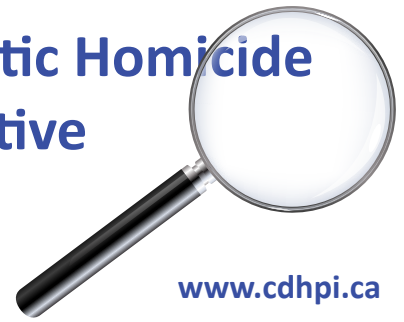


**Canadian Domestic Homicide  
Prevention Initiative  
with Vulnerable  
Populations**



**Domestic Violence Risk Assessment,  
Risk Management, and Safety  
Planning with Rural, Remote, and  
Northern Populations:  
Summary of Selected Grey Literature**

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# Summary of Selected Grey Literature

Produced on behalf of the Canadian Domestic Homicide Prevention Initiative with Vulnerable Populations (CDHPVP) (<http://www.cdhip.ca>)

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## **1. Alberta RESOLVE. (2015). Rural and Northern Community Response to Intimate Partner Violence: Alberta Year Three Focus Group Data Analysis Summary.**

This article focuses on the experiences of IPV among rural and northern populations. Data for this study are drawn from focus groups consisting of counsellors, psychologists, shelter directors, police, and victim service workers from rural and northern Alberta. Six common themes emerging from the data are grouped as: (1) protective factors (e.g. available resources), (2) informal supports (e.g. limited availability of resources for specific cultures), (3) formal services (e.g. lack of staff, funding, and isolation make delivery of services difficult), (4) justice systems (e.g. is reactive and not victim-driven), (5) local context (e.g. lack of confidentiality creates barriers to services), and (6) IPV prevention public education (e.g. community connection and education are protective factors). Factors that are identified as unique to this population are isolation of victims and services workers, lack of resources, lack of confidentiality, lack of culturally appropriate services, and a dysfunctional justice system in the most remote areas.

## **2. Aldrich, L., & Mazur, R. (2005). Domestic violence in rural communities: Applying key principles of domestic violence courts in smaller jurisdictions [PDF document]. Center for Court Innovation. Retrieved from <http://www.courtinnovation.org/sites/default/files/Rural%20Innovation7.26.05.pdf>**

This article focuses on domestic violence court within rural regions. Based on the collective experiences of the New York State domestic violence courts, recommendations were made centring on two principles: coordination with victim services and judicial monitoring. Recommendations

for risk management include keeping survivors of domestic violence informed about the status of their case to reduce the risk of these individuals being placed in further danger. Judicial monitoring, including continuously supervising defendants and building relationships with services providers, is suggested, to enhance knowledge of intervention program compliance. In terms of safety planning, domestic violence survivors should be monitored, linked to services, helped with safety planning, and connected with an advocate for support. Court cases should be scheduled promptly, which helps to ensure that witnesses and victims remain cooperative throughout prosecution. Further, creating a private space for domestic violence survivors to discuss their experiences is vital. Factors identified as unique to this population include poverty, lack of transportation, limited access to resources, lack of health insurance, cultural values (e.g., community ties), increased weapon ownership, problems retaining health care providers, and offenders not being held accountable within court proceedings.

## **3. Banman, V. L. (2015). Domestic Homicide Risk Factors: Rural and Urban Considerations (Unpublished Masters thesis). Western University, London, Ontario.**

This article explores differences in domestic homicide risk factors and prevention resource availability between urban and rural areas. The study is a retroactive case analysis of data provided by the Domestic Violence Death Review Committee through the Chief Coroner of Ontario on 132 domestic homicide cases in Ontario between 2003 and 2012. The core findings of the study are that rural perpetrators were significantly more likely to have access to a firearm and to use that firearm to kill their intimate partner. Separation between intimate partners was significantly more common in urban cases of domestic homicide and urban perpetrators were more likely to exhibit obsessive behaviour and sexual jealousy. There was also no significant difference in the number of perpetrators endorsing misogynistic attitudes between rural and urban areas. The study notes that only 16 percent of perpetrators in the study received a risk assessment. Recommendations for risk management include keeping firearms away from those with a history of domestic violence. The study notes that the rural group was small and the findings are not generalizable to the rest of Canada.

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

This article focuses on intimate partner violence (IPV) in rural and northern communities within Alberta. Individual interviews and focus groups were conducted with service providers from across the province. An environmental scan was also conducted to compare available services to incidents. Recommendations for risk management include implementing long-term and/or peer support services, intervention programs for perpetrators (e.g., parenting groups discussing family values, resiliency, and factors associated with well-being), specialized services for children exposed to IPV, integrated case management among community agencies in order to maximize support, holding monthly meetings with different agencies to enhance discussion and understanding of complex cases, and use of online technology (e.g., Skype, FaceTime, Safe Tracks). Recommendations for safety planning include providing comprehensive “wrap-around” supports to help individuals throughout each step of their healing journey, as well as focusing on increasing access to housing, transportation, financial security, parenting/childcare support, and culturally appropriate resources (e.g., healing circles). Numerous factors were identified as impacting access to services in rural and northern regions, including geographic isolation, high living costs, lack of subsidized housing, limited public and/or personal transportation, traditional values, service providers having heavy caseloads, normalization of IPV, confidentiality, and services only being available 9:00am to 5:00pm.

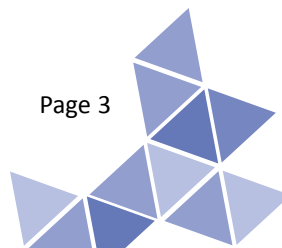
**5. Bender, A. (2015). Rural primary health care providers' response to intimate partner violence and survivors' perceptions of helpfulness (Unpublished doctoral dissertation). Washington University, St. Louis, MO.**

This article focuses on exploring and describing health care providers' and survivors' perspectives on intimate partner violence (IPV) with the aim of improving health care delivery in rural communities. The data from the study are drawn from surveys administered to 134 rural healthcare providers, interviews with 7 service providers, and interviews with 20 rural IPV survivors in rural Missouri. The core findings of the study are (1) there are gaps between providers' perceived knowledge of IPV and their measured knowledge, (2) attitudes towards IPV were largely not predictive of screening or responses taken

to address the issues with patients, and (3) healthcare providers had little to offer patients and little knowledge of available resources. Service providers reported frustration at women's lack of disclosure of abuse and the lack of appropriate resources. High levels of poverty, low levels of education, unemployment, and substance abuse contributed to higher levels of IPV. Women reported facing challenges locating and accessing help, and the overall lack of available jobs and lack of transportation were barriers to accessing help. Recommendations regarding risk management include training about IPV and clear protocols on how to identify it, and steps for service providers to determine if a patient is a victim. Recommendations for risk management include addressing confidentiality concerns in small towns to make women feel comfortable disclosing their abuse to health care providers.

**6. Biesenthal, L., Sproule, L. D., Nelder, M., Golton, S., Mann, D., Podovinnikoff, D., ...Lunn, D with Community Abuse Programs of Rural Ontario. (2000, July). The Ontario rural woman abuse study (ORWAS): Final report [PDF document]. Department of Justice Canada. Retrieved from [http://www.justice.gc.ca/eng/rp-pr/cj-jp/victim/rr00\\_15/rr00\\_15.pdf](http://www.justice.gc.ca/eng/rp-pr/cj-jp/victim/rr00_15/rr00_15.pdf)**

This study focuses on the rural women's experiences of abuse and community service providers', community leaders' and citizens' understanding of women's experiences. Data are drawn from interviews with 60 women who experienced abuse from: Vermillion Bay, Cochrane, Espanola, Stormont, Dundas and Glengarry, Grey-Bruce County, and Oxford County. The authors find that: (1) the stigma associated with being an abused woman frequently prevents women from disclosing abuse; (2) many women felt society blamed them for their situation; (3) denial is the most common coping mechanism; (4) many women felt they could not turn to their family; and (5) distance and lack of access to transportation were barriers to seeking help. Recommendations for risk management include improving community responses and attitudes about wife abuse. The authors identify several factors unique to this population, including: men and women in rural communities follow common stereotypical roles, women feel physically and socially isolated from society, women describe feelings of shame and embarrassment while they were with the abuser, women had concerns about anonymity, and women did not feel safe in shelters because most people in communities knew where the shelter was.



**7. Campo, M. & Tayton, S. (2015). Domestic and family violence in regional, rural and remote communities: An overview of key issues [PDF document]. Retrieved from <https://aifs.gov.au/cfca/sites/default/files/publication-documents/cfca-resource-dv-regional.pdf>**

The article provides an overview of issues related to domestic and family violence in rural and remote regions of Australia. The authors review research to suggest that there are no current agreed upon definitions to conceptualize rural and remote communities, with different organizations utilizing different definitions. Unique characteristics of these regions were also discussed, including, but not limited to, social and geographic isolation, the minimization of domestic violence, traditional beliefs, the normalization of violence, limited culturally diverse services, and family problems being kept private. Recommendations for safety planning include adopting a “hub and spoke” service model, where a specialist service focusing on domestic violence located in an urban centre provides outreach services to rural and remote areas. The importance of interprofessional collaboration in order to maximize support for survivors of domestic violence was also mentioned.

