victim was a child. One homicide victim was identified as an immigrant. One third of the homicide victims were Indigenous (13 of 38), and more than 60 percent lived in rural, remote or northern regions of Canada (24 of 38).

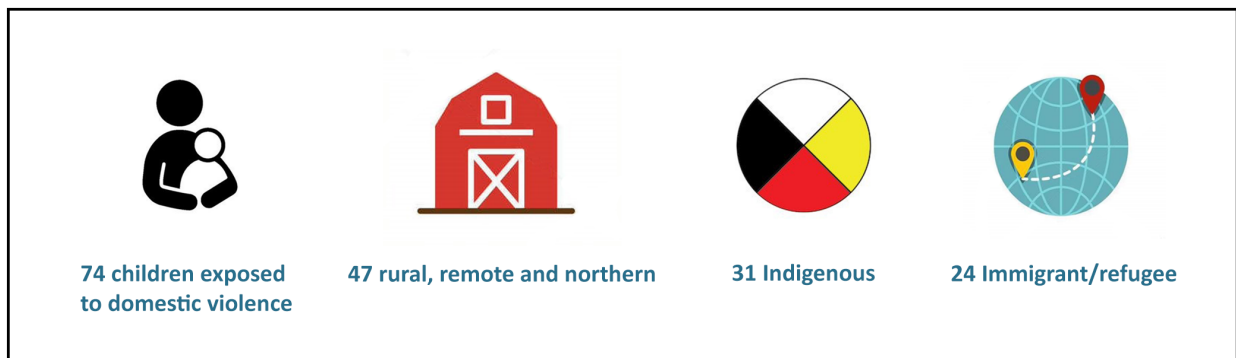
Figure 1: Homicide victim participants



Survivor participants

Eighty-one percent (73 of 90) of survivor participants identified as belonging to more than one population. Most of the participants identified that they had children who were exposed to the domestic violence or were a child who was exposed to the domestic violence between their parents when growing up (74 of 90). More than half of the participants (47 of 90) reported that they lived in a rural, remote or northern region of Canada when the abuse occurred. One-third of participants (31 of 90) identified as Indigenous, and one quarter (24 of 90) identified as immigrants or refugees.

Figure 2: Survivor participants (90); 73 of 90 participants identified more than one identity



Geographic representation

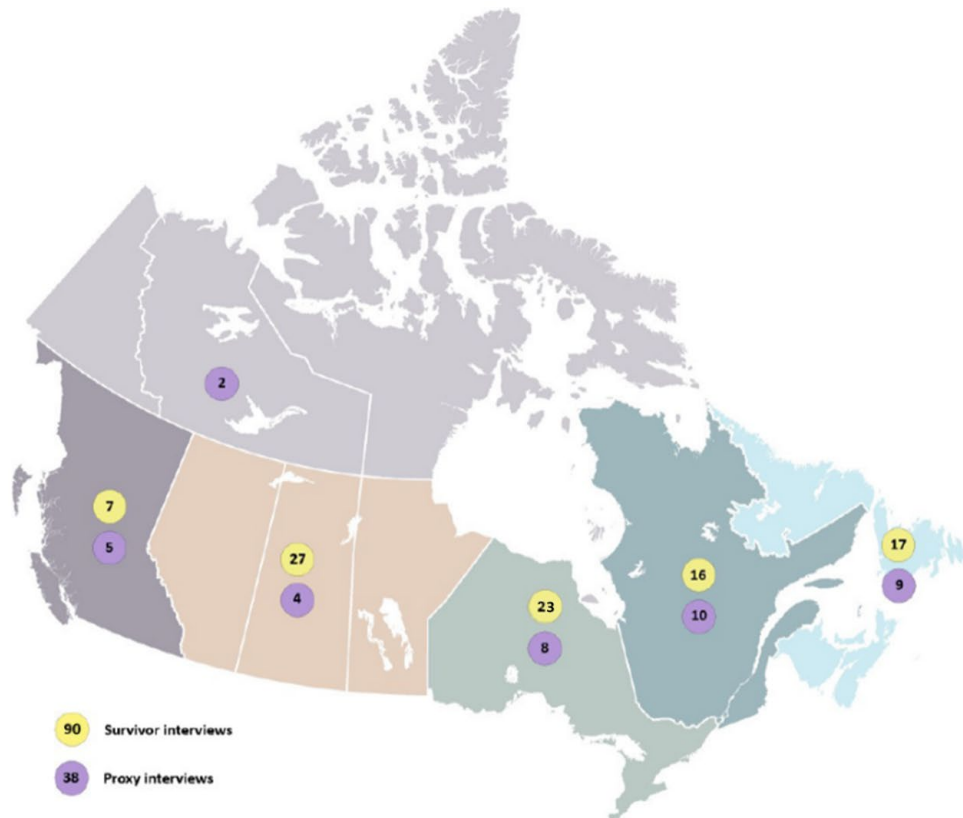
The homicide victims for which interviews were conducted with someone who knew them well represented all regions of Canada. Five of the homicide victims were from British Columbia; two from the north; four from the prairies; eight from Ontario; ten from Quebec; and nine from the Atlantic provinces.

