Responding to Women

Who Experience Intimate Partner Violence in Rural Municipalities Across the Prairies

Literature Review

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

August 2022

Kardashevskaya, M. Fraehlich, C., Dyer, K., Richards, T., Nixon, K., & Cuomo, T.

Table of Contents

Acknowledgements

Acknowledgements

Executive Summary

The current literature review examines the rural context and the barriers that rural women face in the prairie provinces of Canada. The prairie provinces in Canada are home to a large rural population. Previous research demonstrates that rural women are not only more likely to experience intimate partner violence (IPV) but also are more likely to experience more severe forms of IPV (Allen, 2022). To understand the context within which women experience barriers, we first discuss rates of homicide, the use of firearms in IPV, and the risks associated with it. We then discuss the situation of Indigenous women and newcomer women's experience of IPV in rural areas. Finally, we focus on the barriers and challenges that women face when seeking help in rural areas, such as geographic and social isolation, availability of police and interactions with the legal system, lack of accessible and affordable transportation services, lack of accessible and affordable childcare, lack of social services and supports to respond to IPV, responsibility for the farm animals, livestock, and companion animals, cultural barriers (for example, normalization of IPV), barriers due to the COVID-19 pandemic, and others.

Introduction

Intimate partner violence (IPV) accounts for the most common form of violence perpetrated against women in Canada (Statistics Canada, 2019). According to the most recent General Social Survey (2019), approximately 432,000 women reported being abused by a current or former spouse between 2015-2019 (Conroy, 2021). In 2018, the rate of police-reported IPV in Canada was 322 per 100,000 population, with women accounting for 79% of victims (507 per 100,000) (Burczycka, 2019). While rates of police-reported IPV were highest among women in the territories, provincial rates continued to be highest in the Prairie Provinces of Saskatchewan (1,066 female victims per 100,000 population), Manitoba (968 female victims per 100,000 population), and Alberta (626 female victims per 100,000 population) (Burczycka, 2019).

The Prairie Provinces are also home to a large rural population. Data from the 2021 census shows that while 18% of the total Canadian population lives in a rural area, the rural population accounts for 25% in Manitoba, 32% in Saskatchewan, and 15% in Alberta (Statistics Canada, 2022). Women living in rural areas are at greater risk of experiencing IPV from their current and former partners than their urban counterparts. In 2018 the rates of police-reported IPV in rural areas were 1.8 times higher than in urban areas, with women in rural areas experiencing the highest overall rates of IPV in Canada (789 victims per 100,000 population) (Burczycka, 2019). Further, domestic homicide rates perpetrated by spouses/former spouses and family members are higher in rural areas than in urban areas (Dawson et al., 2018).

Rural Domestic Homicide

In 2018, rates of spousal homicide increased in Canada (Roy & Marcellus, 2019). In 47% of all homicide cases where the victims were women, an intimate partner was the closest accused perpetrator (Roy & Marcellus, 2019). A report by Dawson et al. (2018) for the Canadian Domestic Homicide Prevention Initiative (CDHPI) revealed that for the five years from 2010 – 2015, there were 418 cases of domestic homicide that involved 476 victims. Excluding the territories, the domestic homicide rates per 100,000 population of the provinces (excluding territories) were highest in Manitoba (3.36 per 100,000 population), Saskatchewan (2.28 per 100,000 population) and New Brunswick (2.28 per 100,000 population), with rates in Alberta falling in the midrange (1.79 per 100,000) (Dawson et al., 2018). The majority of victims (76%) were female. In addition, 22% of all domestic homicides occurred in rural, remote, and northern areas (RRN) and 69% of these cases involved female victims and an accused male intimate partner. In RRN cases of domestic homicide, a firearm was used in 36% of cases, followed by stabbing in 28% of cases. In 31% of Canadian RRN domestic homicide cases, the process of marital separation was underway, and in the majority of RRN domestic homicides (47%), the victims were killed in a home they shared with the accused (Dawson et al., 2018).

A recent report written by Boyd et al. (2020) for the CDHPI shows that familicide has similar parallels to domestic homicide in the context of RRN regions of Canada. According to the CDHPI, familicide, a category of domestic homicide where an individual murders their current or former spouse and at least one child (biological or stepchild), is a rare occurrence that is disproportionately higher in RRN regions of Canada. Data collected by the CDHPI indicates that of the 667 cases of domestic homicide that occurred from 2010-2019, 25 cases involving 69 victims meet the criteria to be considered familicide. Close to half of these victims (45%) were from an RRN region of Canada (Boyd et al., 2020), which is significant because only 18% of the Canadian population lives in a rural area (Statistics Canada, 2022). Additionally, the CDHPI reports that those accused of familicide who then died by suicide were more likely to live in an RRN region (62%) than an

urban area (38%). Of all of the RRN cases of familicide, 74% of the victims were shot to death with more frequent use of long guns than handguns. In 56% of cases, there was an actual or pending separation of the victim from the accused. Lastly, in the majority of RRN familicide cases (67%) the victims were killed in a home they shared with the accused (Boyd et al., 2020). Research by Dawson et al. (2018) and Boyd et al. (2020) is consistent with earlier research on rural domestic homicide in Canada. In a study of New Brunswick intimate partner homicides where the victims were women, Doherty (2006) found that almost 70% of the deaths occurred in small towns or rural areas. In 46% of cases, the victim was killed with a firearm, suggesting that their presence increases the risk of homicide. 95% of the homicides by firearms were committed with long guns. Additionally, eight cases of murder-suicides out of nine occurred in rural areas and strongly correlated with the presence of firearms (Doherty, 2006).

The Use of Firearm in Rural Areas

Canada has one of the highest rates of civilian firearm ownership with approximately 34.7 firearms per 100 persons (for comparison, in Australia, civilian firearm ownership is 14.5, and in France, it is 19.6 per 100 persons) (Small Arms Survey, 2022). Handgun usage is common in urban areas, and rifles and shotguns are often used in rural areas (Dawson et al., 2019). Firearms are often present in rural homes as they are usually used in hunting or farming and are associated with a rural lifestyle (Doherty & Hornosty, 2008). Despite this, reports indicate that a firearm-related violent crime rate is higher in rural than urban areas. Firearms are responsible for intentional injury and death but are often used in suicide, robbery, homicide, and cases of IPV (Allen, 2022; Snider et al., 2009). Statistics Canada reports that firearm-related IPV is most frequent in rural areas. There are evident differences between the rural South (8.1 female victims per 100,000 female population) and the rural North (31 female victims), as well as between rural and urban areas, where firearm-related IPV is significantly lower (4.1 female victims) (Allen, 2022). This confirms that a firearm ownership poses a significant risk for women living in rural areas and experiencing IPV, even though gun ownership in rural areas is associated with the nature of rurality itself and the general practices of hunting and other law-abiding firearm-related activities (Dawson et al., 2019; Doherty & Hornosty, 2008).

In rural areas, intimate partner homicides are significantly more likely to be committed with a firearm than, for example, a knife, which is more common in urban settings (Banman, 2015; Dawson et al., 2019). According to Banman's (2015) research in Ontario, the majority of domestic homicides in rural areas takes place in households with access to firearms. The Coalition for Gun Control (CGC) argues that the lethality of IPV can be determined by firearm ownership and it is often legally-owned firearms that are used in an intimate partner homicide (Dawson et al., 2019). This suggests that if rural women have no other options than to remain with or return to their abusers, there is a significant risk of danger posed to their safety.

Firearms can be used not only for physical assaults that result in a violent crime or homicide but also as part of coercive control (Tutty, 2015). Tutty's (2015) exploration of non-lethal firearm-related violence committed within the context of intimate relationships identifies several ways in which abusers use firearms to threaten and control their partners. For example, violent partners use firearms to threaten to kill themselves, their partner, partner's relatives, friends, or pets (Doherty & Hornosty, 2008; Tutty, 2015). These threats may prevent women from help-seeking, separation and divorce because women may perceive that leaving poses a greater danger to their lives than staying and enduring the abuse. Women reported that threats of firearm use impacted their mental health causing insomnia, fear, and insecurity (Tutty, 2015). Thus, a partner's access to firearms (and threats to use them) deters women from leaving an abusive relationship and put them at greater risk of serious injury and death (Doherty & Hornosty, 2008; Roberts, 2009; Tutty, 2015).

Rural Indigenous Women and Intimate Partner Violence

The Prairie Provinces are home to a large Indigenous population. Over one-third of the First Nations population in Canada is concentrated in Alberta (14.0%), Manitoba (13.4%), and Saskatchewan (11.7%), and almost half of Canada's Indigenous population live outside urban centers (Statistics Canada, 2017). Research has consistently found that Indigenous women are at a greater risk of experiencing IPV than non-Indigenous women (Brownridge, 2009; Boyce, 2016). In 2014, the General Social Survey (GSS) reported that Indigenous women were three times more likely than non-Indigenous women to experience IPV (Burczycka, 2016). Rurality is one of the factors increasing this risk for Indigenous women as many reside in First Nations communities that are located in rural and remote (and northern) regions (Brownridge 2003; Klingspohn, 2018). Rural Indigenous women have 372% greater odds of experiencing violence than Indigenous women living in urban settings (Brownridge, 2008). Indigenous women are also more likely to be murdered outside of census metropolitan areas or in their own homes (Arriagada, 2016). Indeed, in 2018, of the total of 140 cases of homicide across Canada where the victim was Indigenous, 65% of these cases occurred in small towns or rural areas (Roy & Marcellus, 2019). In 2018, 31% of all Indigenous homicide victims were women, with an increase of six cases from 2017, making 2018 the second year in a row that the annual rate of Indigenous female homicides has increased (Roy & Marcellus, 2019). Despite this disparity, the majority of IPV services - which tend to be catered to the mainstream culture - are concentrated in larger urban centres, leaving rural Indigenous women with few options for support in getting out of violent relationships (Klingspohn, 2018).

Newcomer Women and Intimate Partner Violence

Another population for consideration regarding rural victims of IPV across the Prairie Provinces are newcomers to Canada who settle in rural areas. Rates of IPV are lower among visible minority members (3%) and immigrants (3%) (Burczycka, 2016). However, recent years have seen increases in the number of new immigrants who are settling in small towns instead of large urban centres due to employment opportunities and provincial recruitment efforts (CIC News, 2016; Manitoba Labour and Immigration, 2015). Lam (2019) draws attention to the fact that this shift has occurred without extensive research into the potential obstacles that newcomers might face in a rural setting. For instance, a major policy objective in Manitoba has been to grow regional centres by diversifying settlement outside of Winnipeg with newcomers, which from 1999-2012 resulted in rapid growth through the settlement of 33% of all newcomers to the province (Clement et al., 2013). Clement et al. (2013) found that delivering needed services to this population across a wider geographic distribution has been challenging to establish. Often it is difficult to justify the costs of services when there are only a few newcomers in a community, so there tend to be gaps in settlement services such as language and culturally appropriate mental health supports (Clement et al., 2013; Lam, 2019). Unfortunately, in some rural communities of Manitoba, the initial influx of newcomers also resulted in a backlash of racism and discrimination (Clement et al, 2013).