**8. Coalition Against Family Violence. (2013, September). NWT family violence report card (first edition) [PDF document]. Retrieved from <http://www.statusofwomen.nt.ca/pdf/FVAW%20Kit/NWT%20Family%20Violence%20Report%20Card%202013%20-%20Final.pdf>**

This document is a report card on family violence in the Northwest Territories (NWT) developed by the Coalition Against Family Violence. It reviews available services, identifies gaps for families impacted by violence, and assesses the response and effectiveness of the territory in responding to family violence at multiple levels of involvement. The report card includes data from 2008 and 2012 from various government and non-government partners on shelters, programs, victim services, child and family services, protection orders, coroner statistics and elder abuse. This report calls for more training for service providers, better public education, and more coordinated services and effective strategies to deal with co-existing issues beyond family violence. As well, it maintains that prevention strategies be collaborative and better funded. Specific findings include risk factors (lack of housing, trauma treatment programs, and other formal supports) and the need for education that addresses victim blaming, the bystander effect, and theories on why men choose to use violence. Specific findings for risk management include

the need for long-term political and financial commitment, innovative options for improving safety and changing the climate of acceptance/normalization of family violence. Findings for safety planning include the lack of existing shelters and subsequent need for protocol and community response teams. Among the strategies noted as effective are Victim Services and Emergency Protection Orders to ensure victim safety and the ODARA to assess risk. The NWT is identified as unique due to its high frequency of sexual assault, homicide, and reported spousal assaults. Additionally, many communities do not have family violence shelters or the RCMP; therefore victims rely primarily on informal supports.

**9. Community Coordination for Women’s Safety. (2007, January 16). Immigrant, refugee and non-status women and violence against women in relationships [PDF document]. Retrieved from [http://endingviolence.org/files/uploads/Imm\\_Ref\\_Women\\_Violence.pdf](http://endingviolence.org/files/uploads/Imm_Ref_Women_Violence.pdf)**

The document describes the Community Coordination for Women’s Safety (CCWS), a program that emphasizes the reinforcement of “intersectoral coordinated responses to violence against women” and focuses on “rural, remote and isolated communities, and women who face particular discrimination in these communities, including Aboriginal women, women of colour, immigrant women, low-income women, women with disabilities, lesbians, transgender women, older women and younger women” (p. 1). The CCWS highlights the significance of service coordination among various service agencies and sectors working with immigrant, refugee, and non-status women experiencing violence to achieve effective interventions and improve services. The authors contend that immigrants and refugees are likely to encounter racist attitudes which influence the responses to abuse among women of colour, and are subjected to stereotyping and discrimination based on their race and/or country of origin, which produces barriers to disclosure and help-seeking. Additional barriers and risks within these populations include: (1) accessibility of services; (2) limited language proficiency; (3) legal status; and (4) educational attainment. The authors suggest, however, that abused marginalized women’s connection to their communities operates as informal supports and improves the accessibility of culturally specific-services at the community-level, unless the abusive partners are high-status in the community. There are also various factors identified that shape mainstream service delivery, such as: (1) service providers’ perceptions and attitudes regarding specific ethnic groups; (2) service providers’ understandings of culturally-specific issues and



appropriate resources; (3) the victim and/or offender's ability to communicate in English; (4) distrust in authorities within minority communities; and (5) victim's previous experiences with services.

**10. Dame, T., & Grant, A. (n.d.). Women and community safety: A resource book on planning for safer communities [PDF document]. Retrieved from [https://d3n8a8pro7vhmx.cloudfront.net/cwav/pages/237/attachments/original/1409340403/Women\\_and\\_Community\\_Safety\\_Manual\\_2003.pdf?1409340403](https://d3n8a8pro7vhmx.cloudfront.net/cwav/pages/237/attachments/original/1409340403/Women_and_Community_Safety_Manual_2003.pdf?1409340403)**

This is a resource developed in British Columbia in response to requests from women's groups and local governments for in-depth information and assistance on working together to plan for safer, small, rural and/or isolated communities. The resource provides exercises and activities for participants on feelings of safety and checklists promoting women's safety for local governments. It states that the physical, social and institutional structures of various community environments can impact women's lives. Local government, education, and health services have responsibilities with regard to provision of services. Additionally, it states community partnerships are essential to address the broad spectrum of needs for community safety and crime prevention and focus groups and surveys should be conducted on community safety. It recommends a safer community initiative that includes a range of measures to make physical, social, and institutional changes for safer communities guided by a collaborative community-based process.

**11. Dawson, M., Hubbert, M. J., & Poon, J. (2010, June). Documenting resources for victims & survivors of violence in Canada: A workshop discussion paper [PDF document]. Retrieved from [http://violenceresearch.ca/sites/default/files/DAWSON,%20POON%20%26%20HUBBERT%20\(2010\)%20DOCUMENTING%20RESOURCES%20FOR%20VICTIMS%20%26%20SURVIVORS%20OF%20VIOLENCE%20IN%20CANADA.pdf](http://violenceresearch.ca/sites/default/files/DAWSON,%20POON%20%26%20HUBBERT%20(2010)%20DOCUMENTING%20RESOURCES%20FOR%20VICTIMS%20%26%20SURVIVORS%20OF%20VIOLENCE%20IN%20CANADA.pdf)**

This paper includes information about a workshop organized and held by the Social and Legal Responses to Violence in Canada Research Unit at the University of Guelph, with the purpose of discussing how to define victim/survivor resources, the current gaps and needs in relation to these services, and appropriate measures of these resources. Core findings include the identified need for further information regarding service provision in rural regions, the need for longitudinal

data on victims of domestic violence, and the stated importance of collaboration across all sectors. The authors note that funding for services is often based on population, and because of this, rural and northern regions are at a disadvantage in comparison to urban areas. Recommendations for risk assessment included measuring resource accessibility and utility (e.g., average travel distance to service, immediate support versus waitlist). Factors identified as being unique to rural and northern regions include issues with transportation, family responsibility (e.g., child care, farm care), hours of service operation, quality of services, and the availability of resources. The authors suggest that more research needs to be conducted regarding the difficulties that women living in rural communities face in relation to accessibility and availability of services and resources, and the unique challenges faced.

**12. Department for Child Protection and Family Support. (2015). Western Australian family and domestic violence: Common risk assessment and risk management framework (2nd ed.). Perth, Western Australia: Western Australian Government. Retrieved from <https://www.dcp.wa.gov.au/CrisisAndEmergency/FDV/Documents/2015/CRARMFFinalPDFAug2015.pdf>**

This publication outlines the current policies, services, and common definition of family and domestic violence and provides a guide on screening, risk assessment, risk management, information sharing and referral to support implementation of the framework. It also includes family and domestic violence fact sheets and key practice tools. The report provides a practical guide to support service providers in Western Australia to integrate the minimum standards and practice requirements for family and domestic violence screening, risk assessment, risk management, information sharing, and referrals. The authors suggest that risk assessment in practice should combine the victim's assessment of risk, consideration of key risk factors, and professional judgment and should establish a level of risk, and detail the history of violence and abuse. Service providers must be committed to holding the primary aggressor responsible. The publication recommends that when safety planning, service providers must prioritize the safety of women and children when family and domestic violence is identified through the screening process. Service providers must consider referral to a specialist in domestic violence and supporting an application for a violence restraining order. Additionally, the authors recommend that when women leave an abusive situation, they should take important items



with them (identification, money, birth certificate, social insurance number) and give an extra copy of these items to friends in case they have to leave quickly.

**13. Doherty, D. & Michaud, P. (2010, November 4). Safe leaving – safe staying: Understanding and preventing domestic homicide in rural communities [PDF document]. Retrieved from [http://www.unb.ca/fredericton/arts/centres/mmfc/\\_resources/pdfs/8doherty.pdf](http://www.unb.ca/fredericton/arts/centres/mmfc/_resources/pdfs/8doherty.pdf)**

This presentation focuses on introducing an appropriate safety planning method for rural women based on their risk factors. It uses data from 20 homicides and 15 murder suicides of rural women in New Brunswick collected from: reported cases, court hearings, pre-sentencing reports, coroner reports, psychiatric assessments, victim impact statements, newspaper articles, and information from families/crisis workers. The core findings are that the majority of victims were in common-law relationships and had lived with violence for years, and that perpetrators had mental health problems, threatened suicide, and blamed the women. Suggestions for risk assessment and risk management include: (1) creating enhanced assessment tools for professionals and better safe leaving tools, (2) mobilizing front line service providers to assist women to use new tools to identify risk, and (3) create strategic approaches to living with and/or leaving abuse. Suggestions for safety planning include (1) approaching it as a process because rural women weigh many factors when determining if they should leave, and (2) creating a booklet that helps women assess their abuse and determine how they can best deal with the abuse and safety planning in a manner that is effective for them.