Unfortunately, we were unable to interview any survivors from the northern territories of Canada. Nearly one-third (27 of 90) of the interview participants lived in one of the prairie provinces (Alberta, Saskatchewan, Manitoba). One quarter of the participants lived in Ontario (23 of 90).

There was nearly equal representation from Quebec (16 of 90) and the Maritime provinces (17 of 90). There were seven participants who lived in British Columbia.

A graphic representation of where the participants lived is provided in Figure 3.

Figure 3: Geographic representation of homicide victims and survivor participants



Relationship at time of violence

Figure 4 offers information about the homicide victims as reported by the person who participated in the interview. Of the interviews conducted about domestic homicide victims, most of the victims were married at the time they were killed (11 of 38). About 20 percent were in common-law relationship (8 of 38).

Similar to the homicide victims, the survivors of domestic violence who participated in the research project most frequently reported that they were married at the time the violence occurred (35 of 90 or 39%), followed by common-law relationships (28 of 90 or 31%). Figure 5 provides information about relationship status of the survivor participants. It is important to note that the women who participated in this research were in long-term relationships and may have suffered many years of violence and abuse before either finally breaking free from the abuse or being a victim of domestic homicide.

The participants spoke about trying to leave many times but that this was not an easy process. This challenge and others are explored in section 3 which provides an overview of some of the themes that have been identified through the participants' narratives.

