Canadian Domestic Homicide Prevention Initiative

DOMESTIC VIOLENCE AND HOMICIDE IN RURAL, REMOTE, AND NORTHERN COMMUNITIES: UNDERSTANDING RISK AND KEEPING WOMEN SAFE

Domestic Homicide Brief 7

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INTRODUCTION

Rural, remote, and northern (RRN) communities often have small populations, a lot of open space, and strong social connections among residents. While these communities are often thought of as peaceful and safe places, research suggests that, in Canada and elsewhere, they are at increased risk of domestic violence (DV) and homicide (Northcott, 2011; Burczycka & Conroy, 2018). Some of the characteristics that make RRN communities unique may contribute to this high risk or create barriers to safety. For example, isolation, values around self-reliance and privacy, strong traditions around firearms, poverty, low levels of education, high levels of unemployment, and the increased likelihood that the community will be a site of resource extraction all play a role in DV risk (Barton et al., 2015; Campo & Tayton, 2015; Doherty & Hornosty, 2008; Moffitt et al., 2013; Status of Women Canada, 2016; KAIROS, 2015). Due to the high rates of DV and homicide and because roughly 19% of Canadians lived in rural areas as of 2011 (Statistics Canada, 2016), it is important for researchers and practitioners to understand the realities of RRN life.

DEFINING RURAL, REMOTE, AND NORTHERN

Researchers studying DV and domestic homicide in Canada often use different criteria to define RRN communities. Most often, researchers:

- Use the location of study, such as the Northwest Territories or rural or northern regions of the provinces (Leipert & Reutter, 2005; Moffitt, Fikowski, Mauricio, & Mackenzie, 2013; Wuerch, Zorn, Juschka, & Hampton, 2016);

- Describe the physical or social features of RRN communities, such as small and spread-out populations, challenging climates, privacy and confidentiality concerns, patriarchal views, isolation, and poor or uncertain economic conditions (Leipert & Reutter, 2005; Moffitt, Fikowski, Mauricio, & Mackenzie, 2013; Riddell, Ford-Gilboe, & Leipert, 2009); and/or

- Use a specific definition, often based on population size, that has already been developed by an analyst or government organization such as Statistics Canada.

The Canadian Domestic Homicide Prevention Initiative with Vulnerable Populations (CDHPIVP) uses the following working definitions:

- **Rural:** A community or geographic location with population less than 10,000 (Bollman, 2016; Statistics Canada, 2016).

- **Remote:** A community or geographic location that is not accessible by road year-round (Ontario Ministry of Health and Long-Term Care, 2011).

- **Northern:** A community or geographic location that is designated by the provincial government as being the northern part of the province (e.g., for Ontario, see Northern Ontario Heritage Fund Corporation, 2018; for British Columbia, see Northern Development Initiative Trust, 2018). All the Canadian territories are considered northern.

These definitions offer a useful classification system but are not necessarily used by the research cited throughout this brief.

Most of the Canadian and international research on RRN DV and domestic homicide has focused on rural populations, with much less attention paid to remote and northern populations. These three populations are similar in many ways, but we try to specify in this brief where they are unique or when research is specific about one of the populations.

RURAL, REMOTE, AND NORTHERN DOMESTIC VIOLENCE AND HOMICIDE RISKS

DOMESTIC VIOLENCE AND HOMICIDE IN CANADA

In 2007 and 2008, the rates of DV and domestic homicide were both more than three times higher in rural areas than in urban areas[*] (Northcott, 2011).

Rates of DV and domestic homicide are highest in the Canadian territories (Bunge, 2002; Burczycka & Conroy, 2018):
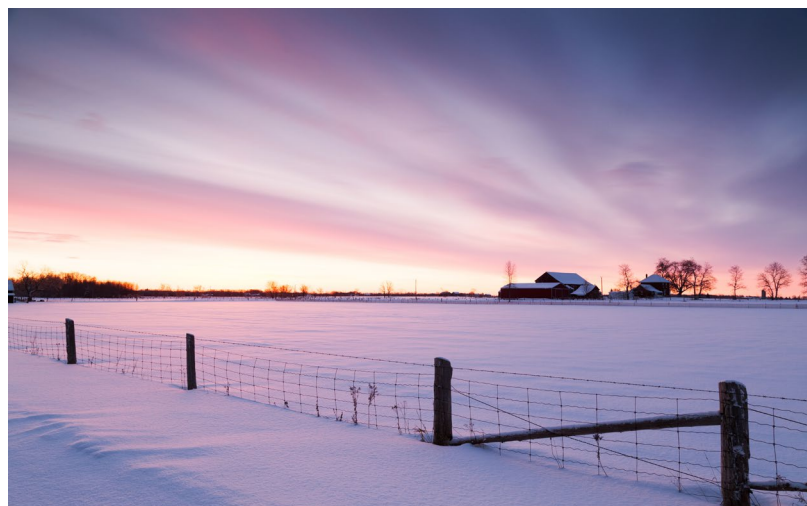
- In 2016, the rate of police-reported DV was more than five times higher in Nunavut (the territory with the highest rate) than in Saskatchewan (the province with the highest rate) (Burczycka & Conroy, 2018). Specifically, Nunavut had a rate of 3,790 per 100,000 population and Saskatchewan had a rate of 680 per 100,000 population (Burczycka & Conroy, 2018).
- Between 1974 and 2000, the spousal homicide rate in the Northwest Territories was seven times higher than the national average for women and fourteen times higher than the national average for men (Bunge, 2002)[1,2].

Very little research has compared RRN and urban DV risk factors. One review of the research found that victims and perpetrators in rural and urban/ suburban areas are generally similar but rural perpetrators may use more chronic and severe violence and rural victims may experience more negative outcomes on their wellbeing (Edwards, 2014). This response may be related to the quality of health and social services that make it more difficult for women in RRN communities to receive formal or informal support (Coates and Wade, 2010). In the table on page 5, we list some of the characteristics that make RRN communities unique. These characteristics may also explain the increased risk for DV and domestic homicide in RRN communities and the barriers to safety these communities face.

