



Responding to Women

*Who Experience Intimate Partner Violence in
Rural Municipalities Across the Prairies*

Summary Report

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Responding to Women Who Experience Intimate Partner Violence in Rural Municipalities Across the Prairies

Research Summary

This research summary presents the findings of the study “Responding to Women Who Experience Intimate Partner Violence in Rural Municipalities Across the Prairies.” The research was designed as a multi-site exploratory study of rural women’s experiences as victims/survivors of IPV and the process and experience of help-seeking in rural municipalities in Alberta, Manitoba, and Saskatchewan. The research study was funded by the *Prairieaction* Foundation (PAF) and initiated by the Western Manitoba Women’s Regional Resource Centre. Academics from the University of Manitoba (K. Nixon, Principal Investigator), University of Saskatchewan (K. Wood and C. Brooks, Co-Investigators), University of Calgary (N. Letourneau, Co-Investigator), and University of Lethbridge (D. McBride, Co-Investigator) led the project and received guidance from an Advisory Committee comprised of several gender-based violence organizations across the prairies.

Purpose

The purpose of the study was to explore women’s experiences of intimate partner violence (IPV) and help-seeking in rural areas of the prairie provinces and answer the following questions:

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

To answer these questions, the team conducted semi-structured interviews with 41 rural women: 11 from Alberta, 17 from Manitoba, and 13 from Saskatchewan. We also conducted 5 FGDs (2 FGDs in Alberta with a total of 14 service providers, 2 FGDs in Saskatchewan with 13 service providers, and 1 FGD in Manitoba with 2 service providers). In addition, 8 semi-structured interviews with service providers in Manitoba were conducted.

Findings

Description of Participants

In total, we conducted 41 interviews with IPV survivors from rural areas.

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

- Participants ranged from 23 – 66 years of age, with the average age being 42 years old.
- 55% of participants were employed, 27% were unemployed, 9% were retired, and 9% were on disability.
- 82% of participants had achieved a post-secondary level of education; the remaining 18% had achieved a high-school diploma.
- 91% of participants identified as Caucasian/White; 9% identified as Latino.
- Reports of estimated annual household income ranged from \$9,000 to \$200,000, with the average annual household income of \$40,000.
- All participants were involved in a heterosexual relationship during their experiences of abuse.
- One individual identified as a recent immigrant to Canada.
- 45% of participants stated they were married to their intimate partner at the time of the abuse.
- 64% of participants had children at the time of the interview. On average, women had two children. Ages of the children ranged from 1 to 44 years old with a mean age of 21 years old.
- One woman reported that she had farm animals to take care of during her experiences of intimate partner violence.

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

- Participants ranged from 23 – 64 years of age, with the average age being 36 years old.
- 38% of participants were unemployed, 46% were employed full-time, 7% were employed, and 7% were on leave from work.
- 61% of participants completed post-secondary education part-time, 15% completed some post-secondary university, 15% completed technical post-secondary, 7% of participants completed high school, and 7% completed some high school.
- 61% of participants identified as Caucasian/White, 30% identified as Indigenous/Metis, and 7% identified as Black.
- None of the research participants identified as a recent immigrant.
- Reports of estimated household incomes ranged from \$10,000 to \$600,000 with with the average annual household income of \$83,000.
- All participants were involved in a heterosexual relationship during their experiences of abuse.
- 69% of participants had children at the time of the interview. On average women had two children. Ages of the children ranged from 1.5 to 47 years old with a mean age of 15 years old.
- 30% of participants reported they had farm animals to take care of during their experiences of intimate partner violence.

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

- Participants ranged from 25 – 69 years of age, with the average age being 38 years old.
- 47% of participants were unemployed, 41% were employed full-time, and 11.8% of participants were employed part-time.
- 41% of participants completed post-secondary university degree, 17.6% completed some post-secondary education, 12% completed technical post-secondary, 12% completed high school, 6% had some high school education, and 12% completed grade 9 or less.
- 41% of participants identified as Caucasian/White; 41% identified as Indigenous, 12% identified as Black, and 6% as Latino.
- None of the research participants identified as a recent immigrant. One research participant was facing immigration-related issues.