Figure 4: Relationship status at time of homicide

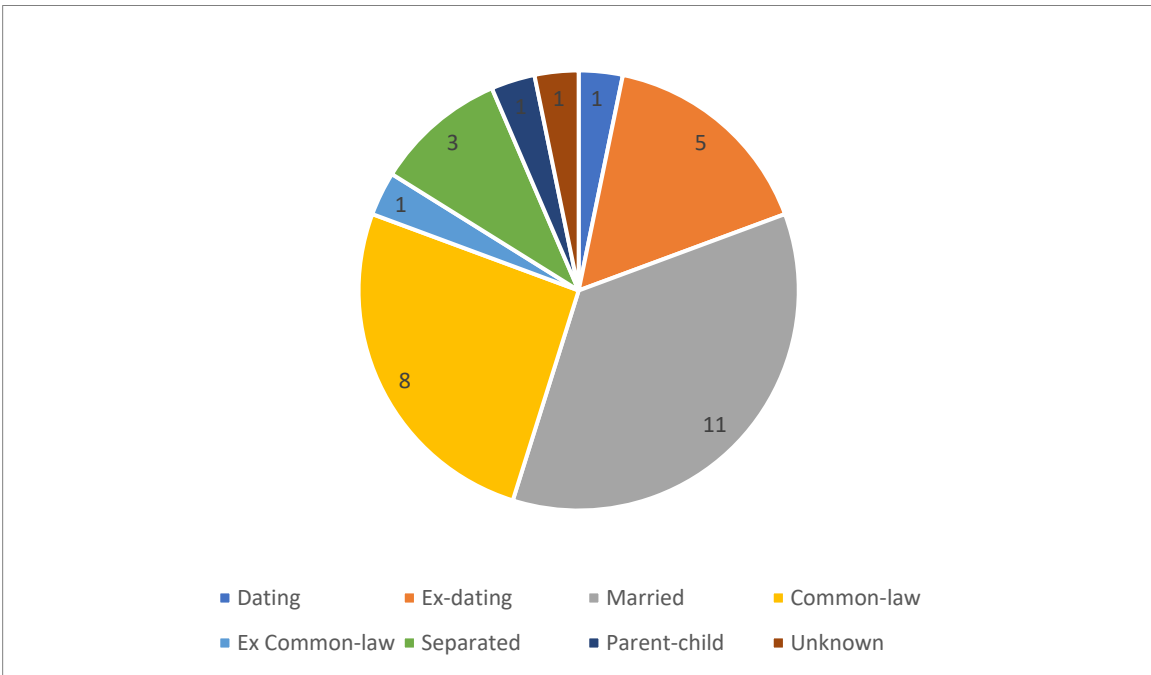
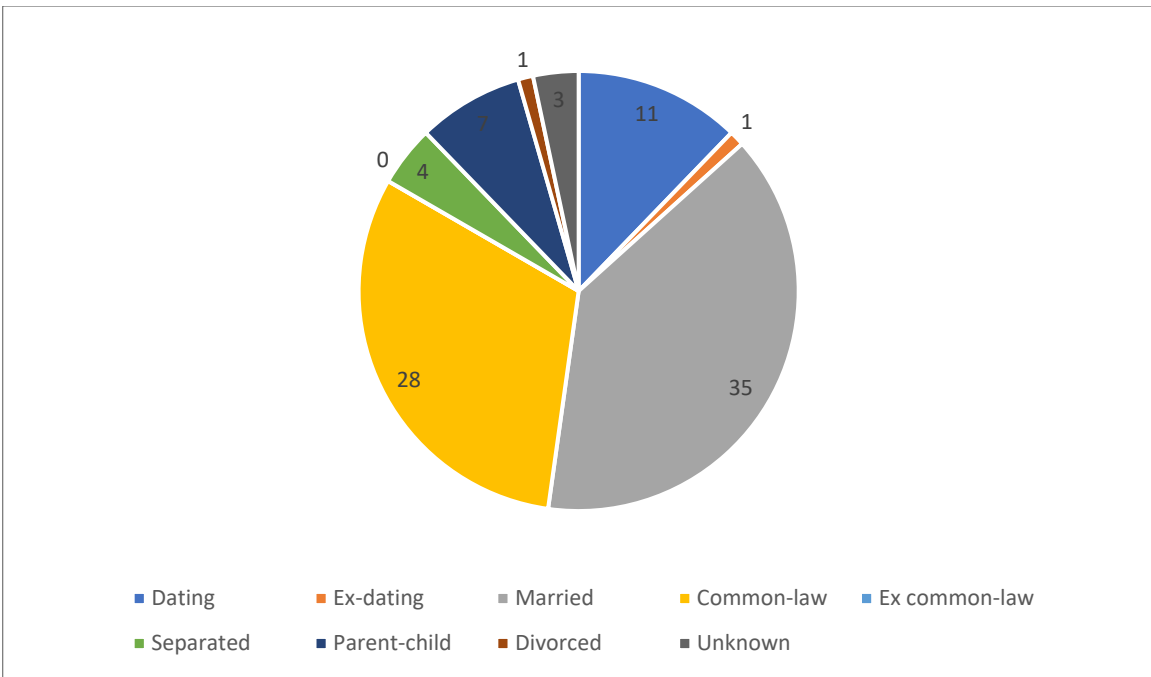


Figure 5: Relationship status at time of violence reported by survivors



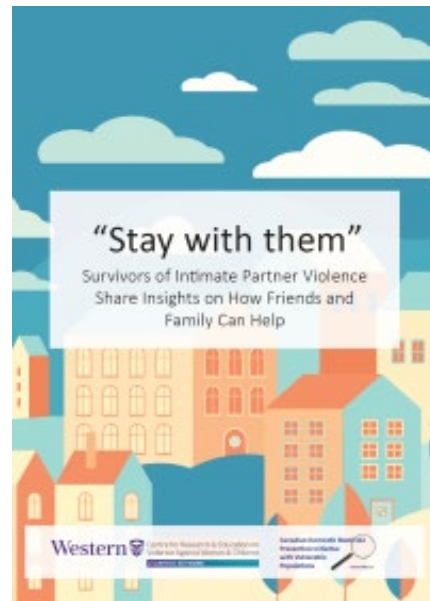
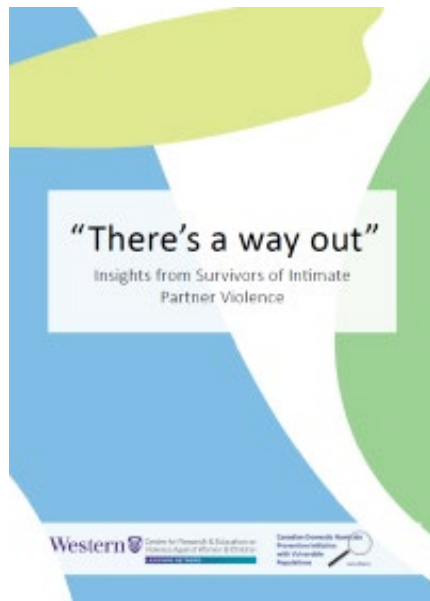
Section 3