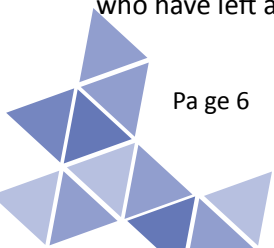
**14. Doherty, D. (2015). Community validation of a safety planning tool for women living in abusive relationships [PDF document]. Retrieved from [http://www.unb.ca/conferences/mmfc2014/\\_resources/presentations/7-validation-of-safety-plan-for-women-in-abusive-relationships.pdf](http://www.unb.ca/conferences/mmfc2014/_resources/presentations/7-validation-of-safety-plan-for-women-in-abusive-relationships.pdf)**

The focus of this study is on investigating the context in which abused women in rural communities would make use of the safety planning tool. and to identify community-based dissemination strategies and uptake models for sharing the safety tool with abused women in rural New Brunswick. Data are drawn from interviews with key stakeholders and focus groups with women crisis interveners, service providers and community agencies in Miramichi and Woodstock, and focus groups with women who have left an abusive relationship in Fredericton. The

core findings of this study are that there is little support available for women in abusive relationships, and there is no risk assessment or help for women in a relationship where no charges are laid. Women stayed in relationships due to: poverty, low literacy, lack of support, children's needs, presence of guns in the home, suicide threats, and mental health issues. Findings regarding safety planning are that participants felt the information in the new safety planning tool would be valuable for helping them assess women and their risk, and that the tool would allow women to go through the safety plan alone or with a service provider. The participants felt the new safety planning tool should be disseminated through law enforcement, health centres and in public space.

**15. Doherty, D., & Hornosty, J. (2008, May). Exploring the links: Firearms, family violence and animal abuse in rural communities [PDF document]. Final Research Report to The Canadian Firearms Centre, Royal Canadian Mounted Police, and Public Safety Canada. Retrieved from [http://www.legal-info-legale.nb.ca/en/uploads/file/pdfs/Family\\_Violence\\_Firearms\\_Animal\\_Abuse.pdf](http://www.legal-info-legale.nb.ca/en/uploads/file/pdfs/Family_Violence_Firearms_Animal_Abuse.pdf)**

This report examines the social and cultural context of firearms and animal abuse, and how this impacts survivors of domestic violence, in rural regions of New Brunswick and Prince Edward Island. Data are drawn from surveys with 283 participants, interviews with eleven survivors of abuse and three service providers, and seven focus groups with 58 community-level service providers. Recommendations for risk assessment include ensuring that assessment tools contain questions about the misuse and abuse of firearms (e.g., whether or not the firearm is licensed, registered, locked, or loaded) and animal abuse, and that consistent training is offered to all service providers using risk assessment tools, to make sure that professionals are reliability identifying risk levels. In terms of safety planning, recommendations include encouraging survivors of abuse to think about personal safety issues and their level of risk, and to support women through the safety planning process and afterwards. Developing a safe haven program for pets and farm animals is also discussed. Numerous factors are identified as unique to rural and northern regions, including the notion that being aware of firearms in the house may impact the decision of whether or not to leave, especially if the firearm is unregistered and loaded.



**16. Dragiewicz, M., & DeKeseredy, W. (2008, November). Study on the experiences of abused women in the family courts in eight regions in Ontario: Research report [PDF document]. Retrieved from [http://ywcacanada.ca/data/research\\_docs/00000030.pdf](http://ywcacanada.ca/data/research_docs/00000030.pdf)**

The focus of this study is on identifying gaps in existing services to victims and enhancing accessibility and service quality for abused women in the family court system. Data for this study are drawn from surveys and interviews with 132 survivors (average age 38) and 98 community advocates in 8 regions of Ontario. Survivors were surveyed about their own experiences in the family court system. The core findings of the study are: (1) The majority of respondents indicated that criminal charges were not made against their partner; (2) survivors were most likely to identify being exposed to their abuser as a difficulty of concurrent involvement in criminal and family court; (3) 94% of respondents reported it would be helpful if criminal and family courts communicated with each other; (4) survivors were most likely to identify child custody, access, and child support as issues in their family law case; (5) counseling was the most frequently named resource; and (6) the most common complaint women had in the family court system is that it had a high tolerance for violence in the community. The authors find that the issues most frequently identified by the advocates serving First Nations women were services not understanding traditional ways of healing, fear that her children will be taken away, difficulty finding affordable housing, fear she will not be believed, isolation and fear she may have to move out of the community. Recommendations for risk management include improved coordination and communication across systems and improved safety for abused mothers in court facilities.

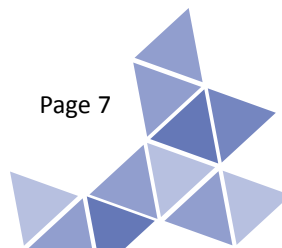
**17. Fagen, D. M. (2005). Perceptions of collective efficacy among abused women in rural Appalachia (Unpublished Masters thesis). Ohio University, Athens, OH.**

This article examines perceptions of collective efficacy from the perspective of survivors of domestic violence in rural Appalachia. Data for this study are drawn from semi-structured interviews with 43 abused women from rural Appalachia aged 22-68. The author finds that persuasive control, lack of collective efficacy, community intervention, and social exclusion exacerbate an already detrimental situation for rural abused women. Persuasive control was a theme throughout the interviews and is used by batterers to control their partners. The study finds that risk assessment tools are rarely used due to a lack of

community knowledge of abuse or the belief that abuse is a personal issue. As a result, rural communities also lack social resources to assist women. The lack of anonymity in rural Appalachia is unique to the rural communities and leads women to fear using services because everyone would know about it.

**18. Forsdick Martz, D. J., & Sarauer, D. B. (2000). Domestic violence and the experiences of rural women in east central Saskatchewan [PDF document]. Retrieved from <http://www.pwhce.ca/pdf/domestic-viol.pdf>**

This article examines the experiences of women living in rural regions of Saskatchewan. Data are drawn from semi-structured interviews with 19 survivors of domestic violence and three focus groups, two with survivors of domestic violence and one with service providers. Core findings of the study are that the majority of women experienced physical violence, sexual abuse, economic abuse, and spiritual abuse, and that women often kept their abuse private. Coping mechanisms include: pleasing their partner, distancing themselves from their abusive partner, disassociation, and thoughts of suicide. Recommendations for risk assessment include developing and implementing screening procedures within service agencies. For instance, women reported feeling the need to leave once heightened abuse was experienced and if they felt the need to protect their children. Developing a rural model of counselling for abusive men was suggested. In terms of safety planning, developing solutions for the delivery of services that focus on the unique factors of rural living is recommended. The authors also discuss developing a women's advocate position, which would help to support women with legal issues and service knowledge. A toll-free, 24/7 crisis line that could be used to access information and support is also suggested. Recommendations for risk management include counselling and therapy sessions for children of all ages, mental health offices should prioritize family violence cases, and models for counselling for abusive men should be explored in order to develop a suitable rural model. The study identifies a lack of confidentiality and isolation as unique to this population. Overall, researchers suggested that programming offered should consider low population densities, rural value systems, and the lack of centralized communication systems.



**19. Gallup-Black, A. (2004, June 30). Rural and urban trends in family and intimate partner homicide: 1980-1999 (Document No. 208344) [PDF document]. U.S. Department of Justice. Retrieved from <https://www.ncjrs.gov/pdffiles1/nij/grants/208344.pdf>**

This article explores place-based trends in family and intimate partner homicide from 1980 through 1990. Data for this study are drawn from FBI Supplementary Homicide Report data between 1980 and 1999 and the author compares metropolitan, non-metropolitan/adjacent, non-metropolitan/not adjacent, and rural areas. The core findings of the study are that there is a strong relationship between place and intimate partner murder, whereby the rates increase with rurality. During the study period, intimate partner murders fell in the metropolitan and non-metropolitan counties but rose in rural counties. In rural counties, overall socioeconomic distress was negatively associated with homicide, but only when it was tied in with population increases. Recommendations for safety planning include coordinated community responses that involves multiple stakeholders and resources such as law enforcement, public health, child protective services, schools, elder care facilities, advocates, and former survivors of abuse. Unique factors identified to rural counties are that they are more sensitive to overall population changes than other groups, and this sensitivity is tied to rates for murder.

**20. Gavin, M. N. (2008). Intimate partner violence in Appalachia: Examining women's experiences with community support (Unpublished doctoral dissertation). Capella University, Minneapolis, MN.**

This dissertation describes the support systems available for victims of intimate partner violence in rural central Appalachia. It uses a radical feminist framework to explain how patriarchal social and family structures are prevalent in Appalachia and may contribute to high rates of intimate partner violence. This study draws from interviews with 21 victims of intimate partner violence in rural central Appalachia. The core findings of this study are that victims of intimate partner violence in rural central Appalachia found their ability to obtain support blocked by threats and intimidation from their abusive partners or lack of knowledge regarding service availability. In several cases, the participants described refusal from the community to provide them the support they were requesting. Most participants agreed that community support is important in successfully ending an abusive relationship. Unique

factors identified to this population include the few social supports available in the Appalachian region and the lack of public transportation to transport victims of IPV to neighbouring counties to receive services.