- Reports of estimated annual household income ranged from \$0 to \$85,000 with the average annual household income of \$21,000.
- 94% of participants were involved in a heterosexual relationship during their experiences of intimate partner violence, while 6% described their relationships as Other.
- 70.6% of participants had children at the time of the interview. On average women had three children. Ages of the children ranged from less than a year to 50 years old with a mean age of 14 years old.
- One woman reported that she had farm animals to take care of during her experiences of intimate partner violence.

We conducted 5 FGDs and 8 individual interviews with service providers.

In Alberta, we had a total of 14 service providers who participated in this study.

- 57% of service providers worked at a Victim Services organization; 29% worked at a Crisis Shelter; 7% worked at a Police Station, and 7% worked at a Women's Resource Centre.
- 71% of individuals had been in their position for more than a year, with the longest-serving individual having been in their role for 30 years; the remaining 29% had been in their position for less-than or equal to a year.

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

- 15% worked at a Crisis Shelter, 7% worked at a Second-Stage Shelter, 7% worked for the Police, 7% worked in Victim Services, 15% worked in Community Counselling, 30% worked at other agencies, and 15% did not disclose where they worked.
- 61.5% of individuals had been in their position for more than a year, with the longest-serving individual having been in their role for 14 years; 23% had been in their position for less than a year; the remaining 14% did not disclose.

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

- 40% worked at a Crisis Shelter, 10% at a Second-Stage Shelter, 20% at CFS, and 30% at other agencies (including immigrant-serving organizations).
- 80% of individuals had been in their position for more than a year, with the longest-serving individual having been in their role for 40 years; the remaining 20% had been in their position for less-than or equal to a year.

Women's Experience as Victims/Survivors of Intimate Partner Violence

Women in rural areas experience various forms of abuse within their intimate relationships, including emotional, physical, financial, sexual, and spiritual abuse. Participants also experienced coercive control, neglect, and stalking by their partners, as well as socio-political abuse, which includes immigration-related abuse and legal abuse. Research participants described numerous impacts of abuse that affected their ability to seek help and leave abusive relationships. Survivors experienced co-occurring issues, such as substance use, past trauma, mental and physical health challenges, and other issues.

Nature of abuse

- Physical abuse included beatings, being pushed, punched, shoved, kicked, having hair pulled, being dragged, strangled, slapped, hit, items thrown at them, and stabbed.
- Emotional and psychological abuse involved anger, yelling, raging fits, blaming, jealousy, lying, silent treatment, intimidation, gaslighting, reputation damage, and threats, including threats to get killed, threats of abusers committing suicide, and threats of court, police, and child apprehension.

- Coercive control involved tracking and monitoring women’s movements, friendships, trips, conversations, web browsing, and phone calls. Some women had to ask for permission to meet family and friends, develop friendships, and/or go to work.
- Financial abuse was often a part of coercive control. Women were not allowed to become financially independent.
- Abusers neglected women during pregnancy and post-pregnancy. They also neglected women’s health needs by denying them access to medical care.
- Several women in all three provinces experienced sexual abuse. This included rape, forced pregnancy, refusal to use contraceptives, and forced abortion.
- Spiritual abuse involved being mocked and criticized for one’s spiritual beliefs. Abusers also used religion and spirituality to control the women.
- Socio-political abuse included immigration-related abuse and legal abuse. Immigration-related abuse involved threats of deportation and sponsorship abuse, while legal abuse involved threats of charges and of filing court cases against women.
- Animals and pets were used to manipulate/control the woman, women lost their animals/pets, or animals and pets were abused.
- Stalking involved physical and online/tech-facilitated stalking, threats and breaching of protective orders, and acts of vandalism.
- Children were exposed to violence. Exposure of children to violence and a desire to protect children motivated women to seek help.