This section provides an overview of some of the themes that have been identified through analyses of the interview transcripts. This overview is preliminary in nature as a comprehensive analysis has not been conducted of the entire set of interview transcripts.

Women were asked to provide titles for the experiences they shared with us. The titles of stories focused on what it was like to be in an abusive relationship, the abuse they endured, getting out or breaking away. Some people chose to focus on resilience and hope or advice for others. Examples of story titles are provided here:

- a) What it's like to be in an abusive relationship – “Trapped”, “My life without music”, “Confused betrayal”, “Behind closed doors”, “Beat and broken and no way out”, “Crying for help but nobody hears”, “No safe place”, “Sleeping with the enemy”, “Looming threat”, “It's impossible to leave”, “Nowhere to go”
- b) Outcomes of the experience – “I survived it”, “Survivor of the adversity”, “I'm still here” “I'm a survivor”, “I'm free at last”, “Finally free, but still a prisoner”, “The great escape”
- c) Resilience – “Learning resiliency”, “Reclaiming your power”, “Give me time to come back to earth and take the fall”, “Becoming whole”, “Healing your little”
- d) Messages for others in hindsight – such as “Get Out”, “Open your eyes”, “See the signs”, “Just leave”, “Love shouldn't hurt”, “You never know when it's going to be the last time”, “Break the silence”, “It's okay to leave an unsafe situation”, “It's okay to protect our kids”, “Know thyself”
- e) Coping strategies that kept them alive – “Do what you're told”
- f) Advice for service providers – “Why you should listen to patients”, “Take your job responsibly”
- g) Words of encouragement for others – “You're not alone”, “You're stronger than you know”, “The body is a resource”
- h) Moving forward – “doing me for me”, “My life with music”
- i) It can happen to anyone – “Domestic violence occurs everywhere”, “The tale of an elderly woman”

Resources have been developed in conjunction with the Learning Network that features the advice that survivors of domestic violence have for people who are living with domestic violence, and friends and family of women living with domestic violence. “There's a way out”: Insights from survivors of intimate partner violence amplifies the voices of survivors of intimate partner violence by sharing their advice to those who are experiencing IPV. [“There's a way out”: Insights from Survivors of Intimate Partner Violence - Learning Network - Western University \(vawlearningnetwork.ca\)](http://vawlearningnetwork.ca) “Stay with them”: Survivors of intimate partner violence share insights on how friends and family can help also features the voices of the CDHPVIP research participants sharing the advice they would offer to friends and family of women living with intimate partner violence. [“Stay with them”: Survivors of Intimate Partner Violence Share Insights on How Friends and Family Can Help - Learning Network - Western University \(vawlearningnetwork.ca\)](http://vawlearningnetwork.ca)



Loved ones of homicide victims also shared story titles or hash tags for the stories they shared. Examples included: “Her life mattered”, “Taken too soon”, “When no one is listening”, “All the things I wish I would have said”. This last quote focuses on the regrets the loved one has with regards to how she did or did not help her friend.

Some themes emerged from the many stories we heard. No two stories were alike – each person had their own experience and context for enduring, coping, seeking help, etc. Some women survived, others did not. A brief overview of some of the themes identified above are provided here. More details to some of these themes can be found in the presentations from the Preventing domestic homicides conference. A list of presentations and links to recordings is available in Appendix A. Some themes are overarching, others are specific to the populations identified.

A review of the transcripts has preliminarily found the following themes in the survivor stories:

- Leaving is a process
- Challenges when seeking help and safety planning
- Domestic violence can happen to anyone
- Survivors want more listening and less judgment when seeking help
- Things don't always get easier just because you've left the abuser
- Use of systems by abusers against the survivors (including family court, child protection, schools, etc)
- Role of colonialism in perpetuating domestic violence
- How cultural beliefs and practice contribute to domestic violence
- Presence of children impacts a women's decisions regarding staying or leaving or seeking help.