[*] Where rural areas were defined as those with a population of 5,000 or less and urban areas were defined as those with a population over 5,000.

[1] See Statistics Canada 2018 for more recent provincial and territorial spousal homicide numbers.

[2] Interagency Family Violence protocols were initiated by the Dehcho Health and Social Services Authority (NWT) and developed in Fort Liard, Fort Simpson, and Fort Providence which are non-shelter communities (Richardson, 2015a; 2015b; 2015c). The goal of these protocols was to encourage collaboration and communication between agencies to improve responses to victims of family violence (Richardson 2015a).

UNIQUE CHARACTERISTICS AND RISK FACTORS	EXAMPLES
Isolation	Geographic and social isolation because of: • Extreme weather, especially in northern regions (Barton et al., 2015; Wuerch et al., 2016) • Inaccessible road systems (e.g., some RRN communities cannot be accessed by road and some roads cannot be accessed year-round due to weather conditions) (Barton et al., 2015; Moffitt et al., 2013; Wuerch et al., 2016) • Long distances to DV services or neighbours (Barton et al., 2015; Doherty & Hornosty, 2004; Doherty & Hornosty, 2008; Hornosty & Doherty, 2002; Wuerch et al., 2016) • Limited access to personal and public transportation, Internet, telephone, and formal supports (e.g., shelters, police) (Barton et al., 2015; Doherty & Hornosty, 2004; Doherty & Hornosty, 2008; Eastman et al., 2007; Hornosty & Doherty, 2002; Moffitt et al., 2013; Wuerch et al., 2016)
Economic issues	• Limited safe and affordable housing and limited employment opportunities (Barton et al., 2015; Doherty & Hornosty, 2004; Doherty & Hornosty, 2008; Eastman et al., 2007; Hornosty & Doherty, 2002; Moffitt et al., 2013) • Poverty, low levels of education, and high unemployment (Doherty & Hornosty, 2004; Hornosty & Doherty, 2002; Status of Women Canada, 2016)
Traditional and patriarchal social values commonly held in RRN communities	• Traditional family and gender-role views (e.g., man as head of household and breadwinner, woman as homemaker, DV as a private family matter) (Doherty & Hornosty, 2004; Doherty & Hornosty, 2008; Hornosty & Doherty, 2002) • Acceptance of violence and victim blaming attitudes (including by service and criminal justice providers, which can impede timely and effective responses) (Doherty & Hornosty, 2004; Doherty & Hornosty, 2008; Eastman & Bunch, 2007; Eastman et al., 2007; Wuerch et al., 2016) • Important role of religion and church, where teachings may sometimes support the importance of maintaining marital bonds (Doherty & Hornosty, 2004; Eastman et al., 2007; Hornosty & Doherty, 2002)
Barriers to services	• Few DV services available (Barton et al., 2015; Doherty & Hornosty, 2004; Doherty & Hornosty, 2008; Eastman & Bunch, 2007; Eastman et al., 2007; Hornosty & Doherty, 2002; Moffitt et al., 2013; Wuerch et al., 2016) • Slow emergency response time due to distance or few emergency responders (Moffitt et al., 2013) • Lack of resources and training for DV service providers (Eastman & Bunch, 2007; Eastman et al., 2007) • In some communities, such as those in Northwest Territories, applications for Emergency Protection Orders occur over the phone. These can be challenging because judges rely on what the applicant says without the benefit of non-verbal cues such as eye contact and facial expressions which come with face-to-face hearings (Wade and Coates, 2010).
Public visibility	• Lack of privacy, anonymity, and confidentiality due to small populations, which contributes to dual relationships or familiarity with service providers, police, and law enforcement (Barton et al., 2015; Doherty & Hornosty, 2004; Doherty & Hornosty, 2008; Eastman et al., 2007; Hornosty & Doherty, 2002; Wuerch et al., 2016)
Strong traditions and community values around firearms	• Hunting and target practice traditions and more liberal gun safety views contribute to greater access and use/threat of firearms in DV cases, increasing the potential for lethality (Banman, 2015; Doherty & Hornosty, 2004; Doherty & Hornosty, 2008; Hornosty & Doherty, 2002)
Farming	• Farming responsibilities, ownership of large farm animals, and generations of family farm ownership, which can create challenges for women to stay safe, leave an abuser, or seek support (Barton et al., 2015; Doherty & Hornosty, 2004; Hornosty & Doherty, 2002)

Some of these characteristics are unique to RRN communities. Other characteristics are similar to urban communities but these characteristics combined with other factors may increase risk. For example, both RRN and urban men may use traditional beliefs such as 'men are breadwinners and women should not work outside the home' to abuse and control their partners (Eastman et al., 2007). However, abuse in RRN communities may escalate when these traditional beliefs clash with the modern economic reality that requires dual incomes and rural men may feel threatened by the rise of women in on- and off-farm employment and the rise in rural men's unemployment (Lanier & Maume, 2009).

RRN women also experience barriers to reporting to police and accessing legal assistance. Research has indicated that in comparison to urban women experiencing DV, rural women experiencing DV are less likely to call the police and/or to find the police helpful in DV situations (Shannon et al., 2006). If rural women do call the police, they find that it takes police longer to respond because there are fewer officers available at the time and there are longer distances to travel compared to in urban communities (Logan, Stevenson, Evans, & Leukefeld, 2004; Moffitt et al., 2013). Additionally, rural women may be reluctant to obtain protection orders because of lack of confidentiality, a fear of shame brought on the family, being charged fees, and slow or no response from the criminal justice system. Rural women also report more protection order violations than urban women (Logan, Shannon, & Walker, 2005; Logan, Stevenson, Evans, & Leukefeld, 2004). In the Northwest Territories, research by Coates and Wade (2010) found that small nuances in the language used by women to describe the violence could impact whether a judge granted them a protection order. They also found that the court may be likely to use language that "(a) conceals violence, (b) obscures offender responsibility, (c) conceals victim responses and resistance, and (d) blames and pathologizes victims" (p.40). As a result, applicants must use language to combat these techniques to receive a protection order (Coates and Wade, 2010).