Clement et al.'s (2013) evaluation of service provision for newcomers under the shift towards rural settlement revealed that there was an urgent need for increased language services for newcomer women, in particular those who were isolated as stay-at-home spouses and had limited opportunities to

attend language training. According to Lam (2019), language difficulties are particularly prominent in rural communities that cannot provide newcomers with appropriate translation supports, thus, impacting newcomers' ability to successfully interact with the local service providers. Clement et al. (2013) found that the number of newcomers often did not justify the cost of providing language services in a rural setting. However, the lack of access to the appropriate language services can lead to social isolation because there are fewer familiar ethnic communities in rural areas than in urban centres (Lam, 2019). This way, the language barrier contributes to difficulties in creating a social support network and accessing various community services (Clement et al., 2013). Manitoba's settlement plan relies on informal supports provided by friends and family in addition to formal settlement services in rural areas (informal supports were the source of 39% of all settlement assistance) (Clement et al., 2013). This becomes especially problematic when newcomer women, who are experiencing IPV in a foreign place where they may not know anyone outside of their home, who to turn to for help, or how to effectively communicate their needs once they find the help that they can trust.

Both Canadian and newcomer women have similar experiences with IPV; however, newcomer women are more vulnerable to IPV given that they also face challenges to adjustment in a new place (Okeke-Ihejirika et al., 2018). As previously mentioned, this includes language barriers, but also fears of deportation owing to a lack of understanding of Canadian laws and rights, fewer resources, less power, and social isolation following the uprooting of their lives from the family and social connections they had in their home country (Okeke-Ihejirika et al., 2018). Research on immigrant women who experience IPV reports that they often lack support systems to turn to in their new country and, the available resources can not address their specialized needs (Gonçalves & Matos, 2016; Lam, 2019; Okeke-Ihejirika et al., 2018).

Recent immigrant women face increased vulnerabilities due to their immigration status, which will dictate what kind of settlement services they are entitled to (Gonçalves & Matos, 2016). Indeed, the immigration policies of the host country may serve to increase the risk of violence towards immigrant women because of the dependent state that is imposed upon them (Gonçalves & Matos, 2016; Jayasuriya-Illesinghe, 2018; Okeke-Ihejirika et al., 2018). This includes not only a dependent state of financial reliance on their spouse but also a reliance on them for translated information on available resources and on their immigration status (Ahmadzai et al., 2016). Over the past two decades in Canada, changes in immigration policy have shifted focus towards filling gaps in the existing labour force, which has allowed the government to impose restrictions on the family class of immigrants (Jayasuriya-Illesinghe, 2018). Jayasuriya-Illesinghe (2018) makes the case that many women do not have access to resources like education in their home country that would allow them to become successful and independent under the policy of the points system. They argue that the racism, sexism, and classism reproduced by the policy of the points system keep certain groups of women in situations where it is difficult for them to obtain employment. Women remain dependent on their spouses until the 10-year post-immigration mark when they become eligible for a wide array of government-provided social supports (Jayasuriya-Illesinghe, 2018). Few newcomer women are empowered to access IPV services before the end of this time frame owing to this ensuing lack of financial security and assured access to social services they would need to start living independently (Ahmadzai et al., 2016; Jayasuriya-Illesinghe, 2018). Additionally, the regulations around the family class sponsorship arrangements can create obstacles for women to leave the relationship because to be able to terminate the sponsorship while remaining in the country, they need to provide documents such as medical and police records to prove abuse (Okeke-Ihejirika et al., 2018).

Jayasuriya-Illesinghe (2018) also argues that there is a focus on attributing post-migration IPV to the women's culture as opposed to acknowledging that immigration policies create structural factors that place them in a dependent and vulnerable situation. The cultural argument puts pressure on the women and their cultural communities to bear responsibility for their safety (Jayasuriya-Illesinghe, 2018). However, if a newcomer woman has no local cultural community to connect with, which is often the case when she migrates to a rural area, it is more difficult for her. There are significant gaps in the literature regarding immigrants/newcomers to the Prairie Provinces and the ways they have specifically experienced IPV in this context.

Barriers and Challenges to Seeking Help in Rural Areas

Although rural women are at a higher risk for experiencing IPV than women in urban centres, there has been little empirical research on the experiences of women living in rural and isolated regions in Canada (DeKeseredy et al., 2016), and particularly on the Prairies. The research that does exist suggests that rural women experience numerous barriers to accessing supports. An early study by Forsdick Martz and Bryson Saraurer (2001) involving interviews with female survivors of IPV and service providers in rural Saskatchewan found that women often stayed in abusive relationships due to the normalization of abuse, self-blame, shame, and fear of reprisal or of not being believed if they disclosed. Women who did want to leave abusive relationships were often unaware of services that were available to them. A lack of services in their home communities meant that women had to travel to urban centres to access services, presenting significant challenges for those unable to afford travel and/or access transportation. A lack of employment opportunities, child care, and affordable housing were also barriers for women who wanted to escape violence (Forsdick Martz & Bryson Saraurer, 2001).

A multi-year project entitled Rural and Northern Community Response to Intimate Partner Violence led by Dr. Mary Hampton (RESOLVE Saskatchewan) was a collaboration between academics from eight universities, including those from the RESOLVE centres in Saskatchewan, Manitoba, and Alberta. The study also included community partners in Manitoba, Saskatchewan, Alberta, and the Northwest Territories. Interviews and focus groups were conducted with 122 service providers who were asked about the needs of women from rural/northern areas who experience IPV and about the gaps in meeting those needs. Numerous gaps and challenges for women from rural areas were identified, including geographic and social isolation; unavailable police services and slow police response times; lack of accessible and affordable transportation services; lack of services and supports; responsibility for livestock and animals; prevalence of and access to firearms; poverty, lack of employment and unavailable housing (Faller et al., 2021). These unique and important characteristics are discussed briefly below, as well as other themes that emerged from the literature, such as a lack of confidentiality and privacy, a lack of trust, a fear of reprisal, the normalization of IPV, and co-occurring experiences.

Geographic and Social Isolation

IPV is experienced differently in a geographically-isolated area because of limited access to formal services and informal help from others (Moffit et al., 2013). Interviews with women who had experienced IPV in a Canadian rural setting revealed that they survived by using strategies to placate their abuser partly because the isolation in rural areas meant it would take so long to get help if the abuse escalated (Riddell et al., 2009). In some remote northern communities, there may be no road access or only seasonal ice road access limiting travel to flight in and out of the community (Moffit et al., 2013). In these cases, women need to wait for scheduled flights to be able to leave to locations hundreds or thousands of kilometres away for services such as women's shelters (Faller et al., 2021). For people who live in rural and remote areas, it takes longer for emergency response services to travel to them, especially during the winter when road conditions are less reliable and can extend travel times (Kasdorff & Erb, 2010). Extended wait times create a dangerous situation for the victim, who is likely to have called for help once the situation has already escalated (Kasdorff & Erb, 2010). It is common in rural areas that the victim may also be far from neighbors or any other source of help, which can be exploited by the abuser as a fear tactic (Riddell et al., 2009). Geographic isolation can also make it difficult to get a court order to keep the offender a certain distance from the victim in small communities where there may only be one gas station, bank, etc. (Kasdorff & Erb, 2010).

Abusers may use the isolation and solitude of the couple's location to their advantage, and may even move the couple or family to a rural location intentionally; it is easier to control the victim when they lack emotional supports in close geographical proximity (Hornosty & Doherty, 2003; Kasdorff & Erb, 2010; Riddell et al., 2009; Roberts, 2009). Some abusers will prevent their victims from working outside the home and keep them occupied with farm chores to limit their opportunities to have interactions with others (Riddell et al., 2009). In addition to the geographic isolation, a woman's experience of isolation can also stem from feeling alone in her situation and the reluctance to disclose IPV due to shame, embarrassment, or fear. Rural women already experience higher levels of loneliness and isolation (Faller et al., 2021), so exposure to IPV may lead to a feeling that they are the only individuals going through such a circumstance.

For many, the social isolation in rural areas entails being cut off from family and friends they would normally ask for help or receive support from (Riddell et al., 2009). Contacting them by phone may incur long-distance charges that are prohibitive for some (Kasdorff & Erb, 2010). If women do not have access to a vehicle, it becomes more difficult to arrange small everyday social interactions like having a cup of coffee with someone and, therefore, it is easier to become disconnected from things like information about local services and programs (Kasdorff & Erb, 2010). Social isolation in rural areas also entails a lack of opportunities to receive peer support and fewer opportunities to access formal help easily (Kasdorff & Erb, 2010). Service locations tend to be nearest to urban areas, and their outreach extends from there, resulting in services that are often inadequate for the context of the geographical area (Kasdorff & Erb, 2010). Unfortunately, being socially isolated causes the victim to become more dependent on their abuser "as their source of information and support" (Kasdorff & Erb, 2010, p. 9). Reduced contact with others means that there are fewer opportunities to challenge the harmful messages the abuser gives to their victim (that they are worthless, etc.), and so they are more likely to engage in self-blame for the abuse (Kasdorff & Erb, 2010).

Availability of Police and the Interactions with the Legal System

RCMP/police detachments are not located in all communities, and calls for RCMP intervention may not be met with a timely response. "Physical isolation, community dynamics and communication limitations" present barriers to calling for help, and the sheer distance caused by the location of the community increases travel time for law enforcement (Faller et al., 2021, p. 4068). The RCMP may not be able to respond until many hours or days later during inclement weather (Fraehlich, 2014). Long police response times have been reported in rural Ontario (Biesenthal et al., 2000), rural New Brunswick (Doherty, 2014), and in parts of rural Saskatchewan, where victims have had to wait close to an hour during a crisis (Faller et al., 2021). Police response is known as being slower for IPV calls to Indigenous communities, which can be due to physical distance. Local service providers have expressed the concern that this is an indication that these women's problems are not viewed as important (Faller et al., 2021). In isolated areas with limited resources, interventions such as protection orders and other legislation that removes the abuser from their home can be difficult to reinforce (Moffit et al., 2013). For instance, it is known that Indigenous women who reside in geographically isolated areas face increased difficulties in having restraining orders effectively enforced. Many Indigenous women are also hesitant to involve the police at all because they feel that law enforcement in their communities is reluctant to take action against their abuser, commonly because of family ties in the community (Ending Violence Association of BC, 2013). Research indicates that in Northern Canada some victims of IPV are fearful of the RCMP, do not feel that their needs are responded to, or feel that their encounters with RCMP have had a prejudiced overtone (Moffit et al., 2013).

Research indicates that it is quite common in rural communities for abusers to be protected by the police as they are likely to have friendships with individual officers, and this is a common source of difficulty in leaving IPV, especially when the abuser has a prominent role in the community (DeKeseredy et al., 2016; Forsdick Martz & Bryson Saraurer, 2001; Murray et al., 2015). Specialized training for officers in handling IPV does not always reach rural and remote communities; officers are trained to deal with the abuser but do not have much authority or the ability to assist the victim and their children (Faller et al., 2021). Women from rural Ontario and New Brunswick report experiences where police dismissed their requests for them to come by their homes, and many experienced police engaging in victim-blaming approaches to their abuse (Riddell et al., 2009). Additionally, research indicates that many newcomer women are fearful of mandatory spousal arrest policies, and so they will not call the police for help (Okeke-Ihejirika et al., 2018). Alarmingly enough, research has also found that newcomer women often face discrimination when they do call the police for help with IPV, creating another deterrent to calling for help (Ahmadzai et al., 2016).