**21. George, A., & Harris, B. (2014). Landscapes of violence: Women surviving family violence in regional and rural Victoria [PDF document]. Centre for Rural and Regional Law and Justice, Deakin University. Retrieved from [http://www.deakin.edu.au/\\_\\_data/assets/pdf\\_file/0003/287040/Landscapes-of-Violence-online-pdf-version.pdf](http://www.deakin.edu.au/__data/assets/pdf_file/0003/287040/Landscapes-of-Violence-online-pdf-version.pdf)**

This article focuses on the experiences of family violence survivors in rural and regional Victoria, Australia. Semi-structured interviews were conducted with 30 survivors of family violence, 19 lawyers, 24 family violence service providers, and three magistrates. Results point to a need for more public education and awareness in relation to family violence, and for offering culturally appropriate parenting programs. Additional funding was discussed as being needed for family violence programs. Recommendations for risk management included providing a "meet and greet" service for those planning to attend court, in order to provide relevant information in regards to the court process (e.g., location). The Men's Behaviour Change Program is also discussed. In terms of safety planning, pre-arranging times with survivors of family violence for follow-up calls or in-person meetings at support agencies is important for increasing safety. Having an advocate to help navigate women seeking refuge through accessing formal services and the process of leaving was mentioned as vital. The program entitled "Women, Lawyers, Workers Project" is mentioned, which is a program that seeks to improve legal justice for women experiencing family violence via a Skype platform. Several factors were identified as unique to this population, including geographic and social isolation, challenges maintaining anonymity and privacy, limited culturally and linguistically diverse services, and higher prevalence of firearms and homemade weapons.





**22. Greenard-Smith, C. (2003). Women escaping abuse in northern British Columbia: Attributes and resources that make the most difference (Unpublished Masters thesis). University of Northern British Columbia, Prince George, BC.**

This study focuses on the women's experiences accessing transition house services in Northern British Columbia. The information is drawn from interviews with nine women working in transition houses across northwest British Columbia. Respondents identified helpful factors as: transition houses, visibility of the transition houses, open door policies, community awareness, safe transportation, and free counselling for victims. Barriers keeping women in abusive relationships include lack of employability, lack of support of a spiritual leader, partner threats, normalization of abuse, lack of education, traditional family values, language barriers, not knowing their rights, isolation, no anonymity, northern weather, lack of transition houses, and having children. Recommendations for risk management include making transition houses more accessible, more diversity training/education to address racist beliefs and inform workers about poverty, extra outreach programming for women and children, and providing transportation to and from medical appointments. The study also suggests that more funding is needed to provide safe transportation to transition houses so they are accessible for rural women who have no way to access the services.

**23. Gustafsson, H. C. (2013). Intimate partner violence in rural, low-income communities: Prevalence and links with child competence (Unpublished doctoral dissertation). The University of North Carolina at Chapel Hill, Chapel Hill, NC.**

This study explores the prevalence, nature, and consequences of intimate partner violence (IPV) occurring in families with young children and examines the extent to which IPV occurring early in the child's life was linked with her or her competence during the early school years. Data for this study are drawn from a subsample of a longitudinal study titled The Family Life Project in six predominantly low-income, rural communities in North Carolina and central Pennsylvania. The sample included 981 couples at the 6 month assessment, 936 couples at the 15 month assessment, 905 couples at the 24 month assessment, 877 couples at the 35 month assessment and 856 couples at the 60 month assessment. The author finds that estimates of IPV prevalence in the sample

ranged from 21 to 41 percent of couples depending on the assessment timepoint. There was also a downward trend in the prevalence of IPV as time increased, which suggests that the integration of a new child into the family system is a particularly challenging time for couples. Mothers of African American children and those who had completed fewer years of education were at an increased risk for a number of dimensions and types of IPV. IPV occurring over the first five years of the child's life was negatively associated with the children's self-regulatory skills, their pro-social skills, and their ability to relate well to peers (small association). In terms of risk management, the author recommends that interventions aimed at helping families who are the victims of IPV target families around the birth of a new child.

**24. Hornosty, J., & Doherty, D. (2002). Responding to wife abuse in farm and rural communities: Searching for solutions that work [PDF document]. Saskatchewan Institute of Public Policy Paper Series. Regina.**

This report focuses on the experiences of farm and rural women who reported experiencing abuse. Focus groups were held with community groups in New Brunswick. A multidisciplinary research team made up of academic and community researchers sought to understand how rural women talked about and understood their experiences of abuse in order to identify the unique challenges women living in these areas face when seeking help or leaving abusive relationships, as well as ways to improve community responses to violence in rural areas. Several recommendations are made in relation to safety planning, such as generating income opportunities to empower women to leave abusive relationships, establishing homemaker pensions to give farm women an incentive to leave, widely advertising a toll-free crisis hotline, and establishing outreach services to meet the needs of rural and farm women. Further, numerous factors unique to this population are mentioned, including limited alternative employment options in rural areas, large reliance on seasonal employment, women wanting to raise their children in rural communities, and the private nature of family life. Overall, researchers conclude that the barriers cited within rural and farm regions are systemic and related to institutional frameworks and societal attitudes. The research also points out the scarcity of research to date in relation to rural and farming communities and argues this may be due to an urbocentric bias, in that there may be an assumption that experiences of abused women living in rural regions and urban centres is similar.



**25. Janovicek, N., Doherty, D., Blaney, E., David-Shediak, A., Miller, K., & Nicholson, M. (2003, November). Caring partnerships: An evaluation of a community development model for family violence prevention [PDF document]. Retrieved from [http://www.unb.ca/fredericton/arts/centres/mmfc/\\_resources/pdfs/prismfinalrep.pdf](http://www.unb.ca/fredericton/arts/centres/mmfc/_resources/pdfs/prismfinalrep.pdf)**

This article discusses the use of the Probing Rural Issues – Selecting Methodologies (PRISM) Evaluation Tool to evaluate family violence program outcomes in rural regions of Eastern Canada. The three initiatives that evaluated are (1) Kikahan Committee and (2) Shediak, developed by Maliseet First Nation at Tobique, and (3) Miramichi Family Violence Partnerships Committee, developed by a committee in the Miramichi. Using the PRISM tool, five lenses were developed to evaluate these three programs of interest, including the abuse lens, rural/remote lens, feminist/gender/diversity lens, personal and community safety lens, and the searching for solutions lens. Recommendations for risk management include offering more programs with a focus on cultural practices for Aboriginal perpetrators (e.g., healing circles, talking circles, and sweats), offering home visits if necessary, and including all family members throughout the support process. Recommendations for safety planning include providing non-judgemental support to women and valuing what they want (e.g., staying in rural community). Other suggestions include creating a one-page telephone resource for women seeking support and offering support groups that focus on healing, personal growth, and empowerment. In terms of factors identified as unique to this population, researchers assert that it is important to remember that living in a rural region is not the problem, as often times, individuals enjoy living in these areas. However, this does not mean that there are not unique challenges, such as community members having limited knowledge of what services are available within the community.

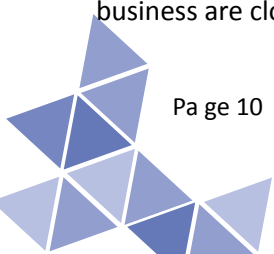
**26. Kasdorff, D., & Erb, B. (2010, January). Serving victims of violence in rural communities: Challenges and best practices. Victim Witness Assistance Program, East Region [PDF document]. Retrieved from <http://library.queensu.ca/files/Rural%20Issues%20in%20Eastern%20Ontario%20Final%20Jan%2010%203.pdf>**

This report, prepared by Victim/Witness Assistance Program, takes a broad and holistic approach to discussing issues faced by victims of crime who reside in rural areas. The report observes that personal life and business are closely linked on farms so when violence

or abuse becomes part of a relationship, upkeep of the farm deteriorates. Fear of losing the family farm is a very strong motivation to stay in an abusive relationship. Women in rural communities report the use of or threat with a weapon at more than twice the national rate. Recommendations for risk assessment include educating judges on the risk associated with weapons in domestic violence cases. Recommendations for safety planning include that service providers should work with local farm organizations and tell them about services and ask for their help in identifying concerns to address them. Lack of telephone (home or cell), access to Internet and mail, isolation, absence of community resources, and lack of anonymity are identified as unique to this population.

**27. Kirkland, A. (2013). Rurality and intimate partner homicide: Exploring the relationship between place, social structure, and femicide in North Carolina (Unpublished doctoral dissertation). University of South Florida, Tampa, FL.**

This article explores the influence of rurality, social disorganization, and gender inequality on male perpetrated-female victim intimate partner homicide. It applies a social disorganization theory perspective to test if the theory can explain rural violence and feminist theory to investigate the role of female inequality. Data are drawn from 100 North Carolina counties and include data from the North Carolina Coalition Against Domestic Violence, the North Carolina State Centre for Health Statistics, the Department of Agriculture's Economic Research Service, and the 2000 U.S. Census. Data includes 528 female victims (2002-2011) and 5296 total non-domestic homicide victims. The core findings of this study are that: (1) rurality is significantly related to intimate partner homicide and non-domestic homicide rates, (2) there is a significant relationship between gender inequality and intimate partner homicide, and (3) this relationship is conditioned by place, and females in counties with increasing female equality are at a greater risk for femicide. Factors identified as unique to this population are that females in rural counties are the most disadvantaged when it comes to average median income and make less than both males and their non-rural counterparts.