RRN communities also have specific risk factors for domestic homicide. The **New Brunswick Silent Witness Project** compared risk factors in cases of domestic homicide in New Brunswick (a province made up of mostly rural areas and small towns) to domestic homicide cases in Ontario and found different patterns. Risk factors in Ontario are similar to national statistics based mainly in urban communities. Risk factors in New Brunswick, however, reflect a rural reality. Some key differences include (Doherty & Michaud, 2010):

- **Cause of death:** More than half of New Brunswick women were killed with firearms (mostly hunting rifles and shotguns) compared to one-quarter in Ontario.

- **Alcohol:** In nearly three-quarters of domestic homicides in New Brunswick, the perpetrator was drinking heavily at the time of the homicide, compared to less than half (42%) of the perpetrators in the domestic homicide cases in Ontario.

- **Relationship status:** In New Brunswick, staying in an abusive relationship was most common, with almost two-thirds of domestic homicides occurring in intact relationships. In Ontario, an actual or pending separation between the couple was the most common risk factor (81% of homicide cases).

GUNS AND DOMESTIC HOMICIDES

Firearms can become weapons of fear, control, and violence in intimate relationships.

RURAL VS. URBAN DOMESTIC HOMICIDES IN ONTARIO (2003 – 2012)[1]

2X more likely to have access to a firearm.

2.5X more likely to use a firearm to kill their partner.

RURAL, REMOTE AND NORTHERN DOMESTIC HOMICIDES IN CANADA 2010- 2015[2]

1 in 3 domestic homicides committed using firearms.

1. Banman, 2015
2. Dawson et al, 2018

SEPARATION AND DOMESTIC VIOLENCE

Leaving an abusive partner does not always end violence. Canadian women are six times more likely to be killed by an ex-spouse than by a current legally married spouse (Sinha, 2013). Research by the Silent Witness Project found that in the rural province of New Brunswick, almost two-thirds of domestic homicides against women between 1990 and 2012 occurred in intact relationships (New Brunswick Silent Witness Project, 2016). These homicides may have occurred because women living in rural communities often feel trapped and face additional barriers to leaving an abusive partner including:

- Few DV services and limited awareness about those that do exist (Barton et al., 2015; Doherty & Hornosty, 2008; Eastman et al., 2007; Moffitt et al., 2013; Wuerch et al., 2016);
- Strong ties to family, the community, and property (e.g., farm property that has been in the family for generations; Doherty & Hornosty, 2004; Doherty & Hornosty, 2008);
- Traditional values around keeping the family together (Doherty & Hornosty, 2004);
- Financial dependence on the abuser or farm land, and/or few employment opportunities (Doherty & Hornosty, 2004; Doherty & Hornosty, 2008);
- Concern for pets and farm animals and few accommodations for these animals (Doherty & Hornosty, 2004; Doherty & Hornosty, 2008; Wuerch et al., 2017); and
- Farming responsibilities (Doherty & Hornosty, 2004).

RRN POPULATIONS' *INTERSECTING* RISKS

RRN residents often experience different risk across race, class, ethnicity, and other social positions (Grossman, Hinkley, Kawalski, & Margrave, 2005). Here, we provide two examples of how intersecting social positions can impact DV and homicide.

INDIGENOUS RRN POPULATIONS IN CANADA

Indigenous women in Canada experience higher rates of DV compared to non-Indigenous women (Boyce, 2016) and disproportionate rates of domestic homicide (Sinha, 2013). This is due in large part to oppressions related to patriarchy, racism, colonialism, and capitalism (Brassard, Montminy, Bergeron, & Sosa-Sanchez, 2015; Campbell, 2007). For example, the history of colonialism, violent assimilation practices, residential schools, largescale apprehension of Indigenous children by child protection services, and forced relocation has triggered generational trauma, has normalized and reproduced violence, and has disrupted families, relationships, and traditions (Campbell, 2007; Brassard et al., 2015). Domestic Homicide Brief 5 discusses the historical injustices Indigenous people faced which impacts current experiences of domestic violence and domestic homicide.

Many Indigenous communities in Canada also live in RRN areas and the realities of both RRN and Indigenous life can work together to increase risk of DV and homicide (Brassard et al., 2015). There is some evidence (though dated back to 1999) that rural Indigenous populations may experience higher rates of DV than urban Indigenous populations (Brownridge, 2008). Many of the issues that Indigenous populations face overlap with those that RRN communities face, such as: isolation, lack of accessible and culturally appropriate services, limited education and employment, limited transportation, housing issues (such as crowding), social pressures to remain silent about abuse, and prevalence of alcohol (Brassard et al., 2015; Campbell, 2007; Brzozowski et al., 2006). Many of these factors can increase the risk for DV; for example, nearly

half of Indigenous DV victims in Canada reported that their partner had been drinking alcohol during an abusive incident compared to 33% of non-Indigenous victims (Brzozowski et al., 2006).

> In 1999, Indigenous women living in rural areas in Canada were nearly five times more likely to experience DV than those living in urban areas (Brownridge, 2008).

RRN Indigenous women can also face increased barriers to leaving an abusive partner for the following reasons:

- Many do not want to leave the community (which is the home of family, friends, and traditions; Campbell, 2007);
- There may not be a shelter or DV support services in the local community and travelling can be expensive or unfeasible (Brassard et al., 2015; Campbell, 2007);
- The location of shelters may not be private, preventing them from providing anonymous protection from an abuser (Campbell, 2007);
- Shelters and services may not always provide culturally safe services or treat women with dignity (e.g., by using narrow qualification conditions, not offering choices; Schmidt et al., 2015); and
- Geographic isolation may reinforce abusers' efforts to isolate and control their partners (Brassard et al., 2015).