The response of the legal system in the Prairie Provinces and the Northwest Territories contributes to the oppression of women in IPV relationships (Faller et al., 2021). Many women do not know where to begin to access help within the legal system, and many want to move on without involving the legal system to keep the abuse quiet from their communities, friends, and families (Faller et al., 2021). Service providers reported that many victims who had previous experience with the legal system did not find that the legal system helped them and so they are not interested in engaging with them (Faller et al., 2021). Victims from rural Ontario and New Brunswick reported that they struggled to afford legal help and felt that what was provided was not as adequate as what privately hired legal help would have been (Riddell et al., 2009). These victims also found that their abuser was able to maintain some control over them by manipulation through the courts (Riddell et al., 2009). Frustration was commonly expressed in regards to long waits for restraining orders and the inability for law enforcement to intervene without them even when the abuse was well know n to local police (Riddell et al., 2009). For victims in Indigenous communities, the financial and practical

obstacles related to attending court proceedings can prevent them from reporting violence to the police (Maxwell, 2020).

Regarding interactions with the court system, service providers in northern Saskatchewan felt that perpetrators of IPV were not held as accountable for their actions to both the victim and the community as they were in urban areas (Wuerch et al., 2016). Going through the court system in a small community presents unique challenges. For instance, access to a closed courtroom is based on a judge's perception of the severity of the case, and so victims may have to share details of their personal story in a venue where anyone can listen in, which can be traumatizing (Wuerch et al., 2016). Permitting an open courtroom might mean that the abuser can have multiple people on their side of the courtroom to show support, while the victim may lack support during the court process and have no one on their side, thereby exacerbating the social isolation they experience in a rural or remote area (Wuerch et al., 2016).

Lack of Accessible and Affordable Transportation Services

Transportation, in general, is identified as a concern for women from rural areas who experience IPV (Barton et al., 2015). When individuals do not have the means for communication from home, such as a telephone, they will have to travel to access a variety of services in-person (Kasdorff & Erb, 2010). Families in rural areas often live great distances from the closest town, and many families only have one vehicle if they have one at all (Kasdorff & Erb, 2010). In cases where the abuser is the only one in the family who is employed, they may take the family vehicle for the day and leave their victim stranded at home. Abusers may deny their victim access to a vehicle and sabotage available modes of transportation by removing important mechanical parts or by taking the keys with them when they leave (Riddell et al., 2009). Abusers may also use the GPS technology in the family vehicle for surveillance over their victims, further compromising safety when victims attempt to access helping services (Kasdorff & Erb, 2010).

The issue of transportation is magnified for Indigenous women, as many of their communities are no longer directly connected to services such as Greyhound bus routes (Zorn et al., 2017). In some more remote locations, Indigenous women may need to go through the process of getting transportation costs approved by their band council or by a northern affairs official so that they can escape to the closest shelter (Lamontagne, 2011). Public transportation options such as regular buses are not common in most rural communities (Kasdorff & Erb, 2010). Many rural communities do not have taxi services, or the ones available may be unaffordable for women. These lacking options for transportation can mean that even when services are located in the victim's town, they may have to walk for close to an hour to access services (Kasdorff & Erb, 2010) in the uncomfortable weather conditions and without access to childcare for babies and young children. It is common to drive over an hour to access the local victim services office, the victim may need to take unpaid time off of work and may struggle to afford the cost of gas for the trip (Kasdorff & Erb, 2010). Even when women can get a ride from a trustworthy friend or relative, there may be an expectation of financial compensation, which can be prohibitive for some women (Bonnycastle et al., 2019). The nearest shelter or counselling centre may be hundreds of kilometres away, making it more difficult for women to access such support, especially if their abuser is closely monitoring their actions (Kasdorff & Erb, 2010; Wuerch et al., 2016). An absence of transportation to get to any form of safe shelter is an enormous hurdle for rural women being able to leave violence (Faller et al., 2021).

Lack of Accessible and Affordable Childcare

A report by Macdonald (2018) found that it can be difficult to access affordable quality childcare in large urban areas and even more challenging in rural areas because provincial coverage rates depend on community size. Coverage rates only include licensed child care spaces, and the rate can be conceptualized as per 10 children not yet in school. Across Canada, population centres of 100,000 or more have higher coverage rates than smaller population centres, small towns or rural areas. This report estimated that across Canada, about 44% of children who are not school-aged live in 'childcare deserts', or areas where there are at least three children potentially in competition for one available licenced child care space. Thus, rural Alberta has a childcare coverage rate of only 24%, which is close to half of what parents would find in Calgary or Edmonton. A third of all of Manitoba's young children live in a rural area but there is only a 20% rural coverage rate, or one spot for every five children. Saskatchewan has the lowest overall provincial coverage rate in the country at 18%, where even larger urban areas lack significant coverage over rural areas. In Saskatchewan, 42% of all young children live in rural areas with a coverage rate of 13%, or close to one spot for every ten children (Macdonald, 2018).

Data collected by Macdonald and Friendly (2017) indicate that across Canada, the general cost of childcare is too expensive for both lower and middle-income families. Owing to the needed ratios of staff-to-child with lower age groups such as infants, those families with infants and toddlers tend to be at a greater disadvantage, with the costs of childcare reducing as their child ages in most cases (excluding the case of home care spots for infants which tend to be more affordable). Data specific to rural communities was only collected from rural Ontario and an eastern rural area of Alberta, and revealed that rural child care fees are "mostly in the mid-range compared to median city fees across the country" (p. 5). For example, in central rural Ontario, the fees for preschool-aged children are $911 a month in comparison to $931 a month in Hamilton. In the eastern rural area surveyed in Alberta, the fees for preschool-aged children were $822 a month in contrast to Edmonton at $855, and Calgary at $1,000 (Macdonald & Friendly, 2017).

A lack of available and affordable childcare options creates significant barriers for women who are trying to escape violence in order to provide a better life for their children. Rural service providers consistently expressed that women need childcare when they are accessing counselling or during phases of leaving the relationship (Faller et al., 2021). Having reliable access to childcare is also an important factor in safety planning (Murray et al., 2015). Even though women frequently stay in shelters with their children, childcare is not something that can always be adequately offered by shelters that are often already working with limited resources for their operations. Data based on responses from 223 domestic violence shelters across Canada demonstrate that 32% of shelters have a child care worker on site (Maki, 2019). Data collected from 2017-2018 indicate that 69% of residential facilities for victims of abuse can offer childcare across Canada (Moreau, 2019); however, there were no figures available for rural shelters specifically. The ability to have their children looked after would enable victims of abuse to take full advantage of the services offered in the shelter.

Lack of Social Services and Supports to Respond to IPV

Important community resources that support a woman's help-seeking, such as childcare, housing, health care and education are lacking outside urban areas (Kasdorff & Erb, 2010). Rural areas often lack crisis services and ongoing support for women in violent relationships, and available services have to stretch over large geographical jurisdictions (DeKeseredy et al., 2016). The limited resources that exist for IPV tend to be reactive rather than preventative and focus on risk management, which does little to end the cycle of violence (Faller et al., 2021). The lower population counts found in rural and remote areas make it hard to secure the adequate funding needed to run services (Forsdick Martz & Bryson Saraurer, 2001). These limited service options and resources available to existing service providers impair the ability to provide timely help when a crisis occurs owing to large caseloads (Wuerch et al., 2016). The lack of services can also be attributed to "staffing issues, high staff turnover rates, overworked existing positions, volunteer fatigue, and inadequate training" (Faller et al., 2021, p. 4069). Individuals with additional needs such as developmental disabilities, hearing impairments, or related to pregnancy may require extra supports that rural agencies lack the funding to provide for (Murray et al., 2015). Additionally, women living in rural communities may not be aware of how to access the services available to them (Wuerch et al., 2016). Unfortunately, service providers in northern Saskatchewan have noted that few services relevant to IPV are open past 5:00 PM, which is incongruent with the timing that most crises tend to occur (Wuerch et al., 2016). When a victim cannot access needed services, they end up in the same house as their abuser owing to a combination of a lack of finances, a lack of emotional support, or because of the isolation factor in rural life (Wuerch et al., 2016).

Riddell et al. (2009) found that professionals in rural areas do not always have adequate training specific to IPV. Limited availability of service alternatives means that victims may not have the option to choose to work with a different professional when they have an unpleasant experience. Women from rural Ontario and New Brunswick reported that they were revictimized by their counsellors through victim-blaming, having their need for help disregarded, or by counsellors refusing to get involved. Sometimes the closest point of access to help was the woman's physician. However, some rural women reported that their physicians ignored the obvious signs of abuse when treating their injuries or refused to engage in the helping process (Riddell et al., 2009).

Available research suggests that the RCMP and nurses, who tend to be the most available points of contact for rural Indigenous women, lack adequate training that enables them to respond to either the unique needs of women experiencing IPV or in culturally appropriate ways (Zorn et al., 2017). Victim services are not available in every community, and there is a notable lack of victim services specific to Indigenous clients; this is a posting that has often remained vacant for extended periods of time (Faller et al., 2021). Given that individual provinces and territories are responsible for providing formal victim services for Indigenous communities, availability varies across Canada, and it is challenging to provide these services in more remote areas that are hard to access (Maxwell, 2020). In Indigenous communities where professionals such as mental health workers are outsourced, it has been reported that language barriers make it difficult for individuals to feel understood and can inhibit the effectiveness of services (Wuerch et al., 2016). Research on interventions into family violence within Indigenous communities indicates that it is critical to foster strong social support networks and local communities should participate in the design and implementation of these programs (Shea et al., 2010).

Lack of Coordination of Available Services

As in urban centres, existing services in rural areas are compartmentalized and navigating systems can be difficult for women. Service providers themselves have acknowledged there is often a lack of integration between organizations involved in the field, which means women in rural locations may be confused about which service or agency to contact if any (Faller et al., 2021). For example, when police are called for IPV in Manitoba, a call is automatically made to victim services, but in other provinces, the victim must initiate this process themselves (Faller et al., 2021). It has been found that newcomer women generally do not have information about how to access available IPV supports (Ahmadzai et al., 2016). Rural women may need to contact many organizations themselves to figure out what they can do, having to relay their stories over and over again while navigating red tape (Faller et al., 2021). This is especially concerning given the number of IPV victims who encounter additional struggles such as parenting issues, poverty/low income, divorce, mental health, and substance abuse.