**28. METRAC and the Ontario Women's Justice Network. (2006, February). Rural women's justice guide [PDF document]. Retrieved from [http://owjn.org/owjn\\_2009/images/pdfs/ruraljustice.pdf](http://owjn.org/owjn_2009/images/pdfs/ruraljustice.pdf)**

This article focuses on documenting rural women living in remote areas and their advocates and discusses strategies and recommendations to further combat domestic violence. The data for this article are drawn from advisory committee comments and participant input from legal information training sessions across Ontario and e-mails and contributions to the Ontario Women's Justice Network website from rural women, women living in remote areas, and their advocates. The core findings of this article were rural women often face: challenging access to transportation, limited phone service and poor cell reception, lack of confidentiality, and police officers who ignore or do not take partner abuse seriously. Recommendations for risk management include: finding alternative options for transporting women from rural communities to shelters or appointments, developing a police-shelter protocol so shelters can provide input regarding abuse to police services, and women should carry a copy of a no-contact order with her at all times. Recommendation for safety planning include: finding an advocate or support at a woman's shelter, support group, or rape crisis centre to help a woman strategize, step by step, what actions to take against the abuser to keep herself safe, and set up a stalking kit with taxi chits, money, and personal information in case the woman needs to flee.

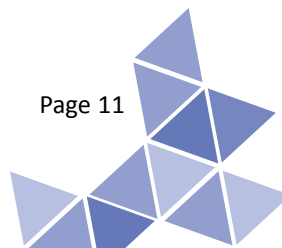
**29. Moffitt, P. (2015). Rural and northern community response to intimate partner violence in the Northwest Territories [Powerpoint slides]. Retrieved from <http://www2.uregina.ca/ipv/research.html>**

This article examines intimate partner violence within northern and remote populations. Community service providers from one northern and one remote region in the Northwest Territories participated in individual interviews and focus groups. A success mentioned is that there is a sense of resourcefulness, with service providers using variable services and maintaining a sense of hope. Recommendations for risk assessment and safety planning include asking clients whether or not violence is occurring (e.g. universal screening tool), providing local treatment programs, developing alternative treatment programs (e.g. incorporating Elders), addressing children's trauma (e.g. focus on youth, increase classroom safety), and enhancing employability within the community. Challenges within these communities include social and geographic

isolation, no resources, alcohol use, violence being normalized, impact on frontline workers (e.g., frustration, turnover), and community conflict (e.g., abused become the abusers). Suggestions for improvement included land-based programs (e.g., alternative therapies, incorporating Elders), addressing children's trauma (e.g., focus on youth, increase classroom safety), creating housing solutions, and enhancing employability.

**30. Moore, E. (2002) Not just court: Family violence in rural New South Wales: Aboriginal women speak out [PDF document]. Centre for Rural Social Research, Charles Sturt University. Retrieved from [https://www.csu.edu.au/\\_data/assets/pdf\\_file/0003/742458/njcExecutiveSummary.pdf](https://www.csu.edu.au/_data/assets/pdf_file/0003/742458/njcExecutiveSummary.pdf)**

This article reviews of local court services from Aboriginal communities within inland rural towns in Australia. Researchers visited Wagga Wagga, Dubbo, and Bourke to examine how to strengthen legal protection for women experiencing family violence. Thirty-seven participants, including Aboriginal women and service providers, were involved in focus groups from the three towns. Concern was expressed about the current challenges for obtaining legal protection from family violence, such as the protection currently available through the police and courts and the appropriateness of existing measures in relation to culture. Recommendations for risk management include offering a range of anti-violence programs with a focus on children, as well as changing attitudes and behaviours that may attribute to family violence. In terms of safety planning, improved access to mainstream services is suggested as vital, such as telephones, transportation, financial assistance, and housing. Several unique challenges are discussed in relation to this population, including a high level of tolerance of violence within Aboriginal communities and distrust of government-level service providers, which is noted is related to the impact of colonialization. Other unique recommendations include implementing culturally relevant strategies, employing cultural specialists, developing outreach and home visiting models, and moving from tertiary level measures to primary and secondary preventive measures.



**31. Pitcher, S. (2012). Domestic violence advocacy in the rural context and discourses of gender and sexuality related to domestic violence victims and perpetrators (Unpublished Masters research paper). Southern Illinois University Carbondale, Carbondale, IL.**

This article focuses on barriers to domestic violence advocacy among rural and Latino populations. It uses feminist and social constructionist frameworks and examines how the rural context affects advocacy work and help-seeking in victims. The data for this study are drawn from interviews of formal and informal domestic violence advocates in a rural, mainly Latino community in the United States. The core findings are that advocates in this community face challenges with inter-agency collaboration, lack of available services, issues with distance and resources, linguistic barriers, and the need for culturally-specific approaches to intervention. Victims face difficulty in seeking help due to victim blaming and shaming, and the cultural norms in rural areas that reinforce control and close monitoring of women. Factors that are identified as unique to this population are the physical and social isolation of victims, cultural barriers, and the lack of culturally relevant resources in the community.

**32. Nixon, K. & Bonnycastle, C. (2012, November). Challenging the notion of failure to protect: A qualitative study exploring the protective strategies of urban and northern abused mothers [PDF document]. Retrieved from [http://fredacentre.com/wp-content/uploads/2012/11/Nixon\\_5b.pdf](http://fredacentre.com/wp-content/uploads/2012/11/Nixon_5b.pdf)**

This presentations focuses on the experiences of mothers reporting abuse living in urban and northern regions of Manitoba. Seventeen mothers were interviewed from an urban centre and eight from a northern area, with thirteen participants identifying as Aboriginal or Metis. Findings suggest that women used various strategies to protect their children, such as accessing formal services, contacting the police, seeking refuge by using shelter services, obtaining protection orders, and contacting other professionals for support (e.g., Band Office, therapist, mental health workers). Recommendations for safety planning included integrating informal support networks in case management and risk assessments. Researchers suggested that mothering enhances sense of self for many women, so finding ways to preserve this relationship and to provide parenting support is important.

**33. Pinzon, C. E. (2006). The expectations of protection of survivors of intimate partner abuse and their interveners. (Unpublished Master's thesis). California State University, Long Beach, CA.**

The goal of this research was to provide insight into survivors' and advocates' expectations of protection from intimate partner abuse. Based in standpoint and grounded theory frameworks, Pinzon explores these protections through in-depth interviews with immigrant Latina women living in rural areas of Fresno County, California (N = 7) and victim advocates (N = 3). Seven primary themes emerged from this research regarding expectations of service provisions and protections in instances of abuse: (1) safety, (2) understanding of the situation and dynamics, (3) empathy, (4) education, (5) culturally appropriate services, (6) familism, and (7) localized services. These findings demonstrate the need for education about alternatives to violence, as well as localized and culturally appropriate services in rural and remote areas.

**34. Potts, G. G. (2011). The strategic and community safety response to domestic violence in a rural area (Unpublished doctoral dissertation). Northumbria University, Newcastle, UK.**

This study focuses on the relationship between service providers' views of victims' experiences of domestic violence and their perceptions of the services and strategic response to domestic violence among rural populations. It uses a radical and socialist feminist perspective and examines how rurality impacts the delivery of services to domestic violence victims. Data for this study are drawn from interviews with 3 victims and 24 service providers in Northumberland County, United Kingdom. The core findings are that there are many barriers that exist for victims and service providers in rural areas that impact working together to manage risk, and the findings suggest more outreach workers along with a rural coordinator to best implement services. Specific recommendations for risk assessment include police officers conducting specialized risk assessments and following up with victims the day after a violent incident to offer services, and police working with probation to identify risk in perpetrators. Specific recommendations for risk management include multi-agency collaboration between police, probation, health, youth offending service, housing and social services to assess cases, agree on an action plan and share information with all the agencies involved. Additional recommendations include frequent monitoring of perpetrators deemed to be a risk, including an electronic



register accessible to partner agencies, and continuing to evaluate the level of risk as an important risk management strategy. Factors that are identified as unique to this population are issues with distance and response time of services, isolation, limited access to services, difficulty in disclosing due to close-knit communities and the patriarchal views that embedded in rural areas.