> Almost 10% of domestic homicide victims in Canada between 2010 and 2015 were Indigenous.
>
> Domestic homicide rates among Indigenous people were twice the rate among non-Indigenous population. (Dawson et al, 2018)

In RRN Indigenous communities where resource extraction, such as mining, oil and gas extraction, and hydroelectric development occurs, Indigenous women and girls face high

risks of violence, but limited access to services and government support to address these risks (KAIROS, 2015; Amnesty International, 2016). These communities attract a high number of transient industry workers which adds to the risk of violence for Indigenous women and girls in these communities (Amnesty International, 2016). This violence is intensified by misogynistic and racist attitudes regarding Indigenous women. Many resource workers also suffer from alcohol and drug abuse which can also lead to violence (Amnesty International, 2016). Services providers in these communities, such as shelter workers and food banks, report that the needs in these communities far exceed their capacity which results in a constant state of crisis (Amnesty International, 2016).

Some research has highlighted that immigrant populations living in RRN communities face specific challenges or barriers to obtaining support around DV. One barrier is being socially isolated on multiple levels (Denham et al., 2007). For example, immigrants living in RRN communities may feel geographically isolated, but they may also feel culturally isolated because there may not be people from their specific country or culture living within their community (Denham et al., 2007). Furthermore, many RRN communities are often ill prepared to offer culturally appropriate services to immigrants (Denham et al., 2007; Hancock, 2006).

RISK ASSESSMENT WITH RURAL, REMOTE, AND NORTHERN COMMUNITIES

RISK ASSESSMENT AS DEFINED BY THE CDHPIVP

Evaluating the level of risk of harm a victim (or others connected to the victim) may be facing including the likelihood of repeated violence or lethal (dangerous) violence, based on a professional's judgment and/or a structured interview and/or a tool (instrument) that may include a checklist of risk factors.

While there are many DV risk assessment tools designed to assess the risk for re-offending, severe violence, and/or lethality (see Campbell, Hilton, Kropp, Dawson, & Jaffe, 2016), many of these tools are not representative of perpetrators and victims from diverse cultures, backgrounds, and geographical locations, including those from RRN communities. Common risk assessment tools—such as the Danger Assessment (Johns Hopkins School of Nursing, 2018a) and the ODARA (Waypoint Centre for Mental Health Care, 2018)—have been used in both research and practice among RRN populations (Bloom et al., 2014; Coalition Against Family Violence, 2013; Dudgeon & Evanson, 2014). In 2010 in the

Northwest Territories, for example, it became mandatory for the Royal Canadian Mounted Police (RCMP) to use the ODARA for all male-perpetrated family violence investigations (Coalition Against Family Violence, 2013).

Few tools, however, have been specifically tailored for RRN populations and using generic tools may not be culturally relevant or capture the particular risks of RRN communities (Moffitt & Fikowski, 2017). Some recommend that the following factors be assessed (in addition to general risk factors) among RRN women experiencing DV:

- Distance from the closest neighbour (Dudgeon & Evanson, 2014)
- Access to a telephone and transportation (Dudgeon & Evanson, 2014)
- Access to social support (Dudgeon & Evanson, 2014)
- Awareness of and willingness to use nearby services (Dudgeon & Evanson, 2014)
- Perpetrator misuse and abuse of firearms (Doherty & Hornosty, 2008)
- Perpetrator abuse of pets and farm animals (Doherty & Hornosty, 2008)

Risk assessment among RRN populations and others is not an end in itself but can be used to inform risk management and safety planning.

RISK MANAGEMENT WITH PERPETRATORS FROM RURAL, REMOTE, AND NORTHERN COMMUNITIES

RISK MANAGEMENT AS DEFINED BY THE CDHPIVP

Strategies intended to reduce the risk presented by a perpetrator of domestic violence such as close monitoring or supervision, psychosocial interventions to address the violence and/or related issues such as mental health and addictions.

Many RRN communities have few or no programs and resources available to DV perpetrators (Jamieson & Wendt, 2008; Tutty et al., 2006). Additional barriers can also prevent perpetrators from using supports that are available in some RRN communities. For example, perpetrators living in RRN communities may not want to participate in group discussions (e.g., in group counselling) because of a lack of anonymity in the community (Jamieson & Wendt, 2008). Moreover, when a perpetrator leaves the supportive environment of a program and returns to the community, they may be faced with norms supporting violence and go back to using their abusive behaviours (Jamieson & Wendt, 2008.

To address barriers related to confidentiality and a lack of services for perpetrators, some recommend using existing programs away from the RRN community and offering transportation support (Jamieson & Wendt, 2008). Other options include referring perpetrators to substance abuse and mental health supports that are in the community particularly because substance abuse and mental health issues have been seen to overlap with DV perpetration, especially in RRN communities (Tutty et al., 2006).

Some research has identified specific risk management strategies for perpetrators in RRN communities. These include:

- Policies to remove or restrict access to firearms for those with a history of DV or those subject to a protection order (Banman, 2015; Doherty & Hornosty, 2008). Nevertheless, this approach may be challenging to implement because of RRN communities' strong traditions around firearms.
- "Safe at home" programs that remove the perpetrator from the family home and allow women and children to remain if safe (Social Development Committee of the Parliament of South Australia, 2016).
- More meaningful consequences for perpetrating DV in the justice and court system, such as increased prosecution by county attorneys (Barton et al., 2015).

PROMISING PRACTICES FOR RISK MANAGEMENT IN RRN COMMUNITIES

There is limited research focusing specifically on risk management programs and strategies in RRN communities and testing their effectiveness. However, we identify select promising programs on page 11.