Kasdorff and Erb (2010) report that when service providers for rural areas are located in urban centres, there tends to be a lack of understanding about the unique aspects and challenges created by life in the rural context. This is demonstrated in the common expectation that rural clients will attend in-person appointments. They also report that available service options for rural areas are fragmented and are not available in the same community, which means multiple lengthy trips for the victim, especially if they cannot coordinate appointments to line up in a workable time frame. They also found that there is a general lack of information about available domestic violence services in common community spaces like libraries or bulletin boards at grocery stores. Rural women often do not learn about available services that would have benefitted them until they are already at a shelter (Kasdorff & Erb, 2010).

Responsibility for the Family Farm, Livestock, and Companion Animals

For rural families that farm, events such as drought that damage crops and impact the health of livestock compromise the ability to cope with family violence and place intense stress on victims (Wendt & Hornosty, 2010). Often, in rural areas where there are limited options for shelter, women and their children need to relocate to urban areas, which is an abrupt shift in lifestyle (Wendt & Hornosty, 2010). Uprooting from the family farm impacts not only a farming woman's sense of identity due to her strong connection with the land but her livelihood as well (Wendt & Hornosty, 2010). A farm requires a significant investment of time and energy: to lose it is a huge loss, one that many service providers are not able to fully grasp, further frustrating the process of seeking help (Wendt & Hornosty, 2010). The nature of farm work also means that when women leave, they may not be eligible for Employment Insurance or Canada Pension Plan benefits, and there may be further complications when there is debt owed on the farm (Riddell et al., 2009). Additionally, a lack of employment experience outside of working on the family farm means that women may have concerns about how they can financially provide for their children in an urban context (Riddell et al., 2009). Farming women will often remain in violent relationships to keep not only their investment, but to preserve their children's future inheritance; leaving could potentially threaten to bankrupt the farm, so the success of the

farm factors heavily into their decision to leave or stay (Wendt & Hornosty, 2010). Attachment to the family farm can be easily exploited by abusers who may threaten "to destroy the farm animals or to burn the farm if the woman left", and some women's families pressure them to stay for the sake of the farm (Wendt & Hornosty, 2010, pp. 56).

Many rural women find it hard to escape violent relationships because of their responsibility to care for livestock and other farm animals. Leaving the family farm, including their animals, may not be possible for some women, and they may choose to stay for this reason (Fraehlich, 2014; Hornosty & Doherty, 2003). Raising live-stock is a considerable investment – both financially and emotionally. There is a special emotional connection that is developed when feeding, sheltering and providing care to animals, making it difficult for victims to leave their animals behind without knowing how they will be cared for (Kasdorff & Erb, 2010).

Farm animals and pets are considered by many to be a part of the family. Over 50% of Canadian households own pets (Fitzgerald et al., 2019, p. 1807). In the context of IPV, pets often become victims of violence because pets can be part of the IPV victims' support system and pet abuse can be one of the ways through which the perpetrator tries to psychologi-cally intimidate and control the victim (Fitzgerald et al., 2019; McDonald et al., 2015; Wuerch et al., 2020). Exposure to violence against animals can be traumatizing for both victims and their children (McDonald et al., 2015). An-imals provide a sense of "emotional comfort and security" for victims and their children, especially in the context of abuse this support often becomes more valuable (Fitzgerald et al., 2019; Wuerch et al., 2020, p. 1873).Victims may delay leaving the abusive relationship due to the inability to find a way to keep livestock and companion animals safe (Giesbrecht, 2021; Wuerch et al., 2020). Many people who abuse women also abuse animals, so the victim may have substantial fears over the safety of the animals when they leave them in the sole care of their abuser (Kasdorff & Erb, 2010). However, it can be extremely challenging to find shelters that offer space and care for animals, especially in rural areas (Wuerch et al., 2020). For many wom-en and their children, to leave animals behind is like leaving a part of their family behind, adding to the experience of loss for both women and their children (Giesbrecht, 2021; Kasdorff & Erb, 2010).

Responsibility for farm animals can even make accessing non-res-idential services difficult because the caretakers should feed the animals, and the farm cannot be unattended for longer than half a day (Kasdorff & Erb, 2010). Farmwork is labour-intensive. The physical and financial task of caring for the farm and livestock can be too much for just one person. When police intervention results in the abusive partner being unable to return to the farm to attend to daily operations, it can jeopardize the farm and compromise care for livestock. This can also mean that the abuser is prevented from accessing the means to their own livelihood (Kasdorff & Erb, 2010). While shelters find it challenging to place companion animals, it is much more difficult to find a place for livestock because they need larger space, they are more labour-intensive, and it can be harder to trans-port them (Giesbrecht, 2021; Wuerch et al., 2020). The awareness of these compounding factors keeps some women from reporting abuse, delaying or refusing to go to shelter (Kasdorff & Erb, 2010; Wuerch et al., 2020).

Lack of Access to Technology

As discussed by Kasdorff and Erb (2010), many people in rural areas do not have a telephone in their home owing to the higher costs of service in less densely populated areas. They report that when the home is in an isolated area, the service user may be responsible for paying to install the needed telephone poles for service. Therefore, they note that cell phones are now more common in rural homes, but cellular service can be unreliable in areas with dead zones between cell towers. The authors found a similar situation with reliable internet access. Broadband internet is often not available in rural areas, leaving dial-up internet service as the only option, which does not provide good connectivity and is not affordable for some families (Kasdorff & Erb, 2010). Insufficient access to the internet reduces the chance that a victim could research available options for help and presents another challenge to staying connected with family and friends that could offer support.

Having access to only one phone can be manipulated by the abuser to further isolate victims (Kasdorff & Erb, 2010), such as taking the only available phone with them when they leave the house so that the victim cannot contact anyone in their absence (Riddell et al., 2009). Kasdorff and Erb describe that when one cellular phone is shared by the whole family, privacy cannot be guaranteed if a victim tries to contact helping services. Victims may find that they need to use phones outside of their home to contact helping services, meaning that they cannot leave a return number to be contacted at, which complicates the provision of service delivery (Kasdorff & Erb, 2010). If there is the only access to a cellular phone, calling 911 is challenging, as cell phones do not necessarily provide EMS with the caller's location (Kasdorff & Erb, 2010).

Poverty and Lack of Employment

Many abused women living in rural areas are financially dependent on their partners, their band, or on transfer payments and, this financial dependence limits their options (Fraehlich, 2014). When women are financially dependent on their abuser, they are more likely not to report violence (Moffit et al., 2013) and are more likely to need to return to their abuser when they try to leave (Faller et al., 2021). Rural women may have married into a farm and are unable to provide for themselves if they separate from a male partner who has traditionally been the sole breadwinner (Wendt & Hornosty, 2010). For many who participate in the operations of the family farm, there is no hourly wage, no Employment Insurance (EI) and no Canadian Pension plan (CPP) benefits (Kasdorff & Erb, 2010). Other economic factors, such as equity tied up in mutually owned property, can make it difficult to leave (Forsdick Martz & Bryson Saraurer, 2001). It is not only a woman's own poverty that limits her options - if supportive family members are also experiencing poverty, it will limit what kind of support they are able to extend to the woman and her children (Faller et al., 2021).

Poverty is experienced differently in rural and urban areas; in rural areas, this experience is exacerbated by rare or non-existent local employment opportunities and a lack of transportation that could be used to pursue opportunities farther away (Kasdorff & Erb, 2010). A woman's lack of employment income impacts her ability to buy survival necessities, which factors into the decision-making process of whether to leave or stay (Faller et al., 2021). A lack of opportunities to access education combined with a lack of community resources in the areas of job training and skill development keep many rural women in a financially dependent state on their abuser (Faller et al., 2021; Kasdorff & Erb, 2010). The lack of financial independence means that covertly getting everything into place to be able to leave, such as stashing a few surplus dollars from the grocery budget every week, can take years to accomplish (Riddell et al., 2009). Often there are better opportunities in larger urban areas, but that means uprooting from their family and the community they are emotionally connected to and supported by (Faller et al., 2021), not to mention the costs of relocating. Murray et al. (2015) found that a common barrier to safety planning for rural victims of abuse was the lack of personal resources including finances, which impact the ability to pay for needed transportation, housing, and childcare; often service providers can only provide short term financial assistance.

Lack of Shelter and Housing

There are better options for accessing shelter in urban areas in comparison to rural areas. Rural shelters have to serve populations spread out over a large geographic area with very few alternative housing options for those needing shelter from abuse (Maxwell, 2020). Due to varying funding and other resources that shelters have, urban shelters may offer different and/or more services than those in remote or northern communities (Maki, 2019). Meanwhile, rural and remote shelters need to additionally provide outreach services to isolated communities in their surrounding catchment area (Maki, 2019). Shelters in these locations have to contend with higher costs of living to cover food and utility bills that are difficult with limited budgets (Maki, 2019). The population size of the community served is related to the size and capacity of shelters, and on average rural shelters will have 12 funded beds, which is nine fewer than shelters in larger urban settings, and the average maximum capacity for rural shelters is 15 beds (this may entail sleeping on couches, mats on the floor, etc.) (Maki, 2019). When shelters go over their capacity of funded beds, this means having to stretch the funding to meet the needs of more residents (Maki, 2019). It is also important to note that whether or not they have these funded beds filled, their facility runs the regular costs of operation every day of the calendar year (Maki, 2019).

A survey of 223 shelters for women across Canada reported that only 31% of shelter residents were able to secure safe housing for themselves and their children during their stay at the shelter, with a lack of affordable housing cited as a significant barrier for women to leave (Maki, 2019). Both Indigenous (70%) and non-Indigenous (79%) shelters listed a lack of affordable long-term housing as the most common challenge (Maxwell, 2020). Notably, only 7% (or a total of six) of shelters with ties to Indigenous communities and 26% (110) of non-Indigenous shelters were able to provide long-term housing for three months or more across all of Canada (Maxwell, 2020). Second stage housing is not commonly available in rural areas, and of the participating rural shelters that were surveyed throughout Canada from 2017-2018, none could provide this service (Maki, 2019). Consequentially, 74% of shelters reported that they had to provide extensions to stays beyond the provincial length of stay guidelines, which reduced the number of new residents they could accommodate (Maki, 2019).