**35. Queensland Government. (2015, February). Not now, not ever: Putting an end to domestic and family violence in Queensland (Volume No. 1) [PDF document]. Retrieved from <https://www.communities.qld.gov.au/resources/gateway/campaigns/end-violence/about/special-taskforce/dfv-report-vol-one.pdf>**

This article focuses on the work done by intimate partner violence service providers in Queensland, Australia. Data for this study are drawn from surveys and focus groups with service providers from across Queensland. The study finds that prevention activities should not be at the expense of early intervention and should be the responsibility of the government and community. Additionally, improvements are needed to the way people access support and to consistency in the police/legal response. Finally, the unique needs (e.g., lack of police services) in remote communities needs to be addressed. Focus groups identified the pervasiveness of intimate partner violence in the area and attributed the violence to inequitable relationships. Specific recommendations for risk management include a revision of government policy to consider whether a condition excluding the perpetrator from the home should be made. Furthermore, the report recommendeds that police adopt a proactive investigation that puts the victim safety first.

**36. Regan, L., Kelly, L., Morris, A., & Dibb, R. (2007, July). 'If only we'd known': An exploratory study of seven intimate partner homicides in Englishire [PDF document]. Retrieved from <http://docplayer.net/93168-If-only-we-d-known-an-exploratory-study-of-seven-intimate-partner-homicides-in-englishire.html>**

This article examines what families and wider informal networks knew about the couple's relationship during the period leading up to the victim's death/homicide. The data for this study are drawn from an analysis of case files and semi-structured interviews with victims' families. Core findings suggest that, to identify those at risk of femicide, one must go beyond physical assaults and assess relationships where psychological violence is persistent. This includes educating communities (e.g., friends)

about the warning signs of psychological abuse. Specific recommendations for risk assessments include adapting tools to include coercive control and jealousy surveillance and expanding the definition of intimate partner violence to include psychological violence.

**37. Revuelto, J. C. (2002). Factors of isolation: Rural domestic violence in an underserved Texas county (Unpublished doctoral dissertation). Texas A&M University, TX.**

This article focuses on intimate partner violence (IPV) in an underserved rural area of Texas. The data for this study are drawn from interviews with survivors of abuse and non-victims. Six major factors were identified as contributing to the increased isolation of victims including social control (e.g., acceptance of male dominance), gossip or fear of public attention (i.e., forces separation of the victim from supports), inadequate police response/protection, the lack of church involvement in IPV situations), community attitudes toward IPV included conservative views of marriage and fear of gossip by association, and a lack of organized community resources. Specific recommendations for risk management include a focus by county attorneys on increasing the prosecution of IPV offenders. Recommendations for safety planning include an assessment of the available community resources and determine what is required to support women in IPV relationships, community development of IPV resources (e.g., emergency shelters), and increased training for law enforcement organizations. Factors that are identified as unique to this population are the lack of proper services due to the remoteness of the location which leads to increased isolation of the victim and increased power and control of the perpetrator.

**38. Roush, K. (2014). The experience of intimate partner violence in the context of the rural setting (Unpublished doctoral dissertation). New York University, New York, NY.**

This article focuses on the experiences of intimate partner violence (IPV) victims' in rural settings, and the knowledge, attitudes and beliefs of the health care providers who interact with victims. Utilizing an ecological model, data for this study are drawn from interviews with 12 rural women, and surveys with 108 health care providers from Hudson Headwaters Health Network. The study found that the women experienced isolation, system-wide stigmatization, increased substance use of abuser during incidents of physical abuse, and that victims did not have access to quality legal services. Health care



providers demonstrated strong knowledge of domestic violence; however, only mental health providers played a significant role in women's decision-making about leaving the relationship or being seen as a source of support or information. Specific recommendations for risk assessment by health care providers include developing a policy with clear expectations and procedures for managing patients experiencing IPV. Findings for risk management from the victims' perspective indicate that protective orders are not seen as helpful. Specific recommendations for safety planning include the use of a tool created based on recommendations from the National Center on Domestic and Sexual Violence. Factors that are identified as unique to this population are isolation, lack of resources, economic constraints, and sociocultural factors related to patriarchy, small-town culture, and victim blaming attitudes. Other unique aspects include health care providers lack of knowledge about whether or not to report in cases where children witnessed IPV.

**39. Rubin, P. (2003, March). Restorative justice in Nova Scotia: Women's experience and recommendations for positive policy development and implementation report and recommendations [Word document]. Retrieved from [www.nawl.ca/ns/en/documents/Pub\\_Brief\\_NSRestorativeJustice03\\_en.doc](http://www.nawl.ca/ns/en/documents/Pub_Brief_NSRestorativeJustice03_en.doc)**

This resource focuses on the concerns and experiences of women within equality seeking organizations. It uses feminist, participatory, and narrative research. The data for this study are drawn from focus groups and individual interviews. The author finds that women involved in the justice system need more resources to break the cycle of criminalization. They were also concerned with confidentiality and the use of volunteers in service centers (e.g., lack of training). Specific recommendations for risk management include custodial sentencing for crimes involving violence against women, stricter and better-enforced no-contact provisions for abusive men, and presumption against bail in cases of abuse or stalking. The recommendations for safety planning include forced change of residence for abusers, follow up with survivors to monitor their fears, and greater availability of silent alarms for survivors.

**40. Schrader, J. (2016, May). The Harmony Project [PDF document]. RESOLVE News, 18(2), 1 & 6. Retrieved from [https://umanitoba.ca/centres/resolve/media/May\\_2016.pdf](https://umanitoba.ca/centres/resolve/media/May_2016.pdf)**

This article focuses on violence against women and girls within a rural region in Manitoba, Canada. A specific example of safety planning is discussed. The Harmony Project, a community response model implemented in Portage la Prairie and surrounding area, focuses on raising community awareness about gender-based violence, educating youth about healthy relationships, and increasing collaboration between organizations. This project was developed and implemented between 2012 and 2015, and consisted of training 25-educators, who then provided information on healthy relationships to over 1,500 youth in various schools. The Harmony Project was deemed successful due to the amount of consultation, collaboration between local agencies and government departments, review of best practices, and integration of local information that was used throughout development and implementation.

**41. Atlantic Centre of Excellence for Women's Health. (2011, April). Positive mental health outcomes for women experiencing violence and abuse in rural and remote areas [PDF document]. Retrieved from [https://www.dal.ca/content/dam/dalhousie/pdf/ace-women-health/ACEWH\\_positive\\_mental\\_health\\_outcomes.pdf](https://www.dal.ca/content/dam/dalhousie/pdf/ace-women-health/ACEWH_positive_mental_health_outcomes.pdf)**

This article focuses on how women experiencing violence and abuse are now accessing services in rural and remote areas. The intent of the study is to create new models of delivery for rural and remote areas. The authors discuss three Nova Scotia agencies and the services offered by the agencies. The unique needs of rural and remote populations studied include: transportation, lack of confidentiality of shelter locations, lack of personal confidentiality in small communities, women's access to their jobs and schooling for children.

**42. Social Development Committee of the Parliament of South Australia. (2016, April 12). Report into domestic and family violence: Thirty-ninth report of the social development committee (Second session fifty-third parliament). Adelaide, South Australia: Parliament of South Australia.**

This report focuses on domestic violence in Australia. The information within this report includes interviews with experts, review of relevant research, and recommendations for improvement. Specific discussion



about risk assessment includes mention of the Multi Agency Protection Service (MAPS), the Family Safety Framework (FSF), and the Common Risk Assessment Tool, which were all described as achieving positive outcomes. Regarding risk management, the report recommends providing education on respectful relationships, domestic violence, and gender equality. In terms of safety planning, a new model entitled “Safe at Home” is mentioned, where perpetrators are removed from the family home, allowing women and children to remain in their home. This recognizes that women are often placed in a tough situation when deciding whether or not to leave when faced with concern for children safety and well-being. Further recommendations include extending the availability of court services by incorporating computer technology, reviewing service models to ensure culturally appropriate services, and examining if Family Violence Investigation Officers are allocated in a way that provides adequate support. A “visiting service” model is also mentioned and recommended, which allows various services to be offered (e.g., counselling); however, ensuring that this program is flexible and coordinated with the needs of community members is vital. Several unique factors are identified among this population, including community norms preventing community members from discussing domestic violence, increased access to firearms, issues with financial stress, financial dependency, unemployment, emotional attachment to hometown, as well as limited anonymity, options for crisis support and housing, transportation, and timely response.

**43. Stokes, V.M. (2012). Help-seeking in rural mothers who have experienced intimate coercive control in northwest Iowa: A phenomenological qualitative study (Unpublished doctoral dissertation). University of South Dakota, Vermillion, SD.**

This article focuses on the help-seeking of mothers experiencing intimate coercive control in rural areas. It uses a phenomenological and feminist narrative framework and examines barriers and bridges to help-seeking for mothers in a rural community. Data are drawn from 12 mothers, aged 21-65 living in rural Iowa, identified by the Controlling Behaviours Scale as being in a coercively controlling relationship. Barriers to help-seeking amongst this population include partner’s coercive controlling behaviour, mother’s loss of self/identity, denial of own reality, exhaustion/physical problems, shame, religious and social community factors, and organizational factors. Factors identified as bridges to help-seeking include mothering identity and meeting needs of their children,

regained self/identity, defined reality and recognizing abuse, acceptance by others, safety through providers, and tangible needs being met. Specific findings for safety planning include the use of informal networks (e.g., friends) to maintain daily contact with victim, and to contact authorities if no contact was made. Factors that are identified as unique to this population are a lack of service providers, distance to those providers coupled with transportation barriers, as well as a lack of awareness about those providers resulted in decreased service utilization. Additionally, victims reported a mistrust and fear of child protective services, fear of losing custody and a lack of trust in social service and mental health systems, often experiencing service provision as another form of power and control.