PROMISING PROGRAMS IN RRN COMMUNITIES

Rankin Inlet Spousal Abuse Program
The Rankin Inlet Spousal Abuse Program, run from the Pulaarvik Kablu Friendship Centre, is one example of a promising risk management program in northern Canada (Pulaarvik Kablu Friendship Centre, 2006). It has been credited with reducing the incidence of violence against women in the area and is based on local needs and uses traditional Inuit knowledge. Its main program is a court-mandated individual- and group-counselling program for perpetrators that "focuses on changing controlling behaviour and extreme emotional dependence" (Pulaarvik Kablu Friendship Centre, 2006, p. 6). It was designed with input from victims who said that they want abusers to get help but not to be arrested or removed from the community.
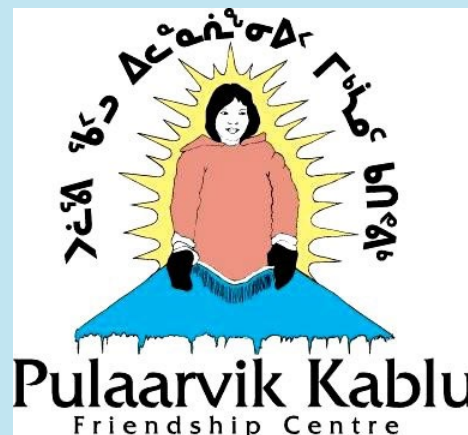
Wek'eahkaa (A New Day) Men's Healing Program
Wek'eahkaa, currently delivered under contract by John Howard Society of the Northwest Territories, is a program for men who have been violent towards their partner (Department of Justice of the Government of Northwest Territories, n.d.). It teaches men how to improve their relationships with their partners and families. The program offers individual and group therapy and participants may self-refer, be agency referred, or be court mandated. A recent evaluation of a pilot of the program found that it had some promising outcomes for men who completed the full program, including healing and reduced violence (Proactive Information Services Inc., 2016). Findings are being used to develop and implement a new long-term program.

SAFETY PLANNING WITH RURAL, REMOTE, AND NORTHERN WOMEN

SAFETY PLANNING AS DEFINED BY THE CDHPIVP

Strategies to protect the victim and those around the victim. Examples of these strategies include a change in residence, an alarm for a higher priority police response, letting others around her know of the risks, a different work arrangement and/or readily accessible items needed to leave home in an emergency including contact information about local domestic violence resources.

RRN women report finding general safety planning strategies helpful in keeping themselves and their children safe, such as developing an escape plan; talking to someone at a DV program, shelter, or hotline; and developing a code so that others know when they are in danger (Anderson et al., 2014; Riddell et al., 2009). Domestic Homicide Brief 6 offers information on general safety planning strategies. However, safety planning with RRN women may require additional considerations.

For example, because there are often few DV services available in RRN communities and women are sometimes not aware of those that do exist, service providers can work with women to identify both formal and informal supports (Dudgeon & Evanson, 2014; Edwards, 2014).

Further, service providers may need to help women identify creative solutions in cases where shelters and safe houses are not available, such as identifying a safe hiding place in a woman's barn (Evanson, 2006).

Many RRN women face barriers to leaving an abusive partner and it is common for them to stay in the relationship. This speaks to the need for safety planning strategies that address barriers to leaving *and* offer additional options for those who stay. Rather than encouraging women to leave, options for staying might include plans that will minimize potential harm to women (Doherty & Hornosty, 2004; Dudgeon & Evanson, 2014).

It can be important for safety planning efforts to address RRN women's confidentiality concerns to help them feel comfortable disclosing experiences of abuse to healthcare professionals and other service providers (Anderson et al., 2014; Riddell et al., 2009). Strategies to do this include providing safety planning in a private examination room and masking requests to speak privately to women when the perpetrator is present (Anderson et al., 2014; Riddell et al., 2009).

Finally, safety plans with RRN women might include precautions around firearms, such as planning escape routes and being aware of where guns, ammunition, and keys to gun cabinets are stored (Tutty, Ogden, Wyllie, & Weaver-Dunlop, 2006). Women are also aware of informal support such as informal safe houses and often have informal support networks in their communities which they rely on to keep them and their children safe when the abusive partner uses alcohol or harms them (Moffitt & Fikowski, 2017).

RRN SAFETY PLANNING WITH PETS

Many pet-owning RRN victims report that their abusive partners have threatened or harmed their pets (Faver & Strand, 2003; Wuerch et al., 2017). Concern for their pets also prevents some RRN women from leaving an abusive relationship (Faver & Strand, 2003; Wuerch et al., 2017). Although this is true for urban pet-owning victims as well, RRN women are less likely to have access to shelters and pet services (Wuerch et al., 2017). Arrangements for pets, such as awarding a victim ownership of her pet(s) may be important for

keeping RRN women safe (Doherty & Hornosty, 2008; Faver & Strand, 2003). While not specific to RRN communities, Ontario Association of Interval & Transition Houses (2018) has put together a list of supportive services that shelters can offer women with pets, including advantages and barriers to each type of service.

PROMISING PROGRAM FOR PETS: SAFEPET

SafePet is a program affiliated with the Ontario Veterinary Medical Association and is offered in communities across Ontario either through volunteering shelters or other volunteer-based organizations. Volunteer foster parents take in pets that belong to women staying in shelters. Volunteer veterinarians provide a neutral location for pet drop-off.

CURRENT WORK BEING DONE ON THE LINK BETWEEN VIOLENCE AGAINST HUMANS AND ANIMALS: CANADIAN VIOLENCE LINK CONFERENCE

The Canadian Violence Link Conference, hosted by the Canadian Federation of Humane Societies (CFHS/ Humane Canada), took place in Ottawa, Ontario in December 2017. The first of its kind in Canada, this conference examined the relationship between violence against people and animals and how this violence often overlaps (CFHS, n.d.). The conference brought together professionals from across sectors working to address violence against people or animals and highlighted the latest research and promising new practices to help advance the criminal justice and social service response to these overlapping forms of violence.