Leaving is a process

Women talked about the amount of time and planning required to leave an abusive relationship safely. Some women stayed in the relationship for a year or more after deciding to leave so that they could get things in order. Some women stayed because they wanted to ensure the safety of their children, farm animals, or pets.

Some women waited until they had safe, affordable housing available before they left. Sometimes women went to shelter for short stays but needed to find long-term housing for after their shelter stay. Second-stage and transition housing was not always available, or if available, did not accommodate pets, or was far away from their home community.

Importance of listening and less judgment

Many survivors talked about the importance of having others listen to them and what they have to say when they do finally share experiences of violence and abuse:

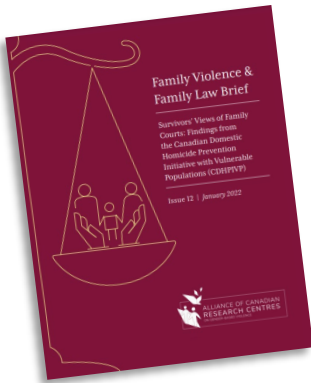
The women, the young kids and young women and young women that have mental health issues, and women that have addiction issues, no one is listening to them. They're going to be told "no" and that's it. There is no wonder that people stay. There's no wonder that people get murdered.

Women spoke often about not being believed by family, friends, neighbours and service providers.

Use of systems by abusers against survivors

Many women talked about threats made by their abusers to use child protection systems, police, and family law courts against them. This would include threats to report them as bad parents to child protection services or report them as being abusive to police. Many abusers engaged the family court system as a way of continually harassing and monitoring their partner after separation. This would involve long, drawn-out custody battles, to the point where the women could no longer afford the legal fees required to continue in the process, and intimidation during exchanges for visitation. Some women talked about the devastating decisions by courts to award custody to the abuser and then to also be ordered to pay child support to an abuser. This was one woman's description of such a court decision:

"If I have to pay spousal support, it will be a monthly reminder that... I am paying him and saying thank you so much for abusing me, here's \$2,000 a month."



A comprehensive analysis of survivors' experiences with the family law system has been summarized in a brief published in collaboration with the Family Violence Family Law project: [Survivor's views of family courts: Findings from the Canadian Domestic Homicide Prevention Initiative with Vulnerable Populations.](#)

Recommendations for policy, practice, intervention and prevention

Participants were asked what advice they would give to someone else who might be in an abusive relationship and for service providers.

Recommendations for shelters:

- Providing services in shelters that include harm reduction. Most shelters have policies that do not allow women to attend if they are using drugs or alcohol – but these women still need help. It is recommended that shelters find ways to support women who are substance users (especially as a coping strategy).
- Increased shelter access – not enough services available in many regions of the country.

For health care systems:

- Training for health care workers to identify domestic violence and provide support
- Enhanced record keeping of injuries and other medical visits related to domestic violence incidents to provide a more complete picture of what a woman is experiencing for other service providers including police
- Provide a support person to women who attend hospital with domestic violence injuries
- Affordable and accessible mental health services.

For police:

- Cultural sensitivity training
- Domestic violence sensitivity training, specialized officers to respond to domestic violence calls
- Better follow up with victims to ensure that they have received medical attention and victim services support after a call
- Have a police presence in communities 24 hours/day, 7 days/week.

For the courts:

- Become trauma-informed:

For the people who are experiencing abuse, making it so that the system is more supportive and I'm talking about the justice system here, the legal system, they need to make it so that they are supportive to the people going through this, they should try to make it less stressful, stress, everybody gets stressed but [...] if there's certain stressors that we can avoid, lets avoid them, not making anybody [...] work ten times as hard, especially knowing that they are the victim.

Intervention:

- Additional services for violent/abusive men. Many women were unaware of services for men in their regions. Some women felt that Partner Assault Response programs were not helpful, some recommended healing programs for men.
- Provide homes for abusive men – rather than making women leave their homes.
- Provide more support services for women who are living on the street/homeless.
- Provide resources for women with animals. Some regions are starting to offer shelter for pets for women leaving abusive relationships, but this does not include larger animals such as horses. Make sure that service providers are culturally and linguistically diverse.

Prevention:

- Enhanced training and education programs for youth about healthy relationships and domestic violence.
- Parenting programs for people who experienced abuse in childhood before they become parents.