In 2013-2014, of the 627 residential shelters for abuse victims in Canada, only 4% serviced rural areas, 11% serviced both rural and urban areas, and 3% exclusively serviced reserve populations (Beattie & Hutchins, 2015). Across Canada, there were just 17 safe housing networks to provide informal shelter in rural and remote areas through brief emergency housing for 1-3 days (Beattie & Hutchins, 2015). More recent data
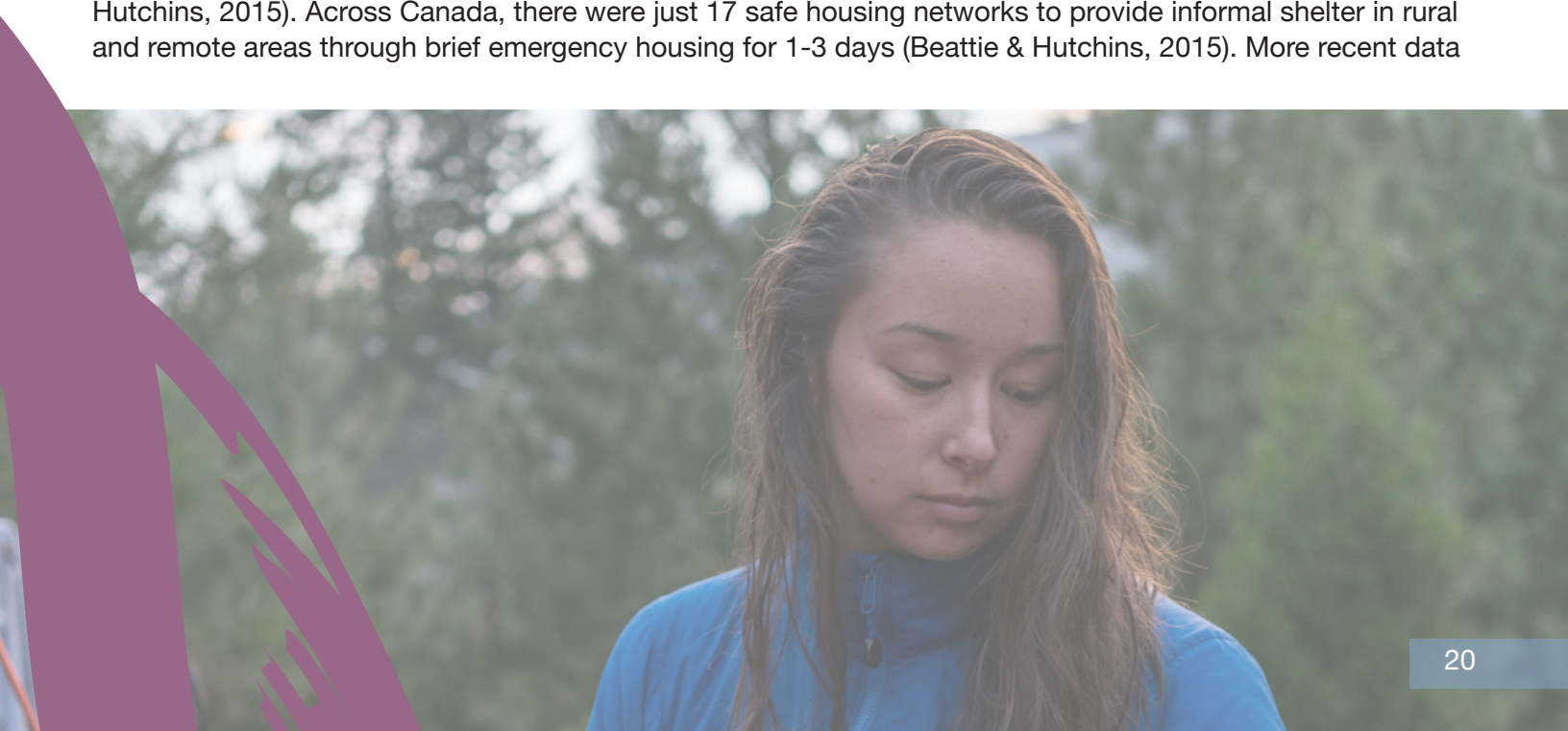
collected from 2017-2018 show that the total number of residential facilities for victims of abuse dropped to 552, and that a total of 59% of all short-term facilities and 80% of all long-term facilities are located in urban areas (Moreau, 2019). Of the available residential shelters in Canada, there are 85 with ties to Indigenous communities; 59% of these operate in a rural setting, with 30 operating on reserves (Maxwell, 2020). Data collected from 2017-2018 indicate that only 50% of non-Indigenous shelters can provide culturally sensitive services to Indigenous women (Maxwell, 2020). Data collected from shelters across Canada on a snapshot date of April 18, 2018, indicate that short-term shelters have higher occupancy rates in urban than rural areas, which is likely owing to such factors as an inability to travel to these shelters or a lack of awareness of them (Maxwell, 2020). Indeed, only 16% of rural shelters report that they are almost always at full capacity (Maki, 2019). However, there are exceptions in Manitoba and Saskatchewan, as well as Newfoundland and Labrador, where rural occupancy rates are higher than urban rates (Moreau, 2019).

Provincial length of stay guidelines is 21 days for shelters in Alberta, 42 days for Saskatchewan and 30 days for Manitoba (Maki, 2019). The average length of stay is often not enough time for a victim to secure housing, get their affairs in order, or even fully benefit from the services offered at the shelter, such as counselling (Bonnycastle et al., 2019). Stable housing creates a safe and reliable environment conducive to healing from IPV while meeting the challenges of becoming self-sufficient, such as upgrading education or skills to pursue better employment opportunities (Bonnycastle et al., 2019). Since many emergency shelters cannot provide services that enable a victim's long-term ability to escape a violent relationship, many victims end up returning to live with their abuser. On a snapshot day of April 18, 2018, 21% of all women who left a short-term facility returned to a home where their abuser lived, 18% went to stay with friends or relatives, and 11% were entering another shelter (Moreau, 2019).

The lack of housing options in remote communities is so prevalent that there can even be trouble finding housing for the employees who come to remote communities to provide mental health services (Wuerch et al., 2016). There is often a general lack of available and affordable housing in rural areas, limiting women's options (Barton et al., 2015; Fraehlich & Peters, 2016). Subsidized housing, second-stage housing, and social housing are scarcer in rural areas than in urban areas, but even in urban areas, there can be long waitlists for social housing owing to limited spaces (Bonnycastle et al., 2019). Abused mothers are reluctant to leave their current situation if they cannot find housing for themselves and their children (Bonnycastle et al., 2019). For women who have lived in one rural community for their entire lives, it is immensely difficult to uproot themselves owing to an important sense of belonging and a connection to culture that comes from the local community and the land itself (Moffit et al., 2013; Wendt & Hornosty, 2010). The outcomes of uprooting their lives and disrupting social connections are disempowering to women and their children after an incident of violence (Faller et al., 2021). When women can only access housing outside of their home communities, it presents other challenges such as finding a job, because they are disconnected from the knowledge of available support services in their new community (Bonnycastle et al., 2019). Women who are used to living in a small community may also have fears around safety when they move to larger areas; they may worry about literally losing their children in the larger and busier public spaces, and Indigenous women may have concerns around the racism they could face in an urban area (Bonnycastle et al., 2019).

Indigenous women who live on reserves move into their husbands' homes, and so losing their housing is a real concern when it comes to ending a violent relationship (Ending Violence Association of BC, 2013). Given that Indigenous women on reserves have unclear rights to housing under the Indian Act, they generally have to leave their community if they cannot stay with a friend or family member and there is no shelter on their reserve (Bonnycastle et al., 2019). Individual band policies on housing can create barriers for women, such as policies that favour giving available housing to married couples (Bonnycastle et al., 2019). Many available shelters and housing options for Indigenous women are located in larger urban settings that many lend themselves to culture shock, compounding the stressors these women are experiencing when they

seek safety (Lamontagne, 2011; Zorn et al., 2017). In their interviews with women from Northern Manitoba who were staying in shelters, Bonnycastle et al. (2019) found that the main reason women moved from their homes was because of abuse from their partner or ex-partner. The housing situation in their remote communities meant that these women often had to choose between having a roof over their heads and being safe from violence. Couples who did not have their own housing reported that they generally lived with members of one of their families, which can dangerously increase tensions in a violent relationship. Their interviews indicate that temporary options for safe shelter such as staying with friends or family can lend to increased stress from overcrowding and from the woman's perception of being a burden. The lack of housing options forced many women to stay in abusive relationships, and sometimes meant having to endure additional abuse from their partner's family if they were living with them. The situation was compounded when women had children or were pregnant and needed a reliable place to live (Bonnycastle et al., 2019).

Lack of Confidentiality and Privacy

The nature of smaller communities (i.e., less anonymity and privacy) makes it difficult for abused women to find someone they trust and, they may also be less likely to disclose their experiences of abuse (Hughes, 2010; Kasdorff & Erb, 2010). The smaller the community gets, the more social intersections there are. This means that it is more likely that a woman's abuser is acquainted with others who hold important positions in the community, such as band council members, health professionals, etc. (Moffit et al., 2013). This relatedness in many smaller rural communities creates a general sense that everyone knows each other, including professionals, such as social workers (Wendt & Hornosty, 2010). Professionals may accidentally reveal due to a lack of confidentiality techniques applicable in smaller communities (Kasdorff & Erb, 2010). When a victim cannot be sure that their confidentiality is protected, it will impact their willingness to seek timely help (Moffit et al., 2013). For instance, confidentiality concerns may make rural women avoid getting medical attention for their abuse-related injuries out of fear of disclosing abuse (Wendt & Hornosty, 2010).

A smaller community means increased visibility of one's interactions and mobility, therefore accessing a shelter increases concerns for confidentiality and privacy, if it is close to the victim's community (Faller et al., 2021; Riddell et al., 2009). People may recognize their vehicle and may even benignly speculate together in public spaces about where the victim is going, which can compromise their safety (Kasdorff & Erb, 2010). An abuser may use their children or find informants within the community to learn about the location of the shelter a woman is staying at (Murray et al., 2015). The remoteness of a community creates challenges in making a safe shelter that is covert to ensure confidentiality (Wuerch et al., 2016) while at the same time there are limited options for feasible transportation outside of the community. The lack of privacy in smaller areas may even make asking for a ride to an IPV-related appointment from a friend or neighbor prohibitive (Kasdorff & Erb, 2010).

When there is a stigma in the local community around accessing mental health supports, the visibility of accessing services can discourage individuals from getting help and is noted by service providers as a major barrier to seeking supports (Wuerch et al., 2016). When individuals feel they must save face in this way, it is harder to break the cycle of violence (Wuerch et al., 2016). The situation is further complicated because rural women may not trust mental health professionals both from outside and inside the community. It takes time to develop relationships with the outsiders, whereas, with the locals, there could be a worry that their personal affairs can be spread throughout the town (Wuerch et al., 2016).

Lack of Trust

Problems with high staff turnover in remote areas get in the way of building needed trust with the local community, impacting the effectiveness of available mental health services (Wuerch et al., 2016). Even in pilot projects, there are high rates of staff turnover that prevent the establishment of a sense of cohesiveness or needed collaborations among local professionals (Wuerch et al., 2016). Another barrier to establishing mental health supports is a lack of trust with outsiders who come in to the community for work, as clients may not feel comfortable revealing personal information to them, or may not feel understood by an outsider (Wuerch et al., 2016).

A scoping review of newcomer women's experiences with IPV in Canada by Okeke-Ihejirika et al. (2018) revealed that newcomer women are most likely to reach out to trusted others for informal support. The authors emphasize that some of these sources of informal support may reinforce ideas about maintaining their abusive relationship (in an unsafe way) or not acknowledge their experience as abuse. They found that when informal supports fail, newcomer women are more likely to suffer alone than to reach out for formal support because available IPV supports are often not culturally attuned to the unique aspects of newcomer experiences of IPV. There is a tendency for support workers to impose solutions such as separation or divorce, which are not always appropriate or responsive to the women's needs (Okeke-Ihejirika et al., 2018). It has been found across a variety of services that newcomer clients are more comfortable receiving service from someone who shares their ethno-cultural background (Clement et al., 2013). Newcomer women may also be reluctant to turn to others due to language barriers, a lack of understanding of their rights, as well as cultural norms around disclosing personal and family matters to people they do not know (Ahmadzai, 2016; Okeke-Ihejirika et al., 2018; Rodríguez et al., 2009). Similarly, Indigenous women generally do not access formal helping services such as healthcare not only because of their remote location, but also because of distrust that originates from the discrimination they frequently face in these settings (Klingspohn, 2018).