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

Impact of abuse

- **Psychological/Emotional/Mental Health Impact:** Feeling tired, broken, and ashamed. Depression, PTSD, suicidal ideation, mood disorder, and substance use.
- **Socio-Economic Impact:** Negative impact on employment, a loss of employment, poverty/financial instability, homelessness/unstable housing, and a loss of educational opportunities.
- **Socio-Political Impact:** A loss of legal status, difficulties accessing and maintaining protective orders and legal services, and use of the court to continue the abuse.
- **Impact on Interpersonal Relationships and Social Isolation:** Losing friendships, difficulty maintaining friendships, and a lack of trust. Reputation damage made it difficult for women to seek/maintain employment and/or develop new friendships/relationships.
- **Impact on Mothering and Children:** Exposure of children to IPV and fear of child apprehension. The abuse led either to weaker or stronger relationships with children.
- **Spiritual Impact:** For some women, spirits were down; abuse kept from personal spiritual development and ambitions. For others, it led to a change of church.
- **Impact on Physical Health:** Worsening of pre-existing conditions, and new health challenges, such as colitis, fibromyalgia, tendinitis, chest pain, vision deterioration, sleep disruptions, tinnitus, and weight gain/loss.
- **Hyper Independence:** Several women became vigilant about their independence, including financial independence.

“Yeah, I just didn't have the resources. I spent a pretty large portion of time. I'd say a couple of months, just homeless and couch surfing and sleeping on park benches and” SK Survivor

Co-Occurring Issues and Challenges

- **Mental health and Physical Health Challenges:** Women and their children had disabilities; women suspected their abusive ex-partners had mental health challenges; women had such mental health challenges, as PTSD, ADHD, anxiety, and depression.
- **Substance Use:** Several women expressed that substance use was a part of the relationship dynamic. Others used it as a coping strategy for the abuse as well as the boredom they felt in a rural setting.
- **Past Trauma:** Several women reported past trauma, including childhood trauma, the trauma of past sexual assault, intergenerational trauma of residential schools in their family or were themselves survivors of residential schools.
- **Care Work:** Several participants expressed that they had caring responsibilities in their relationships, such as being primary caretakers of children, animals, pets, and property.
- **2SLGBTQ+:** Service providers pointed out that it can be difficult for 2SLGBTQ+ persons to access services due to a lack of preparedness of institutions, individual staff members, and of other residents.
- **Partner's Criminal Behaviour:** Several research participants' abusive ex-partners were involved in criminal behaviour related to substance use and/or weapons.
- **Infidelity and Abuse:** Several women experienced infidelity in their abusive intimate relationships.

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

Survivors' Help-Seeking Experience

Through our research, we identified women's unique needs concerning the experience of abuse and seeking help rurally. Women stated they sought help from various sources, both formal and informal. These experiences were both positive and negative. Co-occurring issues complicated women's help-seeking.

Unique Needs of Survivors from Rural Areas Who Experience IPV:

- **Access to Resources/More Formal Support Services/Awareness of Services/Outreach:** There are few resources available rurally. Rural women may not be aware of services that exist rurally due to a lack of outreach and information dissemination.
- **Post-Separation Support Services:** Women leaving abusive relationships often experience post-separation abuse, including stalking.
- **Additional Support Structures:** Rural women suffer various socioeconomic challenges. Therefore, women need additional support structures and initiatives that can help them overcome these barriers.
- **Mental Health Resources for Survivors and Their Children:** Women encountered difficulties accessing mental health resources for themselves and their children because of a lack of such resources, the waiting lists, costs, or distances they had to travel to access these services.

- **Improving existing services:** Shelters need repairs and renovations, staff need to be trained to serve diverse groups of people, more funding for outreach activities, and more transitional housing in rural areas, including Indigenous communities.
- **Legal Resources:** Survivors and service providers emphasized a lack of understanding of the dynamics of IPV within the court system and among lawyers as well as challenges accessing legal services when women required them.
- **Needs of Indigenous Women:** There may be a language barrier for Indigenous women. They may also face racism when seeking help at shelters, RCMP/police, social assistance, and other services.
- **Needs of Immigrant Women:** Immigrant women also face difficulties with language comprehension. In addition, they experience difficulties with understanding laws and policies, adjusting to the dominant Canadian culture, lack of understanding of resources, and racism.
- **Farm Resources:** There is a need for resources specific to farm stress.
- **Childcare Support:** Rural women expressed difficulties with finding childcare and costs related to childcare. More affordable childcare centres are needed in rural areas.