Participants at the conference stressed the need for:

- Cross-sector collaboration;
- The anti-violence sector to ask questions (e.g., at intake) about animal abuse and to include

animal welfare organizations on high-risk DV teams;

- Shelters to increase their ability to house pets; and

- New legislation, standard protocols, and tracking procedures across all sectors (CFHS, n.d.; Porteous, 2017).

As a direct result of the conference some participants committed to make sure information about which Canadian shelters accept pets is publicly available (CFHS, n.d., p. 11). Moreover, based on their learning from the conference, a group of police recently responded to a pet abuse charge and knew to investigate further to find if DV had also occurred (CFHS, n.d., p. 11).

SHELTERS IN RURAL, REMOTE AND NORTHERN COMMUNITIES

When women do leave domestic violence situations they may find temporary housing with family and friends or seek more formalized accommodation through a shelter or transition house. According to the Canadian Transition Home survey conducted by Statistics Canada there were 627 shelters for abused women operating in Canada on April 16, 2014; and 32 shelters were located on reserves across Canada (Beattie & Hutchins, 2015) which are primarily located in rural and remote regions (Waegemakers- Schiff & Turner). Just over one third of shelters serve small populations and rural areas (Maki, 2018) with a large minority of the shelters serving population areas of less than 1000 people (Beattie & Hutchins, 2015; Maki, 2018). Ten shelters were located in fly-in communities (Maki, 2018). Even though the territories have a higher than average rate of beds per population, accessibility is limited (Moffitt & Fikowski, 2017). Less than half of shelters and transition homes in small and rural communities reported access to public transportation in their community. Most rural shelters and transition homes reported access to mental health and victim support for children, but at a lesser rate than urban and suburban shelters (Maki, 2018). Some shelters, particularly in rural communities, are expanding their services to act as a hub for outreach and non-residentuial services (Mantler & Wolfe, 2016).

THE ROLE OF COMMUNITY PROFESSIONALS

Healthcare Professionals
Healthcare settings (e.g., family planning clinics, emergency departments, county health departments) can be important points of intervention for DV in RRN communities. RRN communities often have few specialized services for DV and RRN women experiencing DV tend to have more frequent contact with healthcare providers compared to some other formal service providers (Riddell et al., 2009). For these reasons, some recommend that trained healthcare workers in RRN communities help women develop safety plans and identify potential formal and informal supports (Dudgeon & Evanson, 2014; Neill & Hammatt, 2015). Because RRN women sometimes visit healthcare settings outside of their rural communities, some also recommend that healthcare providers in urban locations be knowledgeable about RRN DV and be prepared to support RRN victims (Dudgeon & Evanson, 2014). Healthcare workers may also be important points of contact for conducting risk assessment and universal screening (Anderson, Renner, & Bloom, 2014; Neill & Hammatt, 2015).

Farm Organizations
Farm organizations are also important points of contact between victims and DV service providers in RRN communities (Kasdorff & Erb, 2010). Given their important role in many RRN communities, these organizations might be able to share a list of available services with women and help DV service providers to identify RRN concerns and ways to address them (Kasdorff & Erb, 2010).

NATIONAL FARM ORGANIZATIONS IN CANADA

- National Farm Animal Care Council
- Canadian Federation of Agriculture
- Canadian Agricultural Safety Association
- National Farmers Union
- Canadian Agricultural Human Resource Council

Salon Professionals
Salon professionals can play a role in intervening in DV and offering support. They may be particularly helpful in RRN communities where victims often have limited access to services and public channels of information (Boka, 2005).

CUT IT OUT

Cut it Out: Salons Against Domestic Abuse is a campaign by Neighbours, Friends and Families that provides education and training for salon professionals in Canada to help them recognize warning signs of abuse and safely refer clients to local resources. The program believes that salon professionals are uniquely positioned to recognize the signs of abuse because of their often trusting relationship with clients and because salons may be one of the few places a victim can go without her abuser (Centre for Research & Education on Violence Against Women & Children, 2018).

INFORMAL SUPPORTS

RRN women often rely heavily on family, friends, and community members for support (Riddell et al., 2009). Nevertheless, these individuals may not know how to give effective support to victims and their families (Bosch & Schumm, 2004). Research suggests that emotional support is not enough for keeping RRN victims safe and that information and advice from friends and family on accessing resources is more effective at helping to end long-term abuse (Bosch & Schumm, 2004). Moreover, while RRN communities are often viewed as close-knit and helpful, these traits do not always apply to personal or taboo issues like DV (Banyard et al., 2018). For example, RRN community members do not always step in to help a woman experiencing DV because of victim blaming beliefs and beliefs that DV is a private matter (Banyard et al., 2018).

WHAT WILL IT TAKE?

What Will It Take? is a workshop toolkit offered in the Canadian Northwest Territories aimed at teaching residents the skills and confidence needed to support individuals experiencing family violence. The toolkit includes a DVD, a facilitator's guide, and workshop activities and handouts. It teaches the warning signs of family violence and uses residents' experiences addressing family violence in their own lives.

THE ROLE OF TECHNOLOGY

Technology can play an important role in helping RRN women access safety information and resources and can also be used in risk management strategies with men (Bloom et al., 2014).

Digital safety decision aids
Web- and computer-based safety decision aids can be helpful to RRN women who are unable to reach in-person supports. These aids help women assess their risk for future violence and/or lethality, consider their safety priorities (e.g., child's wellbeing, maintaining privacy), and develop tailored safety plans (Bloom, Glass, Case, Wright, Nolte, & Parsons, 2014; Dudgeon & Evanson, 2014; Glass, Eden, Bloom, & Perrin, 2010). These can be cost-effective tools and can be used in healthcare settings, welfare offices, community agencies, libraries, and women's own homes when safe and convenient (Glass et al., 2010). However, little research has tested the effectiveness of these tools with RRN women.

PROMISING WEB-BASED SAFETY DECISION AIDS

Staying Safer… EVO
EVO is an online tool created by Public Legal Education and Information Services of New Brunswick (2018)

Coming soon! A free online smartphone application that helps women make personal safety plans and provides a list of services such as transition houses, helping services, Emergency Intervention Orders, and other legal remedies. The application encourages women to confide in someone about their abuse and seek services.