Fear of Reprisal

Fear of reprisal from their abuser is a common reason for rural women not to seek help (Forsdick Martz & Bryson Sarurer, 2001; Moffit et al., 2013), and they may be viewed by their peers as violating community norms by speaking out about the abuse they experience (Kasdorff & Erb, 2010). Victims in close-knit Indigenous communities are also less likely to report abuse to the police for fear of the community finding out and the way that this might impact their relationships within the community (Maxwell, 2020). Women in remote communities are often publicly ridiculed when they come forward about IPV (Moffit et al., 2013). Women may fear that others will judge them, think they are crazy, or overacting about the abuse, leading many women to deny the severity of the abuse they are experiencing (Murray et al., 2015). Victims may be afraid that their abuser may find out about their attempts to seek help and that the abuse will escalate in retaliation (Faller et al., 2021). They may also fear that coming forward for help will compromise their children's safety (Faller et al., 2021), result in losing their children, or that their abuser may target those who help them (Forsdick Martz & Bryson Sarurer, 2001).

It is often found that in the close-knit families who operate farms there are values of loyalty that impact the way abuse is experienced (Wendt & Hornosty, 2010). Personal connections to the abuser's extended family create difficulty in leaving or reporting abuse. By disclosing the true nature of their abuser, women may perceive that more people stand to be hurt, and that they will fracture the family (Wendt & Hornosty, 2010).

Normalization of IPV

The normalization of IPV presents a challenge for women, especially when they try to access help (DeKeseredy et al., 2016). Some women may not even know that they are being abused until they encounter an outside perspective (Forsdick Martz & Bryson Sarurer, 2001). If there has always been violence in their life, they may be in denial of abuse or of the severity of it, or may think that they deserve the abuse they receive (Murray et al., 2015), especially if they are isolated with their abuser's viewpoints. Feelings of self-blame for the abuse can be reinforced by community members such as priests or police who make the woman feel that she brought the abuse on herself (Riddell et al., 2009). This lack of awareness can also be attributed to the social stigma around IPV. Sometimes even when others in the rural community know about the abuse they refuse to talk about it or acknowledge it with the victim, further reinforcing feelings of shame that prevent the survivor from disclosing abuse to others (Riddell et al., 2009).

The local community's and extended family's beliefs around the sanctity of marriage can impact a victim's decision to leave (Riddell et al., 2009; Wendt & Hornosty, 2010), such as local religious or faith leaders that counsel couples to stay together through the abuse (Murray et al., 2015). Often patriarchal attitudes are persistent in rural communities, and this contributes to the pressure abused women feel to remain in dangerous relationships "for fear that the community would shun them, isolate them, or blame them if they left the marriage" (Wendt & Hornosty, 2010, p. 60). Conversely, people often blame the victim for staying because they underestimate the hurdles that must be overcome to leave the abusive relationship (Murray et al., 2015). A strong sense of family obligations and fear of being stigmatized in the cultural community are significant factors that prevent newcomer women from seeking help and/or leaving the abusive relationship (Okeke-Ihejirika et al., 2018). Indeed, women may be shunned by their community for reporting IPV and may lose their social support network (Barton et. al., 2015). This absence of a support network, whether by shunning or because of living remotely with few social ties, makes leaving difficult owing not only to the lack of support, but also to the lack of informal resources that would be provided by one's social support network (Okeke-Ihejirika et al., 2018).

It has been found that rural communities often hold an attitude that 'this is the way we do things here' which prescribes collective behaviours and a way of life that are hard to challenge (Wendt & Hornosty, 2010). Traditional views and patriarchal attitudes which devalue women and reinforce harmful ideas about male power and control that lead to IPV tend to be more prevalent in these communities (Kasdorff & Erb, 2010; Riddell et al., 2009). This kind of culture espouses traditional gendered family roles where the woman's role is to keep the family together for the sake of the children (Wendt & Hornosty, 2010). Therefore, even though it is the abuser causing a problem in the family, the blame gets shifted to the victim if they break up the family or violate the privacy of family matters, and they become responsible for handling the violence rather than the abuser (Wendt & Hornosty, 2010). A community's normalization of IPV means that even victims often downplay the abuse because they hold these beliefs themselves and prioritize maintaining the family unit (Wendt & Hornosty, 2010).

Co-occurring Experiences (Disability, Mental Health, Addictions)

In addition to the challenges in help-seeking already discussed, rural women may also encounter barriers related to their co-occurring experiences with mental health and substance use. Existing research suggests that the relationship between IPV and physical/mental health may be bidirectional. On the one hand, chronic illness and poor mental health may put women at a greater risk for IPV victimization. On the other, the experience of IPV can lead to poor physical health and significant mental health problems, such as depression, suicidality, posttraumatic stress disorder (PTSD), substance use, and others (Coker et al., 2002; Loxton et al., 2017; Mason & O'Rinn, 2014). Examinations of mental and physical health effects of IPV demonstrate that experiencing IPV is associated with a history of chronic illness for victims and an increased risk of negative mental and physical health outcomes (Coker et al., 2002; Loxton et al., 2017).

Canadian shelters for abused women have been seeing increasingly complex situations where violence is "accompanied by trauma-induced substance abuse, severe mental health concerns, and disabilities such as traumatic brain injury" (Maki, 2019, p. ii). Although it is not clear if women living in rural communities, in particular, experience higher rates of mental health issues, it is likely they will have difficulty accessing services and supports. In rural and northern communities, mental health services are reported as inconsistent and inaccessible (Zorn et al., 2017). Likewise, Murray et al. (2015) found that services for mental health and addictions are not readily available in rural areas, nor is appropriate training for staff to be able to support these individuals. Shelters (rural or urban) do not always have the required capacity to address these needs. Data from 2017-2018 shows that 49% of shelters with ties to Indigenous communities and 26% of non-Indigenous shelters can offer services for those with addictions or substance use problems (Maxwell, 2020). Of 203 shelters that indicated they supported women with addictions or complex mental health needs, 79% reported that supporting these needs was a major challenge for their shelter to grapple with (Maki, 2019). Shelter workers need "adequate knowledge and tools" and shelters require a "specific funding for mental health and addictions positions" (Maki, 2019, p. iv).

Individuals with any form of disability are at a higher risk of experiencing violence, and are likely to experience more severe forms of abuse and sexual violence (Public Health Agency of Canada, 2016). According to the 2014 General Social Survey (GSS), 10% of people with a mental health-related disability report having experienced violence in the last 12 months. Women within this population were more likely to have been a victim of violence than men (11% versus 8%) (Burczycka, 2018). This population (both men and women) is also four times more likely to have been victimized by an intimate partner in the previous five years than those without mental health challenges. Sexual assault in the previous year is more likely for women with

disabilities related to mental health (7%) than women without these disabilities (2%) (Burczycka, 2018). Additionally, those with disabilities related to their mental health are significantly likely to binge drink (44%) and/or use drugs (15%) (Burczycka, 2018).

While women with disabilities can experience the same IPV as women without disabilities, they can also experience violence that is different because of the intersection of being disabled (DisAbled Women's Network Canada, n.d.). Violence can come from intimate partners (who may also be care providers), formal care providers, family members, as well as from strangers, and the experience of abuse can take the form of neglect (DisAbled Women's Network Canada, n.d.). For those who are from Indigenous and rural communities, it has been found that they may lack information about how to access available IPV services; however, only 22% of shelters (rural or urban) are able to provide TTY/TDD equipment, and about one in ten women receive needed accessibility support; a lack of accessibility is a common reason for not receiving support (DisAbled Women's Network Canada, n.d.). The process of finding accessible housing, attendant care, and interpreters increases the time and obstacles a woman with a disability will face when she is ready to leave an abusive partner (DisAbled Women's Network Canada, n.d.). Women with disabilities experience a number of barriers to reporting IPV and receiving help including fears of being institutionalized, losing resources such as housing, finances, and social benefits, losing resources that they were dependent on their abuser for, or their children (DisAbled Women's Network Canada, n.d.).

Brownridge (2006) comments that dependency may be a factor that increases the vulnerability for disabled women to be abused. "Disabled women with fewer relative education resources may be more dependent, less powerful, and thus more prone to violent victimization." (p. 807). When examining the variables that increase the risk of IPV for disabled women, Brownridge found that the characteristics of the intimate partner had a significant impact on the odds of violence occurring. Specifically, "male partners of women with disabilities were about 2.5 times more likely to behave in a patriarchal dominating manner and about 1.5 times more likely to engage in sexually proprietary behaviours than were male partners of women without disabilities" (p. 818). This finding suggests that perpetrators of violence may be drawn to women with disabilities because they view them as women who are easier to exert control over. Given what we discussed in an earlier section of this review regarding the prevalence of patriarchal attitudes in rural communities, rural women with disabilities may be at an increased risk of IPV.

In terms of addictions, research has consistently shown that substance abuse occurs both following incidents of IPV (perhaps as a way to cope) or as a precursor to IPV that may make women more vulnerable to violence (Poole et al., 2012). Co-occurring experiences of substance abuse and/or mental health can impair victim's ability to properly assess danger in their present situation (Murray et al., 2015). Additionally, when the abuser struggles with substance use themselves, it contributes to a greater level of danger for the victim and children (Murray et al., 2015).

As mentioned previously, women living in rural communities face unique challenges related to higher levels of isolation and loneliness. Rurality does not only disadvantage them if they are experiencing IPV, but as many researchers have examined, heightens the chance they will develop mental health problems (Jackson et al., 2007; Letvak, 2002). For Indigenous populations, colonization and the experience of being marginalized have long-lasting impacts that can result in substance use and IPV (Faller et al., 2021).

Impact of COVID-19 on Rural Women

The COVID-19 pandemic led to an increase in the amount of IPV and its severity, worsened the impact of IPV, and limited access to formal and informal help-seeking services, including legal services (Houston et al., 2022). One of the key responses to control the spread of COVID-19 was a community lockdown of all services, except for essential services. However, this measure led to numerous challenges and made access to formal and informal help-seeking more challenging for victims/survivors of IPV because lockdown limited social interactions, geographic mobility, access to health facilities when facing non-COVID-related concerns, and others (Best et al., 2022; Michaelsen et al., 2022). Lockdowns led to general confusion about which services remained open or closed/limited (Moffitt et al., 2022). Perpetrators often used coercive control tactics to "hurt, humiliate, intimidate, exploit, isolate and dominate their victims" (Stark, 2007, p. 5 in Moffitt et al., 2022, p. 776). COVID-19 lockdowns further enabled this behaviour by encouraging isolation and inadvertently forcing those experiencing violence in their homes to remain with their abuser to limit the spread of the virus (Best et al., 2022; Michaelsen et al., 2022). Abusers may have used the pandemic to further isolate their partners and justify their control (Best et al., 2022; Michaelsen et al., 2022; Moffitt et al., 2022). Lockdowns also led to loss of jobs and this may have increased victims' vulnerability to IPV and have escalated or worsened the abuse (Best et al., 2022). For rural women, this is exacerbated by the general geographic and social isolation, lack of anonymity and confidentiality, care-taking responsibilities (livestock, for example) as well as the overall poor socio-economic situation (such as poverty, inadequate housing, lack of stable employment opportunities, alcohol consumption, etc.) in rural areas (Moffitt et al., 2022).