“I would say, the needs are more resources and more knowledge or more public education around what resources are available, in what areas, if any. First, we need the resources, then we need the public education to tell them, ‘Hey, this is here for you’.” SK Service Provider

Informal and Formal Help-Seeking Experience of Rural Survivors:

Our research participants sought help from friends, family, employers, colleagues, faith leaders, and Elders, through participation in cultural ceremonies, online seminars, and informal online support groups. Formally, survivors sought help from crisis lines, doctors/nurses, legal services/lawyers, mental health professionals, social workers, police, victim services, women’s shelters, social assistance services, Crisis Stabilization Unit, immigration services, sponsorship abuse hotline, nutritionist, and visitation centres.

Experience of Rural Survivors Accessing Formal Services/Resources:

Survivors reported a mix of negative and positive experiences with service providers across the three provinces. Positive experiences stemmed from feeling supported, help in developing effective coping strategies, receiving the information they needed or the services they were waiting for, and a quick response from service providers. Negative experiences stemmed from a lack of services, a lack of or slow response, difficulties navigating the system, normalization of abuse, fears of formal services, and other barriers.

Co-occurring Issues and Their Impact on Help-Seeking:

- **Substance use and stigma:** Some research participants who used substances faced stigmatization when help-seeking.
- **Past trauma:** Several research participants believed their own or their partners’ past trauma affected their ability to seek help.
- **Health condition:** Chronic health conditions and physical disabilities impeded women’s ability to seek help because of their concerns for privacy and confidentiality and feared stigmatization.
- **Mental health:** Several women suggested that their mental health impacted their ability to seek help. They felt stigmatized when seeking help.

- **Care work:** Being responsible for children, animals, pets, and property made it more challenging to seek help. Childcare, animal, and pet care assistance were not readily available.

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

Rural Survivors’ Perceptions of the Process of Help-Seeking and The Response of Service Providers:

Survivors sought help formally from counsellors, doctors, nurses, legal aid, legal services, shelter, RCMP/police, victim services, and non-profit organizations.

- **Counsellors:** Survivors found counselling services helpful, but these were difficult to access due to costs, waitlists, distance, a lack of understanding of IPV, and concerns regarding privacy and confidentiality.
- **Doctors/nurses/health units:** Access to doctors was not always available in Manitoba and Saskatchewan. Women appreciated doctors’ understanding of IPV.
- **Legal aid/legal services/legal system:** Legal aid and legal services were often unavailable. Several women found lawyers helpful, but their services were often costly. For most women, the court was a negative experience and an extension of abuse.
- **RCMP/police:** The experience of survivors and service providers was mixed. Some women and service providers found police very helpful, while others experienced challenges accessing their services due to local politics, a slow response, prejudice, and racism towards racialized women and service providers.
- **Shelter:** Crisis shelters were described as the most helpful resource. Unfortunately, not all research participants were able to access shelters. However, those women who accessed shelters received other services with the support of shelter staff, such as Manitoba Housing, second-stage housing, medical assistance, help with protection order, and others.
- **Victim Services:** The experience with victim services was both positive and negative. Several women appreciated that they received counselling through victim services; other women expressed that they could not access the services without pressing charges against their perpetrator.
- **Other services:** There were other services that survivors accessed, including a crisis stabilization unit (CSU), social assistance offices, Child and Family Services (CFS), the Employment Assistance Program (EAP), food banks, nutritionists, immigration services, crisis phone lines, and non-profit organizations for animal care. Some of these services were helpful, while others posed additional challenges. Generally, trauma- and violence-informed approaches contributed to the positive experience of survivors.