Policy:

- Gender equality:

I know – Canada - we have come a long way in valuing women more than many other countries. However, women are still treated inferior in many aspects in general, be it through their work or whatnot. There is still that gap there. Some people don't choose to believe it exists, but I've seen it, it does exist. There is still a gap there. Society as a whole needs to change that. Women need to be seen as equals, not property. Um... that – I don't know how you fix that either [laugh]. Like I said, but that does need to change and that's worldwide. I know there are strides being made towards that in other countries as well, but there are still people in our own country who think that that issue doesn't exist anymore, that it's been abolished. No, it hasn't. Women are still treated inferior in many cases.

- Stronger penalties for abuse
- Co-location of services – for easier access and for enhanced communication among various service providers
- Employment counselling for abused women
- Workplace legislation regarding domestic violence

Social identity themes

The following section provides a brief snapshot of some issues raised by survivors related to identifying with a particular population.

Indigenous

Some Indigenous women spoke of their mistrust of prejudiced systems like police and children’s services which lead to a reluctance to seek help from these services.

I feel like people don't understand race either. I feel like race plays a big part of this in my situation. And a lot of white people – and I'm just saying white for generalization, and I know it's a clumsy word – but people don't understand and they, like I said, they end up perpetuating more violence and victim-blaming without even understanding it.

This resulted in women feeling like they had to act like the perfect victim. If they did not, they often felt like they were treated like the perpetrator. The abuser would also use the mistrust of police and child protective services against them – by threatening to report her. The threat was sufficient to prevent the woman from seeking help.

Housing and shelter were of great concern for Indigenous women living in violent relationships. Some women spoke of feeling trapped on reserves, and of limited opportunity to leave. Other women did not want to leave the reserve but felt they had little option if they were going to have any hope of safety. Leaving the reserve might mean giving up family and friends.

An analysis of interviews conducted by Alanna Glecia and Pertice Moffitt for this project with Indigenous mothers living in rural, remote and northern areas explored the need of cultural recovery as a form of breaking the cycle of violence in intimate partner relationships. Indigenous mothers described a cycle of comparative mothering that included hypervigilance, pursuit of safety and protective nurturance. (See Appendix A for links to the presentation slides and recording.

Immigrants and refugees

The women who participated in interviews who represented immigrant and refugee populations mostly lived in urban areas. More than half lived in Ontario and Quebec and the remaining 45 percent were distributed among the Prairie provinces, Maritimes and British Columbia.

Some women talked about how violence and abuse began in their country of origin, but others talked about how the abuse began once they were living in Canada. These women were coping with the stress of leaving family and friends, living in a new country, sometimes with a language barrier, and now experiencing violence as well without really knowing what support services were available to them.

I immigrated to Canada as a political refugee [...] and so I'm not fully aware of all the services available in helping work here in Canada, so that was another situation that made me a little more vulnerable, you know, my situation.

Some women spoke about the importance of getting support from service providers who represented their culture or social identity. There was concern that service providers lacked cultural awareness and therefore the responses they would provide might not be useful or helpful.

If there's one thing that I would say to service providers that would be useful because you have to take into consideration there's certain cultural things okay? Certain cultural norms that they are so strong that they might surpass certain things that you might say to that person. So they might give them some advice but they might not realize the culture might override that. So it's better for them to say, 'Tell me how I can be helpful to you.'

Rural, remote and northern

The availability and accessibility to services for women seeking safety from domestic violence in rural, remote and northern areas of Canada is particularly challenging. Women talked about delayed response times when calling police, or going to a police station in a remote area only to have no one there to assist them. Many spoke of their reluctance to seek help because it would immediately become known within the community. They were not willing to jeopardize their privacy to get help. The other problem associated with this related to how well known she and her partner were in the community. Some people would not believe claims of abuse because the person was well-known and respected in the community.

So, (town where abuse occurred) is a very, very, very small town right? Barely a town...200 people, 75 of them are his relatives. So really how do you manage to feel safe in a community where you're the odd duck for lack of a better term for it?

A detailed analysis of a subset of interviews with twenty women living in rural, remote and northern areas of Canada found that victim-blaming and patriarchal attitudes, geographical barriers, confidentiality concerns, access to firearms, and a distrust in systems acted as barriers to increasing safety among survivors of domestic violence. The women included in this research explained that those supporting survivors of domestic violence should meet survivors where they are at, provide a non-judgmental space, believe, and validate survivors' experiences, as well as provide appropriate resources. These findings provide helpful

insights for practitioners looking to improve their response to domestic violence in rural, remote, and northern regions. (Kohtala, 2021).