Houston et al. (2022) report that the pandemic limited access to justice for IPV victims/survivors due to longer wait times, lack of in-person services, and limited access to judges. For example, restraining orders had five- to six-week delays in Ontario, possibly stopping women from applying. There is also a possibility that the availability of remote hearing may have expanded services for some, but limited access to justice for those with minimal resources, lack of access to technology, and lack of private and safe space. This is especially the case for rural, remote and northern women who are more likely to have limited access to technologies, resources that help ensure privacy and confidentiality, and social services that encourage and support help-seeking (Moffitt et al., 2022).

Conclusion

In summary, the high rates of IPV across the Prairie Provinces and increased risk among women in rural areas warrant an investigation of their experience. Research is needed that examines the unique experiences and realities of rural women. Although the Rural and Northern Community Response to Intimate Partner Violence study (one of RESOLVE's largest studies) provided valuable information based on the expertise of service providers who work with women from rural areas, perspectives of women who have experienced IPV themselves were not included. An important next step is to gather the perspectives directly from rural women who have experienced IPV. Hearing from those most affected (i.e., rural women who have experienced IPV) is critical to understanding Canadians' experiences of violence and formulating appropriate and effective service responses.

References

Ahmadzai, M., Stewart, C. C., Sethi, B. (2016). A study on visible minority immigrant women's experiences with domestic violence. *Open Journal of Social Sciences, 4*(5), 269–286. https://doi.org/10.4236/jss.2016.45030

Allen, M. (2022). Trends in firearm-related violent crime in Canada, 2009 to 2020. *Juristat, 85*(2), 3-51. https://www150.statcan.gc.ca/n1/en/pub/85-002-x/2022001/article/00009-eng.pdf?st=SLKwiq07

Arriagada, P. (2016). First Nations, Métis and Inuit Women. *Women in Canada: A Gender-Based Statistical Report, 89*(503), 3-33. https://www150.statcan.gc.ca/n1/en/pub/89-503-x/2015001/article/14313-eng.pdf?st=blBMjYH7

Banman, V. L. (2015). *Domestic homicide risk factors: Rural and urban considerations* (Publication No. 2767) [Master's thesis, the University of Western Ontario]. *Electronic Thesis and Dissertation Repository.* https://ir.lib.uwo.ca/etd/2767

Barton, S. Hungler, K., McBride, D., Letourneau, N., Mailloux, S. (2015). *Alberta project report for provincial stakeholders: Rural and northern community response to intimate partner violence.* Faculty of Nursing, University of Alberta.

Beattie, S., Hutchins, H. (2015). Shelters for abused women in Canada, 2014. *Juristat, 85*(2). https://www150.statcan.gc.ca/n1/pub/85-002-x/2015001/article/14207-eng.htm

Best, L., Hoffart, R., R., Haller, A., Power, K., Nixon, K., Smith, N., Kardashevskaya, M. (2022). COVID-19 and the impact on service providers and women survivors of intimate partner violence: Literature review. Winnipeg, MB: RESOLVE. https://umanitoba.ca/resolve/sites/resolve/files/2022-05/covid-19-and-the-impact-on-service-providers-and-women-survivors-of-ipv-literature-review-may-25-2022_0.pdf

Biesenthal, L., Sproule, L.D., Nelder, M., Golton, S., Mann, D., Podovinnikoff, D, Roosendaal, I., Warman, S., Lunn, D. (2000). *The Ontario Rural Women Abuse Study (ORWAS): Final Report.* https://www.justice.gc.ca/eng/rp-pr/cj-jp/victim/rr00_15/rr00_15.pdf

Bonnycastle, C., Hughes, J., Bonnycastle, M., Nixon, K., Groening, A. (2019). *Re-establishing their lives: The issues of affordable housing for women and their children escaping violent relationships in Northern Manitoba.* Winnipeg, MB: Canadian Centre for Policy Alternatives Manitoba. https://www.policyalternatives.ca/publications/reports/re-establishing-their-lives

Boyce, J. (2016). Victimization of Aboriginal people in Canada, 2014. *Juristat, 85*(2). https://www150.statcan.gc.ca/n1/pub/85-002-x/2016001/article/14631-eng.htm

Boyd, C., Sutton, D., Dawson, M., Straatman, A.L., Poon, J., Jaffe, P. (2020). Familicide in Canada: 2010-2019. *Domestic Homicide Brief 9*. London, ON: Canadian Domestic Homicide Prevention Initiative.

Brownridge, D. A. (2003). Male partner violence against Aboriginal women in Canada: An empirical analysis. *Journal of Interpersonal Violence, 18*(1), 65–83. https://doi.org/10.1177/0886260502238541

Brownridge, D. (2006). Partner violence against women with disabilities: Prevalence, risk, and explanations.

Violence Against Women, 12(9), 805–822. https://doi.org/10.1177/1077801206292681

Brownridge, D. A. (2008). Understanding the elevated risk of partner violence against Aboriginal women: A comparison of two nationally representative surveys of Canada. *Journal of Family Violence, 23*(5), 353–367. https://doi.org/10.1007/s10896-008-9160-0

Brownridge, D. A. (2009). *Violence against women: Vulnerable populations*. New York: Routledge.

Burczycka, M. (2016). Section 1: Trends in self-reported spousal violence in Canada, 2014. *Family Violence in Canada: A Statistical Profile, 2014. Juristat, 85*(2). http://www.statcan.gc.ca/pub/85-002-x/2016001/article/14303/01-eng.htm

Burczycka, M. (2018). Violent victimization of Canadians with mental health-related disabilities, 2014. *Juristat, 85*(2), 3-21. https://www150.statcan.gc.ca/n1/en/pub/85-002-x/2018001/article/54977-eng.pdf?st=s-GArze3Z

Burczycka, M. (2019). Section 2: Police-reported intimate partner violence in Canada, 2018. *Family Violence in Canada: A Statistical Profile, 2018. Juristat, 85*(2). https://www150.statcan.gc.ca/n1/pub/85-002-x/2019001/article/00018/02-eng.htm

CIC News (October 6, 2016). Rural areas and small cities across Canada eager to attract more newcomers. *Canadian Immigration News*. https://www.cicnews.com/2016/10/rural-areas-and-small-cities-across-canada-eager-to-attract-more-newcomers-108558.html#gs.vChlglQ

Clement, G., Carter, T., Vineberg, R. (2013). Case study: The realigned system of settlement service delivery in MB 1999 to 2013. *Immigration Research West.* https://umanitoba.ca/faculties/arts/media/CaseStudy_RealignedSystemMB2.pdf

Coker, A. L., Davis, K. E., Arias, I., Desai, S., Sanderson, M., Brandt, H. M., Smith, P. H. (2002). Physical and mental health effects of intimate partner violence for men and women. *American Journal of Preventive Medicine, 23*(4), 260–268. https://doi.org/10.1016/S0749-3797(02)00514-7

Conroy, S. (2021). Spousal violence in Canada, 2019. *Juristat, 85*(2), 3-39. https://www150.statcan.gc.ca/n1/en/pub/85-002-x/2021001/article/00016-eng.pdf?st=IHvn5GOc

Dawson, M., Sutton, D., Jaffe, P., Straatman, AL, Poon, J., Gosse, M., Peters, O., Sandhu, G. (2018). *One is too many: Trends and patterns in domestic homicides in Canada 2010-2015*. London, ON: Canadian Domestic Homicide Prevention Initiative with Vulnerable Populations.

Dawson, M., Sutton, D., Carrigan, M., Grand'Maison, V., Bader, D., Zecha, A., Boyd, C. (2019). *#CallItFemicide: Understanding gender-related killings of women and girls in Canada 2019.* Guelph, ON: Canadian Femicide Observatory for Justice and Accountability. https://www.femicideincanada.ca/callit-femicide2019.pdf

DeKeseredy, W., Hall-Sanchez, A., Dragiewicz, M., Rennison, C. (2016). Intimate violence against women in rural communities. *Rural Sociology, 0*(0), 1-27. https://doi.org/10.1111/ruso.12264

DisAbled Women's Network Canada. (n.d.) *Fact Sheet on Women with Disabilities and Violence.* https://www.dawncanada.net/issues/women-with-disabilities-and-violence/

Doherty, D. (2006). Domestic homicide in New Brunswick: An overview of some contributing factors. *Atlantis: Critical Studies in Gender, Culture & Social Justice, 30*(3), 4–14.

Doherty, D. (2014). *Community validation of a safety planning tool for women living in abusive relationships.* National Conference on Integrated Approaches to Intimate Partner Violence: Learning and Innovating Together, (October 21, 2014), Fredericton, NB.

Doherty, D., Hornosty, J. (2008). *Exploring the links: Firearms, family violence and animal abuse in rural communities.* Final Research Report to the Canada Firearms Centre Royal Canadian Mounted Police Public Safety Canada. http://www.legal-info-legale.nb.ca/en/uploads/file/pdfs/Family_Violence_Firearms_Animal_Abuse.pdf

Ending Violence Association of BC (2013). Safety planning across culture & community: A guide for front line violence against women responders. British Columbia: Ending Violence Association of BC. https://endingviolencecanada.org/publications/safety-planning-across-culture-community-a-guide-for-front-line-violence-against-women-responders/

Faller, Y. N., Wuerch, M. A., Hampton, M. R., Barton, S., Fraehlich, C., Juschka, D., Milford, K., Moffitt, P., Ursel, J., Zederayko, A. (2021). A web of disheartenment with hope on the horizon: Intimate partner violence in rural and northern communities. *Journal of Interpersonal Violence. 36*(9-10), 4058-4083. https://doi.org/10.1177/0886260518789141

Fitzgerald, A. J., Barrett, B. J., Stevenson, R., Cheung, C. H. (2019). Animal maltreatment in the context of intimate partner violence: A manifestation of power and control? *Violence Against Women, 25*(15), 1806-1828. https://doi.org/10.1177/1077801218824993

Forsdick Martz, D. J., Bryson Sarauer, D. (2001). *Domestic violence and the experiences of rural women in East Central Saskatchewan.* http://www.pwhce.ca/pdf/domestic-viol.pdf

Fraehlich, C., Peters, O., (2016, November). "Teach them when they're young": Creating change to reduce intimate partner violence in rural and northern Manitoba communities. Paper presented at RESOLVE Research Day 2016, Calgary, Alberta.