“There wasn’t a mental health person. There was no one [to talk] about it.” SK Survivor

“There is no one to talk to. In a small community even if you did see some counsellor or something, what’s the chance of them talking to someone else that you know...” MB Survivor

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

Barriers, Gaps, and Challenges to Seeking Help: Perspectives of Rural Survivors

In our analysis, we have identified several barriers that women experienced in the process of help-seeking. These are:

- ***Abuse-related barriers:*** Abuse may involve coercive control that isolates the survivors, abusers can be in a position of power in the community, survivors may fear retaliation or reputation damage, abusers may employ racist, sexist, and religious beliefs in isolating the woman in her community and limit her access to resources.
- ***Contextual barriers:*** A lack of or limited access to technology (cell phone, cell service, internet), geographic isolation, a lack of privacy and confidentiality, and social isolation.
- ***Cultural barriers:*** Normalization of abuse and victim-blaming.
- ***Socioeconomic barriers:*** Lack of employment/employment-related difficulties, financial insecurity/poverty, a lack of transportation, and a fear of losing housing or homelessness.
- ***Relationship-related barriers:*** Several research participants faced barriers related to their relationship with the abuser, such as sharing custody or co-owning a property.
- ***Structural barriers:*** Ableism, racism, and sexism.
- ***Service-related barriers:*** A lack of services, a lack of information/difficulty recognizing abuse, custody, co-parenting and supervised visitation, fear of child apprehension/CFS, lack of access to childcare, lack of counselling services, barriers accessing legal services, the inefficiency of protection orders, and a lack of understanding and recognition of coercive control. In addition, participants suggested that a lack of coordination across the services, a lack of follow-up from service providers, residential requirements when accessing services, a lack of cultural safety, and a lack of understanding of IPV and its dynamics served as significant barriers to help-seeking.

The RCMP are spread super thin and they have a massive area. He said, 'There's no way I can get here.' SK Survivor

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

"He locked me out of the house in the middle of the winter. The fact that the police would take 20 minutes to get there was never an option. Nobody heard it. Nobody saw it." AB Survivor

Intervention Services Available to Rural Survivors

Survivors and service providers mentioned the following services available rurally in each of the provinces:

- In Manitoba, Child and Family Services (CFS), Addictions Foundation Manitoba (AFM), health units, doctors, and nurses are available rurally. RCMP operates in rural areas, however, the response to calls can be slow. Several shelters operate in larger population centres rurally, but not all women accessed these mainly because of distance, waitlists, a lack of transportation, and a lack of information. Transitional housing is urgently needed because housing is one of the major barriers for women who seek help. Having pets or animals posed a difficulty when accessing shelters across the province. Several research participants found it difficult to access legal aid and legal services. Research participants found legal and counselling services costly. Women also expressed the lack of support with supervised visits. Crisis stabilization units should be more readily available in rural areas.

- In Alberta, the Calgary Rural Primary Care Network provides mental health support for adjoining rural areas. There is hospital care available in rural areas for immediate medical assistance. There are counselling services for women and children, advocacy support, peer support programs, domestic violence support hotlines, victim services, and women's shelters in various rural locations. Governmental social assistance in the form of employment support and childcare support was also underscored for rural women who would qualify for such support. The significance of parenting support was highlighted for rural women managing the stressors associated with IPV victimization. The importance of charitable support for victims of IPV was highlighted. Such charitable support was exemplified by food banks, along with compassion funds at local churches which provide household items for victims who are establishing new households after terminating abusive relationships. Challenges mentioned were related to waiting lists, limited psychological and social work resources, transportation difficulties to attend in-person appointments, and a lack of anonymity.
- In Saskatchewan, there are limited options for those seeking help in rural areas. There is a lack of after-hours support, a lack of prevention services, interpretive services, 2SLGBTQ+ services, a lack of overall services, and outreach. Women must travel to an urban area to access shelters but there are often long waiting lists and shelters lack space to accommodate all women who come to seek help. The mobile crisis is often the only option for women because it can get women to hotels where they can wait for their turn. Even basic healthcare requires travel to urban areas. RCMP and paramedics serve as a form of outreach services, and this can lead to the involvement of victim services workers. Hospitals in urban centres can also be utilized as a form of intervention services because they have social workers on staff to help those who need it. Finally, there are private counselling offices set up by social workers.