Children exposed to domestic violence

The participants in this research study spoke at length about the many roles children played with regards to safety planning, minimizing or increasing risk within the relationship. Many women talked about the intense fear they had for the safety of their children that acted as the catalyst for leaving a violent relationship. Some women indicated that children acted as a buffer between themselves and the abuser – either actively or passively. Sometimes the violence increased when the children left the home.

I had two sons and while they were at home, I felt safer. But once they had left then I really did feel more vulnerable and that's when things actually when evidence of his violent behaviours appeared.

A presentation by Alexis Winfield and Zoe Hilton at the *Preventing domestic homicides* conference provides insights on the role of children in safety planning. See Appendix A for link to presentation recording and slides.

Conclusion

This third research project of the Canadian Domestic Homicide Prevention Initiative with Vulnerable Populations gave an opportunity to survivors of domestic violence and loved ones of homicide victims a chance to share their stories by describing their coping strategies, help-seeking activities, and experiences with formal and informal supports and service providers. The research participants were able to offer, in hindsight, many insights to service systems in Canada. They offered recommendations for policy, prevention and intervention in Canada.

We are honored that these people agreed to share their stories and experiences with us. They were hopeful that their experiences can save lives and improve experiences for others who live with domestic violence. We hope this report contributes to these goals.

References

Kohtala, Sara, "Barriers to Safety Planning and Best Practices for Supporting Survivors of Domestic Violence in Rural, Remote, and Northern Regions" (2021). *Electronic Thesis and Dissertation Repository*. 7711. <https://ir.lib.uwo.ca/etd/7711>

Nonomura, Robert; Sandhu, Gursharan; Gill, Vivek; Scott, Katreena; Jaffe, Peter; Poon, Julie; Straatman, Anna-Lee. (2021). Survivors' Views of Family Courts: Data from the Canadian Domestic Homicide Prevention Initiative with Vulnerable Populations (CDHPVIP). Family Violence & Family Law Brief 12. London, Ontario: Centre for Research & Education on Violence Against Women & Children. ISBN: 978-1-988412-51-1 [Family Violence and Family Law Briefs \(fvfl-vfdf.ca\)](http://fvfl-vfdf.ca)

Appendix A

The following presentations were made at the Preventing domestic homicides conference May 11-14, 2021 and focus on the Phase 3 research process and interviews conducted.

Conducting research with survivors of domestic violence and loved ones of homicide victims:

Methodological challenges and realities Julie Poon, Anna-Lee Straatman

[View presentation slides | \(17\) Conducting research with survivors of domestic violence and loved ones of homicide victims - YouTube](#)

Achako – nastakonikewin (Reconnecting our Spirits) – Renée Hoffart, Kendra Nixon, Angie Hutchinson, Hilda Anderson-Pyrz, Sharon Mason, Dana Riccio Arabe, Jacquie Leader

[View presentation slides | \(17\) Reconnecting Our Spirits- presentation at Preventing Domestic Homicides Conference 2021 - YouTube](#)

What survivors and relatives tell us about domestic and family violence services to prevent domestic and familial homicide – Alicia Ibarra-Lemay, Sabry Adel Saadi, Catherine Richardson, Janie Dolan Cake, Mélanie Ederer, Myriam Dubé

[View video](#)

Indigenous Mothers Experience of Intimate Partner Violence in Rural, Remote and Northern Places – Alana Glecia, Pertice Moffitt

[View presentation slides | View video](#)

Immigrant and refugee survivors' perspectives on help-seeking, gaps in services, and strategies for preventing severe domestic violence and homicide – Abir Al Jamal, Mohammed Baobaid, Misha Dhillon, Katherine R. Rossiter, Sarah Yercich, Margaret Jackson, Sepali Grunge

[View presentation slides | View video](#)

Ka Paspicik Kitimahitowin Wikiwak (Survivors of Domestic Violence) - Renée Hoffart, Kendra Nixon, Angie Hutchinson, Hilda Anderson-Pyrz, Sharon Mason, Dana Riccio Arabe, Jacquie Leader

[View presentation slides](#) | [View video](#)

The role of children in safety planning – risks, barriers, facilitators – Alexis Winfield, Julie Poon, Anna-Lee Straatman, Zoe Hilton & Peter Jaffe

[View presentation slides](#) | [View video](#)