My Plan App
Johns Hopkins School of Nursing (2018b) with the support from The One Love Foundation

Free, anonymous, and private application for smartphones and other electronic devices that helps women determine if a relationship is unsafe (using the Danger Assessment) and create a tailored action plan. Currently available through several application stores. View the app.

iCAN Plan 4 Safety Website
Research collaboration of Western University, University of British Columbia, and University of New Brunswick funded by the Canadian Institutes of Health Research

Online tool designed to help Canadian women think about their risks and priorities and create a tailored action plan. Not yet available for use; currently being evaluated (findings forthcoming; Ford-Gilboe et al., 2017).

Telephone and video-conferencing
Service providers can use telephone and video-conferencing to reach those who cannot access services in-person. Domestic violence and rape crisis centres can provide trauma-focused treatment through online video conferencing (Hassija & Gray, 2011). Victims who are unable to travel to court can use Skype or Facetime (Barton et al., 2015).

Luke's Place, a non-profit Ontario organization serving abused women in Durham Region, offers a Virtual Legal Clinic that uses the telephone and web-based video conferencing to connect women living in rural and remote communities with lawyers based elsewhere. These services may not be suitable for those in some remote and northern communities without access to the internet and there may be risks to any woman discussing violence from the home.

GPS technology
Global Positioning System (GPS) technology, such as personal or wearable GPS devices, can be used to monitor perpetrators and provide quick responses to victims in need (Barton et al., 2015).

For example, a pilot program from 2012-2015 in Red Deer, Alberta used SafeTracks GPS Canada products to monitor DV perpetrators on probation (Red Deer Domestic Violence Offender GPS Project, 2015). Perpetrators wore monitoring ankle bracelets that prohibited them from entering set zones (e.g., victim's home or work) and set additional restrictions such as curfews. Anecdotal evidence suggested that the project increased victim safety since few perpetrators violated no-contact provisions and, when they did, police were able to respond quickly (Red Deer Domestic Violence Offender GPS Project, 2015). The GPS data on exclusion

zone violations also meant that fewer victims needed to testify (Red Deer Domestic Violence Offender GPS Project, 2015).

Toll-free crisis hotlines
Hotlines can help increase access to support for RRN victims, and are usually available at any day or time (Hornosty & Doherty, 2002). Many provinces have a toll-free helpline for domestic violence. Webpages listing Canadian provincial and territorial crisis lines are available at www.sheltersafe.ca/find-help/ and http://endingviolencecanada.org/getting-help/.

Online Training
In addition to reducing victims' barriers to safety planning (and perpetrators' barriers to risk management), technologies can also help to connect isolated and distant collaborators and stakeholders during service development and training (Neill & Hammatt, 2015). For example, Luke's Place offers online accredited training designed for family law lawyers in Ontario dealing with cases involving violence against women.

REDUCING BARRIERS TO SERVICE ACCESS IN RURAL, REMOTE, AND NORTHERN COMMUNITIES

Some research has identified other strategies and recommendations that may help RRN victims and perpetrators access needed programs and services. These strategies and recommendations include:

- New and improved DV services in RRN communities to address the current shortage (Anderson et al., 2014; Barton et al., 2015; Logan et al., 2001; Neill & Hammatt, 2015). Some have argued that RRN regions require broad-based generalist services that are strongly embedded in the community before they can successfully implement specialist services (Roufeil & Battye, 2008). To be effective, new and improved services may also need to address the particular challenges and risk factors among RRN communities (Anderson et al., 2014; Barton et al., 2015).

- Transportation support, such as expanded bus routes, transportation subsidies, shuttle services, and volunteers to transport victims to DV service providers, court, etc. (especially when those services exist only in urban areas; Barton et al., 2015; Jamieson & Wendt, 2008). For example, some shelters that service rural women offer transportation help to reach the shelter or related services. In an effort to increase supports for RRN communities, British Columbia recently provided funds to BC

Housing to help with transportation costs for RRN women and children escaping abuse to access shelter (Ministry of Children and Family Development of the Government of British Columbia, 2017).

- Hub and spoke, in-reach, and outreach services (Neill & Hammatt, 2015; Roufeil & Battye, 2008; Wendt, Bryant, Chung, & Elder, 2015). The "hub and spoke" model provides a central point of service in the area of greatest population density (the hub) and provides services out to smaller centres (spokes) (Roufeil & Battye, 2008; Wendt, et al., 2015). In this way, existing urban services and advocacy organizations can provide (a) in-reach services where users travel to access the service (more appropriate for larger towns or rural regions close to urban centres), and (b) outreach services where service providers travel to RRN areas or provide services at a satellite office (Wendt, Bryant, Chung, & Elder, 2015).

- Visiting DV services are provided at particular and consistent times, and link women with other services. These services are well embedded in the community despite coming from the outside (Wendt, Bryant, Chung, & Elder, 2015).

- Safe house networks where secretly-located houses are designated as "safe homes" for

DV victims and are referred to by service providers, courts, or law enforcement officials (Wendt, Bryant, Chung, & Elder, 2015).

- Increased availability of services beyond weekdays and beyond traditional business hours (Barton et al., 2015).

- DV interventions included in pre-existing RRN substance abuse treatment programs for men (Logan, Walker, & Leukefeld, 2001).

IMPORTANCE OF SERVICE COLLABORATION AND COORDINATION IN RRN COMMUNITIES

Multisector collaboration and coordinated community responses may also help reduce barriers to service access and play an important role in RRN communities (Eastman et al., 2007). For example, integrated case management—such as Interagency Case Assessment Teams (ICATs)—is recommended for risk management and safety planning in RRN communities (Barton et al., 2015; Ending Violence Association of BC, n.d.; Neill & Hammatt, 2015). These are teams of local agencies including police, healthcare, child welfare, victim support, and other social services that collaborate by sharing information,

assessing cases, and agreeing on an action plan (Ending Violence Association of BC, n.d.). Such collaborative and integrated efforts can help provide holistic care by attending to the needs of the whole family and can improve monitoring and identification of high-risk RRN DV cases (Ending Violence Association of BC, n.d.; Hornosty & Doherty, 2002).