Recommendations: Improving Our Responses to Survivors

- ***More education and awareness for cultural change:*** There is a need to educate the public and service providers who work in various agencies that may be important in survivors' lives rurally, such as RCMP, doctors, nurses, food banks, schoolteachers, school support staff, and others.
- ***Improving accessibility of services:*** There is a need for more women's shelters, women's resource centres, second-stage shelters, crisis stabilization units, detox facilities, lawyers, and other services in rural areas.
- ***Greater collaboration among agencies:*** It is essential to develop collaborative work among agencies. It is essential to develop collaborative work among agencies by encouraging dialogue, capacity-building, and policies.
- ***Addressing barriers:*** Barriers can be addressed by creating additional support mechanisms that address socioeconomic and other barriers, transforming the service provision system, and thinking out of the box (for example, addressing the counselling gap by enabling virtual counselling).
- ***Perpetrator-focussed work:*** Perpetrators often have mental health issues and past traumas. Perpetrators need to be held accountable because abuse often continues post-separation and survivors may face harassment, stalking, or use of children in abuse if they share custody. Restorative justice approaches can be explored.
- ***Child support for women leaving abusive relationships and/or experiencing IPV:*** Several survivors emphasized the importance of childcare support for women leaving abusive relationships, including counselling for children exposed to IPV.
- ***The survivor-centred approach in navigating the justice system/protection order/custody/victim services:*** Many of our research participants who dealt with the justice system perceived it as a major barrier. It may be useful to have survivor-led support as part of victim services, for example, to help survivors navigate and understand the justice system. Having an informal peer support network would increase women's capacity to deal with the systemic issues women face when help-seeking.

- **Addressing racism and introducing diversity: Survivors recommend addressing the lack of diversity within service provision by having:**
 - More women within service provision (i.e. in the RCMP).
 - More racial and cultural diversity among all service providers (shelters, social assistance offices, police).
 - More outsiders among service providers.
 - More training on IPV, gendered dynamics of service provision and the role of sexism in it.
- **Legal aid and social assistance conditions need to be changed:** Research participants faced barriers in accessing legal aid. There is a need to evaluate and change policies in accessing legal aid.
- **Animal support guide:** Some participants provided recommendations for services to help those who have animal considerations when leaving IPV. This can include a guide that provides options for temporary fostering of pets and animals and that may be based on informal groups that are available online on social media or other means, such as posters.
- **Addressing financial co-dependence:** There should be policies about mortgages and credit cards that consider IPV and assist survivors who may have a shared account or mortgage to ensure greater financial security of survivors.
- **Clearer policies on self-representation in court and perceived bias against women:** Survivors believed they experienced bias against them when self-representing in court. There is a need for a clearer policy about self-representation in court, especially in cases that involve intimate partner violence.
- **Improving employment policies for survivors of IPV:** The Employment Assistance Program (EAP) has been helpful because it recognizes IPV. Women suggested that they needed to take unpaid leave for a month or more to recover from the stress and trauma.
- **Recognition of sponsorship abuse:** Women lose their immigration status due to the abuse they experience. Therefore, there is a need for greater recognition of sponsorship abuse and more opportunities for women to become legally independent from their perpetrators if they face immigration-related insecurity.
- **Recognition of emotional abuse and coercive control:** Survivors emphasized taking coercive control and emotional abuse into serious consideration. Thus, several women who did not have proof of physical abuse or did not experience physical abuse (and instead damaging, controlling, manipulative, and harassing behaviours) could not get the protection they needed.

“You know, I would love because this is such a religious community - I would love for domestic abuse not to be such a complete taboo topic. I'll just use my culture, the Mennonite culture. There is, ‘Well, the woman must have done something wrong.’ For that to become a topic in churches where she didn't deserve to be hit. It doesn't matter she didn't have the dishes done, it doesn't matter if his favourite things were not in the fridge, and it doesn't matter what was or was not done. She did not deserve that treatment. And it was not a reflection of her behaviour. For that type of openness to start coming into Mennonite churches and there actually be support for women would be phenomenal. So much of it is still hidden and behind closed doors where these women, their only escape to this is going to be death, and that is beyond tragic in many ways.” MB Survivor

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

‘But I never spoke a woman police officer, never, ever spoke to a person of colour, never through the whole process, Victims Services, nothing.’ AB Survivor