**44. Struthers, M. (2001). A vague and dangerous dance: The politics of justice for domestic assault victims in a rural County [PDF document]. Centre for Research on Violence Against Women and Children. Retrieved from [http://www.learningtoendabuse.ca/sites/default/files/pub\\_struthers2001.pdf](http://www.learningtoendabuse.ca/sites/default/files/pub_struthers2001.pdf)**

This study explores women’s experiences in a rural court system and examines their perceptions of the process and recommendations for change. This study uses a feminist perspective to examine the experiences of “margins” to gain information from outside of the public conversation. The data from this study are drawn from interviews, storytelling, focus groups and participatory social action with 5 women who entered the rural court system as victims of domestic violence in a small Ontario town who had been abused by an intimate partner and whose partner had been charged at least once in criminal court. The study finds that women lack information about the system and about options and penalties, which results in uninformed compliance with their lawyer or the Crown Attorney. Women feel their lifetime of abuse is reduced to a single court event, become reluctant to call police following the charging process, and believe police are more reluctant to respond. Feelings of fear and unease were prevalent in the women’s experiences with the court, and women reported the court felt like a “men’s club.” Women find the delay between laying of a charge and the court date provides opportunity for women to be further coerced into dropping charges. Recommendations for risk management suggest that the court system must be better co-ordinated and a representative from each part of the system should be responsible for the co-ordination and someone in the system should help women understand the court system and advocate for them.



45. Tutty, L., Koshan, J., Jesso, D., & Nixon, K. (2005, May). *Alberta's protection against family violence act: A summative evaluation* [PDF document]. Retrieved from <http://www.ucalgary.ca/resolve-static/reports/2005/2005-03.pdf>

This article is a summary evaluation of Alberta's Protection Against Family Violence Act (PAFVA). It includes a legal analysis of PAFVA, a review of the processes to obtain and Emergency Protection Order (EPO) and an analysis of qualitative interviews. The data for this study are drawn from PAFVA legislation, court files (EPOs issued), and 180 key stakeholders in Alberta (e.g., RCMP, judges, front-line workers, community agencies, and women who have obtained and EPO). The core findings are that PAFVA is a positive legislation, but EPOs are still under-utilized. The key to accessibility is knowledge of EPOs; for example, police need to be aware of PAFVA to increase utilization. Specific recommendations include changing PAFVA regulations to allow victims to apply for EPOs with assistance via telecommunication, more people should be allowed to issue EPOs, more available information on whether the circumstances warrant applying for an EPO.

46. Tutty, L. M. (2006, August). *Effective practices in sheltering women leaving violence in intimate relationships: Phase II Report 2006* [PDF document]. YWCA Canada. Retrieved from <http://ywcacanada.ca/data/publications/00000013.pdf>

This article focuses on evaluating shelters for women leaving an intimate partner violence (IPV) situation. Data for this study are drawn from entry and exit surveys at shelters across Canada and also includes interviews with women staying at the shelters. The core findings are that women felt shelters were effective in providing safety, support, and assistance in making the transition to a life away from the abuser. The women also showed significant reductions on the Avoidance, Intrusion, and Hyperarousal subscales. The path to the shelter included assistance from many sources (e.g. family) and upon entry to the shelter the women reported many needs (e.g., basic necessities). Most of the women entering the shelters were at serious risk of harm by their partners and many felt that the shelter saved their lives. Specific recommendations included more funding for shelters, more affordable housing, employment opportunities and training. Factors that are identified as unique to this population are that all of the shelters were run under YWCA Canada.

47. Tutty, L., Ogden, C., Karen, W., & Weaver-Dunlop, G. (2006, August). *Engaging victims of domestic violence in the Drumheller region of Alberta: A needs assessment final report* [PDF document]. RESOLVE Alberta. Retrieved from <http://www.ucalgary.ca/resolve-static/reports/2006/2006-10.pdf>

This report focuses on the development of services and engagement of intimate partner violence (IPV) survivors and perpetrators in Drumheller, Hanna, and surrounding regions in Alberta. It uses social work perspectives/ research methods to analysis semi-structured interviews conducted with 59 key informants (e.g., school personnel, health services, etc.). The study identifies several concerns related to IPV. For example, child abuse was perceived as a concern due to significant caseloads that did not allow workers to follow through on cases. Informants did not feel that everyone was well-served by members of justice, health, mental health, and educational systems (e.g., inconsistent staff response). Several gaps in services due to the rurality of the area were also identified (e.g., lack of transportation, counselling services, etc.). Specific recommendations for risk management include a review of the issues and suggestions put forth by the participants and consultation with Alberta representatives to identify and recreate successful programs elsewhere in the province. Factors that are identified as unique to this population are isolation/rural nature of the region.

48. Tutty, L., Stafford, B., Ogden, C., & Weaver-Dunlop, G. (2008, October 31). *An environmental scan of strategies to safely house abused women* [PDF document]. RESOLVE Alberta. Retrieved from <http://www.ucalgary.ca/resolve-static/reports/2008/2008-02.pdf>

This report focuses on housing options for women in abusive relationships. It uses an intersectionality framework. The data for this study are drawn from published academic literature and Internet sites. The core findings are that in Canada there is a lack of safe, affordable, permanent housing options for women leaving an abusive relationship. Also, the level of support required by women varies from woman to woman: some may need shelter while others do not. Short stays in a shelter are problematic for women who are having difficulty accessing housing, social assistance, and so forth. Women also may end up going back to the abusive partner or moving from residence to residence while searching for accessible housing. Finally, often homeless and women's shelters are dealing with the same women, but there is virtually no overlap between the services offered by both



shelters. Specific recommendations for safety planning include implementing a third stage housing model across the Alberta, lengthening the stays at the shelter, increasing availability of public housing, and supporting the use of Emergency Protection Orders.

**49. Ursel, J. (2013, June). Final report on an evaluation of the Manitoba front end Project [PDF document]. RESOLVE Alberta. Retrieved from [https://umanitoba.ca/centres/resolve/media/FINAL\\_REPORT\\_June\\_for\\_the\\_Maxbell\\_Foundation.pdf](https://umanitoba.ca/centres/resolve/media/FINAL_REPORT_June_for_the_Maxbell_Foundation.pdf)**

This article focuses on intimate partner violence (IPV) and the court/legal experiences. The data for this study are drawn from court records and open ended interviews with legal personnel and women survivors of IPV. Findings are organized into four categories: (1) early intervention (e.g., low risk accused admitted into treatment programs), (2) timely case resolution (e.g., timely resolution of IPV cases was an issue), vigorous prosecution of serious offenders, and greater sensitivity (e.g., less than half the women had a positive assessment of the prosecutor involved in their case). Specific recommendations for risk management include the use of rehabilitation for low risk offenders as opposed to proceeding through the criminal justice system.

**50. Van Dyke, N. F. (2005). Domestic violence: Differences among rural, urban and suburban women (Unpublished doctoral dissertation). State University of New York at Binghamton, Binghamton, NY.**

This study focuses on domestic violence among women living in rural locations in the United States. It identifies the similarities and differences faced by rural, suburban, and urban women in terms of “age, race, marital status, level of education, status of employment, the time period in which women seek medical care, the health care provider’s willingness to screen for domestic violence, and the health care provider/client relationship” (p.5). Using a descriptive correlational design, this study analyses the 1998 Women’s Health Survey by the Commonwealth Fund and tests the Web of Causation model developed to explain the interrelationships resulting in domestic violence. The survey sample includes white, black, Hispanic, and Asian women from 49 states (n = 2,850). The core findings of this study suggest that (1) being a victim of violence does not differ across location types, (2) health care providers are more likely to screen for domestic violence in rural areas, and (3) there is a positive relationship between women’s perception of health provider and the likelihood

that the health care provider would screen for domestic violence. Specific recommendations for risk assessment and risk management include having universal screening for domestic violence by health care professionals in primary care settings and providing education which teaches women that violence should not be a normal part of life and that communities share in the responsibility for creating a safe environment. Factors identified as unique to rural populations include limited availability of services and advocacy programs, reduced visibility of domestic violence due to physical and geographic location, repeated failure of health care providers to screen for abuse, and recurrent reluctance of rural women to disclose experiences of abuse.