Similarly, "wrap around" services for women that include shelter services, mental health services, financial support, childcare support, housing and transportation support, and education and employment support may be useful in RRN communities (Barton et al., 2015). In response to women's changing needs, one shelter in rural Ontario shifted from an inpatient model to a "hub" model (Mantler & Wolfe, 2017). In this way, the shelter collaborated with other organizations to offer a variety of services in one centralized location (Mantler & Wolfe, 2017). The Family Violence Project of Waterloo Region (FVP) similarly offers a range of collaborative services—including police trained to deal with family violence, legal services, children's services, and crisis and counselling services—all under one roof. While the program is not located in a rural location, they do offer rural outreach services.

FUTURE DIRECTIONS – THE NEED FOR BROADER SOCIAL CHANGE

RRN communities face unique DV risk factors and barriers to safety. Research among these populations has been limited but highlights the need for context-specific approaches that address these unique needs. In addition to risk assessment, risk management, and safety planning, broader social change may be needed to combat DV and domestic homicide. For example, some broader social changes suggested include:

- Increasing access to affordable housing, transportation, financial security, childcare support, and culturally appropriate resources (e.g., healing circles among RRN Indigenous populations; Barton, Hungler, McBride,

Letourneau, & Mailloux, 2015; Hornosty & Doherty, 2002);

- Working to shift cultural norms that support beliefs in traditional gender roles and patriarchy (Gadmoski et al., 2001; Jamieson & Wendt, 2008); and

- Working to increase knowledge across the lifespan about DV, healthy relationships, sexual respect, and the impacts of substance abuse on families; for example, through community and school educational programs and public health campaigns; Barton et al., 2015; Gadmoski et al., 2001; Jamieson & Wendt, 2008; Moffitt & Fikowski, 2017).

ADDITIONAL RESOURCES

**Rural and Northern Community Response to Intimate Partner Violence**

This is a research initiative led by the Saskatchewan branch of Research and Education for Solutions to Violence and Abuse (RESOLVE) based at the University of Regina. The initiative hopes to "enhance the understanding of effective community response to intimate partner violence in rural and northern regions of the Canadian prairie provinces and the Northwest Territories, leading to policy change". See, for example, two online reports that have come out of this initiative:

1. Alberta Research Project Report for Provincial Stakeholders: Rural and Northern Community Response to Intimate Partner Violence
(Barton et al., 2015)

2. Hearing about the Realities of Intimate Partner Violence in the Northwest Territories from Frontline Service Providers: Final Report
(Moffitt & Fikowski, 2017)

Domestic Violence in Rural Canada in Victims of Crime Research Digest (Northcott, 2011)

This document provides an overview of available research on domestic violence in rural Canada and presents the results of a study using police-reported data on domestic violence from the Canadian Centre for Justice Statistics (CCJS).
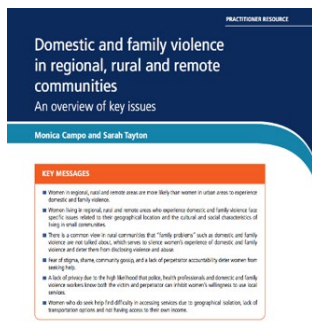
Domestic and Family Violence in Regional, Rural and Remote Communities: An Overview of Key Issues (Campo & Tayton, 2015)

This article was published by the Australian Institute of Family Studies and provides a review of key research findings on domestic violence in RRN communities, including prevalence, characteristics, and service provision.

Stopping Violence Against Women Before it Happens: A Practical Toolkit for Communities (National Rural Women's Coalition, 2013-2014)

This toolkit consists of fact sheets designed to help communities understand and take action to stop violence against women before it happens. While it can be used by anyone, it was designed especially for rural and regional communities in Australia and for people working in the community services sector, including social workers, case managers, policy officers, teachers, youth workers, police, and community leaders. It provides straightforward advice, practical resources, discussion questions, group activities, and case studies that can be used by small groups (such as students, community groups, or project teams).

Non-Violence: A Strength Based Community Inquiry (Department of Justice, GNWT, 2010)

This project was completed for the Northwest Territories Department of Justice, as a component of the Family Violence Actions Plan Phase II, by R.A. Malatest & Associates Ltd. Interviews were conducted with men from 12 NWT communities to explore why men choose non-violence and respect over violence and abuse. The interviews provided rich data on elements that should be included when designing programs to address the use of violence in intimate relationships. The report concluded that any programs designed to address violence must include: a history of the challenges in NWT communities that may influence men to engage in violence, respect for the resiliency of those in Northern communities and their way of life, and recognition of the important role of family, communities, Elders and traditions for many men in the NWT (p. 35).

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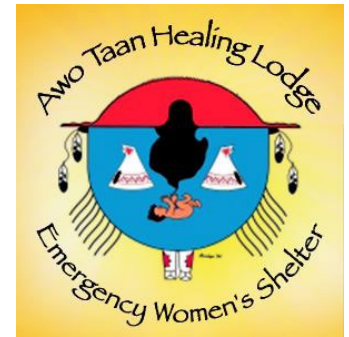
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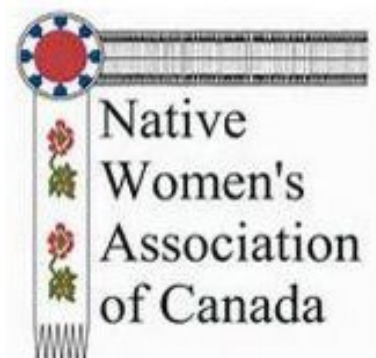
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