Fraehlich, C. (2014, November). *Seeking Safety in Rural and Northern Regions of Canada.* Paper presented at the Muriel McQueen Fergusson Centre for Family Violence Research National Conference, Integrated Approaches to Intimate Partner Violence: Learning and Innovating Together National Conference, Fredericton, New Brunswick.

Giesbrecht, C. J. (2021). Animal safekeeping in situations of intimate partner violence: experiences of human service and animal welfare professionals. *Journal of Interpersonal Violence*, June, 1-30. https://doi.org/10.1177/08862605211025037

Gonçalves, M., Matos, M. (2016). Prevalence of violence against immigrant women: A systematic review of the literature. *Journal of Family Violence, 31*(6), 697–710. https://doi.org/10.1007/s10896-016-9820-4

Hornosty, J., Doherty, D. (2003). Responding to wife abuse in farm and rural communities: Searching for solutions that work. In Blake & Nurse (Eds), The trajectories of rural life: New perspectives on rural Canada, (pp. 37-53). Regina, SK: Saskatchewan Institute of Public Policy

Houston, C., Birnbaum, R., Bala, N., Deveau, K. (2022). Ontario family justice in "lockdown": Early pandemic cases and professional experience. *Family Court Review, 60*, 241-258. https://doi.org/10.1111/fcre.12640

Hughes, J. (2010). View of putting the pieces together: How public health nurses in rural and remote Canadian communities respond to intimate partner violence. *Online Journal of Rural Nursing and Health Care, 10*(1), 34-47. https://rnojournal.binghamton.edu/index.php/RNO/article/view/72/56

Jackson, H., Judd, F., Komiti, A., Fraser, C., Murray, G., Robins, G., Pattison, P., Wearing, A. (2007). Mental health problems in rural contexts: What are the barriers to seeking help from professional providers? *Australian Psychologist, 42*(2), 147–160. https://doi.org/10.1080/00050060701299532

Jayasuriya-Illesinghe, V. (2018). Immigration policies and immigrant women's vulnerability to intimate partner violence in Canada. *Journal of International Migration and Integration, 19*(2), 339–348. https://doi.org/10.1007/s12134-018-0545-5

Kasdorff, D., Erb, B. (2010). *Serving victims of violence in rural communities: Challenges and best practices. East Region, Ontario: Victim/Witness Assistance Program.* https://library.queensu.ca/files/Rural%20Issues%20in%20Eastern%20Ontario%20Final%20Jan%2010%203.pdf

Klingspohn, D. M. (2018). The importance of culture in addressing domestic violence for First Nation's women. *Frontiers in Psychology, 9*(872). https://doi.org/10.3389/fpsyg.2018.00872

Lam, M. (2019). Language education for newcomers in rural Canada: Needs, opportunities, and innovations. *Journal of Rural and Community Development, 14*(1), 77–97.

Lamontagne, M. (2011). *Violence against Aboriginal women: Scan & report (2011).* Canadian Women's Association. https://canadianwomen.org/wp-content/uploads/2017/09/PDF-VP-Resources-Lamontagne_CWF_Aboriginal-Women_Final_2011.pdf

Letvak, S. (2002). The importance of social support for rural mental health. *Issues in Mental Health Nursing, 23*(3), 249–261. https://doi.org/10.1080/016128402753542992

Loxton, D., Dolja-Gore, X., Anderson, A.E., Townsend, N. (2017). Intimate partner violence adversely impacts health over 16 years and across generations: A longitudinal cohort study. *PLoS ONE, 12*(6), 1-10. https://doi.org/10.1371/journal.pone.0178138

Macdonald, D. (2018). *Child care deserts in Canada.* Canadian Centre for Policy Alternatives. https://policyalternatives.ca/sites/default/files/uploads/publications/National%20Office/2018/06/Child%20Care%20Deserts.pdf

Macdonald, D., Friendly, M. (2017). *Time out: Child care fees in Canada 2017.* Canadian Centre for Policy Alternatives. https://policyalternatives.ca/sites/default/files/uploads/publications/National%20Office/2017/12/Time%20Out.pdf

Maki, K. (2019). *More Than a Bed: A National Profile of VAW Shelters and Transition Houses.* Ottawa, ON: Women's Shelters Canada. https://endvaw.ca/wp-content/uploads/2019/04/More-Than-a-Bed-Final-Report.pdf

Manitoba Labour and Immigration. (2015). *Manitoba immigration facts: 2014 statistical report.* Citizenship and Immigration Canada.

Mason, R., O'Rinn, S.E. (2014). Co-occurring intimate partner violence, mental health, and substance use problems: a scoping review. *Global Health Action, 7*(1), 1-17. https://doi.org/10.3402/gha.v7.24815

Maxwell, A. (2020). Shelters for victims of abuse with ties to Indigenous communities or organizations in Canada, 2017/2018. *Juristat 85*(2). https://www150.statcan.gc.ca/n1/pub/85-002-x/2020001/article/00007-eng.htm

McDonald, S. E., Collins, E. V., Nicotera, N., Hageman T. O., Ascione, F. R., Williams, J. H., Graham-Bermann, S. A. (2015). Children's experiences of companion animal maltreatment in households characterized by intimate partner violence. *Child Abuse and Neglect, 50*(December), 116-127. https://doi.org/10.1016/j.chiabu.2015.10.005

Michaelsen, S., Djiofack, H., Nombro, E., Ferlatte, O. Vissandjée, B., Zarowsky, C. (2022). Service provider perspetives on how COVID-19 and pandemic restrictions have affected intimate partner and sexual violence survivors in Canada: a qualitative study. BMC Women's Health, 22(111), 1-13. https://doi.org/10.1186/s12905-022-01683-4

Moffitt, P., Fikowski, H., Mauricio, M., Mackenzie, A. (2013). Intimate partner violence in the Canadian territorial north: perspectives from a literature review and a media watch. *International Journal of Circumpolar Health, 72*(1), 21209. https://doi.org/10.3402/ijch.v72i0.21209

Moffitt, P., Aujla, W., Giesbrecht, C.J., Grant, I., Straatman, A-L. (2022). Intimate partner violence and COVID-19 in rural, remote, and northern Canada: Relationship, vulnerability and risk. *Journal of Family Violence, 37*, 775-786. https://doi.org/10.1007/s10896-020-00212-x

Moreau, G. (2019). Canadian residential facilities for victims of abuse, 2017/2018. *Juristat, 85*(2). https://www150.statcan.gc.ca/n1/pub/85-002-x/2019001/article/00007-eng.htm

Murray, C. E., Horton, G. E., Johnson, C. H., Notestine, L., Garr, B., Pow, A. M., Flasch, P., Doom, E. (2015). Domestic violence service providers' perceptions of safety planning: A focus group study. *Journal of Family Violence, 30*(3), 381–392. https://doi.org/10.1007/s10896-015-9674-1

Okeke-Ihejirika, P., Yohani, S., Muster, J., Ndem, A., Chambers, T., Pow, V. (2018). A scoping review on intimate partner violence in Canada's immigrant communities. *Trauma, Violence, & Abuse, 20*(10), 1-23. https://doi.org/10.1177/1524838018789156

Poole, N., Greaves, L., Thomas, C., Dell, C. (2012). *Motivations underlying and influences on alcohol consumption by women of child-bearing age in Canada*. Ottawa: Public Health Agency of Canada & Canadian Centre on Substance Abuse.

Public Health Agency of Canada (2016). *The Chief Public Health Officer's report on the state of public health in Canada 2016:* A focus on family violence in Canada. Ottawa, ON: Public Health Agency of Canada.

Riddell, T., Ford-Gilboe, M., Leipert, B. (2009). Strategies used by rural women to stop, avoid, or escape from intimate partner violence. *Health Care for Women International, 30*(1–2), 134–159. https://doi.org/10.1080/07399330802523774

Roberts, D. W. (2009). Intimate partner homicide: Relationships to alcohol and firearms. *Journal of Contemporary Criminal Justice, 25*(1), 67–88. https://doi.org/10.1177/1043986208329771

Rodríguez, M., Valentine, J. M., Son, J. B., Muhammad, M. (2009). Intimate partner violence and barriers to mental health care for ethnically diverse populations of women. *Trauma, Violence & Abuse, 10*(4), 358–374. https://doi.org/10.1177/1524838009339756

Roy, J., Marcellus, S. (2019). Homicide in Canada, 2018. *Juristat 85*(2), 3-33.
https://www150.statcan.gc.ca/n1/en/pub/85-002-x/2019001/article/00016-eng.pdf?st=xIuppqEK

Shea, B., Nahwegahbow, A., Andersson, N. (2010). Reduction of family violence in Aboriginal communities: A Systematic Review of Interventions and Approaches. *Pimatisiwin, 8*(2), 35–60.

Small Arms Survey (2020, March 29). Global Firearm Holdings [Interactive map]. Retrieved from
smallarmssurvey.org/database/global-firearms-holdings

Snider, C.E., Oven, H., Drummond, A., Kapur, A.K. (2009). CAEP Position Statement on Gun Control. *Canadian Journal of Emergency Medicine, 11*(1), 64-72. https://doi.org/10.1017/S1481803500010939

Statistics Canada (2017). Population counts, for Canada, provinces and territories, census divisions, population centre size groups and rural areas, 2016 Census (table). *Population and Dwelling Count Highlight Tables*. Last updated February 20, 2019. https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/hlt-fst/pd-pl/Table.cfm?Lang=Eng&T=703&SR=1&S=87&O=A&RPP=9999

Statistics Canada. (2019). *Family violence in Canada: A statistical profile, 2018* (No. 85-002-X). Ottawa.
https://www150.statcan.gc.ca/n1/pub/85-002-x/2019001/article/00018-eng.htm

Statistics Canada (2022). *Population growth in Canada's rural areas, 2016 to 2021*. Ottawa.
https://www12.statcan.gc.ca/census-recensement/2021/as-sa/98-200-x/2021002/98-200-x2021002-eng.cfm

Tutty, L.M. (2015). "I didn't know he had it in him to kill me": Nonlethal firearms use and partner violence against Canadian women. *Journal of Forensic Social Work, 5,* 130-149. https://doi.org/10.1080/1936929X.2015.1092906

Wendt, S., Hornosty, J. (2010). Understanding contexts of family violence in rural, farming communities: Implications for rural women's health. *Rural Society, 20*(1), 51–63. https://doi.org/0.5172/rsj.20.1.51

Wuerch, M. A., Zorn, K. G., Juschka, D., Hampton, M. R. (2016). Responding to intimate partner violence: Challenges faced among service providers in northern communities. *Journal of Interpersonal Violence, 34(*4), 691–711. https://doi.org/10.1177/0886260516645573

Wuerch, M. A., Giesbrecht, C. J., Price, J. A. B., Knutson, T., Wach, F. (2020). Examining the relationship between intimate partner violence and concern for animal care and safekeeping. *Journal of Interpersonal Violence, 35*(9-10), 1866-1887. https://doi.org/10.1177/0886260517700618

Zorn, K., Wuerch, M., Faller, N., Hampton, M. (2017). Perspectives on regional differences and intimate partner violence in Canada: A qualitative examination. *Journal of Family Violence, 32*, 633-644. https://doi.org/10.1007/s10896-017-9911-x