**51. The Women’s Centre (Grey Bruce) Inc. (n.d.). Safety plan for victims of domestic violence [PDF document]. Retrieved from <http://www.thewomenscentre.org/docs/SafetyPlanVictimsDomesticViolence.pdf>**

This publication presents suggestions and ideas for creating a safety plan. It identifies steps to increase safety and to prepare for the possibility of future violence. It also provides resources for women in Bruce Grey and Owen Sound to respond to domestic abuse. It makes five specific suggestions for safety planning. First, women should set up an emergency escape plan and prepare in advance in case they have to flee. This should include things such as keeping important things in a safe place or in a women’s purse so they can be easily grabbed when leaving, plan for a place to go, and have an idea of who to contact. Second, children should be taught how to call the police and fire department, how to make their own safety plan, and how to use emergency exits. Third, women should tell their boss and other key people at work about the situation. Fourth, women should alter their neighbours if they should call police if they hear fighting. Finally, women should practice their escape plan and their children’s escape plan.



**52. Wisniewski, A., Arseneault, R., & Paquet, M. (2016). Rural realities faced by service providers and women survivors of intimate partner violence when navigating the justice system [PDF document]. Retrieved from [https://www.unb.ca/fredericton/arts/centres/mmfc/\\_resources/pdfs/ruralrealitiesfinalenglishmarch2016withtitlepageincolour.pdf](https://www.unb.ca/fredericton/arts/centres/mmfc/_resources/pdfs/ruralrealitiesfinalenglishmarch2016withtitlepageincolour.pdf)**

This article explores service providers' perspectives within the justice system to build a better understanding of the complexities intimate partner violence (IPV) survivors face navigating the justice system. Data from this study are drawn from two counties in New Brunswick and two rural First Nations communities. Focus groups were conducted with 37 service providers and 4 IPV survivors. Key findings are that, according to service providers, rural clients often relied on social support networks composed of family or neighbours due to the slow response of police, cutbacks prohibited the police from engaging in a range of roles in their community, and survivors may lose trust in police and their ability to keep them safe. Additionally, custody and visitation tended to be a problematic source of contact between IPV survivors and their abusers and it can take up to 6 months for an IPV case to proceed through the justice system with survivors receiving little assistance from their communities. Recommendations for risk management include making police available for quicker response and developing survivor-centred supports. Recommendations for safety planning include offering long-term supports and diverse methods of health for men who want to change their behaviour. The authors recommend that service providers participate in political processes in order to include the experiences of IPV survivors in their communities.

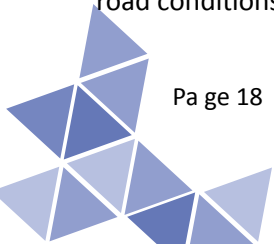
**53. Wolf, M. (2015). Barriers to adequate services for rural victims of domestic violence (Unpublished Masters thesis). Winona State University, Winona, MN.**

This research overviews unique barriers faced by victims of domestic violence living in rural communities in the United States. It finds that the most salient barriers to receiving service include geographic isolation, lack of transportation, language barriers, lack of funding, anonymity, and lack of emergency shelter availability. Findings for risk assessment include geographic location and lack of transportation working in favour of offenders, as victims are isolated and have difficulty physically leaving the offender. These barriers are often exacerbated by poor weather and road conditions and requiring a vehicle to reach a safe

space or a neighbour. Language barriers, particularly for immigrant victims in rural areas, can increase difficulties in reporting the abuse. Additional trauma to children can occur when the child is used as a translator for police and medical staff. Recommendations include bilingual and trilingual education programs in elementary schools, adult education centers, and local institutions to draw a more diverse population, which can then meet diverse needs. Findings for safety planning include lack of shelters, lack of funding, and shelters that are short-term and have limited availability. One main factor noted as unique to this population is lack of anonymity. Emergency responders can be related to or known by the victim or abuser, which can prevent the victim from calling for help.

**54. Women's Services Network. (2000, June). Domestic violence in regional Australia: A literature review [PDF document]. Retrieved from <http://wesnet.org.au/wp-content/uploads/2012/04/WESNET-Domestic-Violence-in-Regional-Australia-A-Literature-Review.pdf>**

This article contains a literature review of domestic violence within regional, rural, and remote areas of Australia, including data utilized from the Supported Accommodation Assistance Program (SAAP), which is a program that funds various support and accommodation services. Authors reviewed research about the unique aspects of rural and remote communities. Social and economic issues were mentioned, such as unemployment and financial stress, as well as cultural issues, which included conservative values and attitudes in relation to conforming to traditional family norms. Similar to this, power relations and economic dependence were reviewed and discussed. Recommendations for risk assessment, risk management, and safety planning were given, such as early detection of domestic violence by training service providers, tailoring counselling for survivors of domestic violence, relationship counselling and family support services, education programs for perpetrators, youth, and juvenile offenders, formal referral protocols to enhance collaboration, healing support for Indigenous Peoples, developing training packages for service providers, and increasing support for children exposed to violence, and implementing appropriate crisis responses (e.g., safe housing, crisis telephone lines). Examples of various programs offered throughout Australia were included in this report in relation to risk assessment, risk management, and safety planning.



**55. Wider Opportunities for Women. (2013, April). Rural survivors and economic security (Population Policy Series). Washington, DC.**

This paper discusses barriers faced by survivors of domestic violence and suggests possible solutions to address these barriers. It is a publication based on prior literature on domestic violence. Geographic isolation, limited or non-existent services, lack of resources, and lack of security are identified as contributing to rural women's economic insecurity. Recommendations for risk assessment include establishing mobile health clinics for rural communities to assess sexual assault victims. Recommendations for risk management include: connecting survivors with job training programs for non-traditional careers to increase their economic security, raising awareness of available community resources, increasing the number of criminal justice officials to better respond to the needs of victims, training volunteers to help support small staff, and increasing collaboration between service providers, local institutions, and justice system to make up for service and funding limitations. The article also reports that rural women face more violations of protection orders than urban women and women who do report violence are at an increased risk for arrest themselves.

**56. Ontario Association of Interval and Transition Houses (OAITH). (n.d.). Woman Abuse and Ontario Works in a rural community: Rural women speak about their experiences with Ontario Works [PDF document]. Retrieved from <http://www.oaith.ca/assets/files/Publications/Poverty/Rural-women-speak-Ontario-Works.pdf>**

This study focuses on abused women in Huron County's experiences with Ontario Works and asks them to provide recommendations for change. Data from this study are drawn from interviews with 20 abused rural women in Huron County who had been using Ontario Works since 1995. The core findings from the interviews are that: programs need to make safety of victims its first priority, women and children need better access to adequate food, safe housing and access to proper health and social services, women need short term financial assistance and quality healthcare is essential. Recommendations for risk management include changing how Ontario Works responds to victims of domestic violence, creating a branch that deals specifically with women and children leaving abuse, and increasing the benefits and supports for abused women on Ontario Works. Additionally rural women need

to be allowed assets (homes, cars) without penalty from Ontario Works.

**57. Wright, A. C. & Bertrand, L. D. (2015, December). Access to legal services in women's shelters [PDF document]. Canadian Research Institute for Law and the Family. Retrieved from <http://www.criif.ca/Documents/Access%20to%20Legal%20Services%20Shelters%20-%20Dec%202015.pdf>**

This study examines access to legal services among women in domestic violence shelters in the Calgary area. In doing so, the authors set out to understand the legal service needs of clients, understand the challenges they face when attempting to access these services, determine the current state of legal services including provisions, availability, and coordination, and look for ways in which these may be improved. Data for this study came from focus groups with shelter staff members and managers (n = 15) and surveys with shelter clients in rural and urban areas across Calgary (n = 46). This study found that most clients had multiple legal issues and were dissatisfied with legal assistance. Specific findings for risk assessment include a need to identify risk factors for rural Indigenous communities, namely rural isolation, substance abuse, historic oppression and cultural silence. Specific findings for risk management include a lack of internal legal supports in women's shelters, as there were organizational barriers to coordinating legal resources. The study recommends incorporating client and staff insights into service delivery models and creating specialized and accessible domestic violence courts. Main findings regarding safety planning include a perceived lack of security for both clients and shelter staff when visiting court houses, the need for comprehensive safety planning that includes legal issues, and legal issues intersecting at all levels of clients' safety plans. The study recommends staff training that assists in being able to better identify client's legal needs and the resources required to meet those needs.



58. YWCA Canada (2009). *Life beyond shelter: Toward coordinated public policies for women's safety and violence prevention (Beyond Shelter Walls Phase III Policy Paper)* [PDF document]. Retrieved from <http://ywcacanada.ca/data/publications/00000002.pdf>

This report presents findings from a dynamic discussion among key stakeholders at the national, provincial/territorial, and community level (e.g., policymakers, decision-makers, legislators, and activists), with the goal of identifying ways to promote lasting change in terms of violence against women. Four one-day regional consultations were held in Toronto, Calgary, Halifax, and Yellowknife in the fall of 2008. Discussion of ways in which to encourage change in northern areas included targeting homelessness and poverty. It was suggested that if there were development on community land that was community-owned, there would be opportunities for renting for commercial or community use. Recommendations for risk management included implementing programs for abusive fathers (e.g., Caring Dads). Participants spoke of a Spousal Abuse Counselling Program that was piloted in Nunavut, which positively impacted community members. In terms of safety planning, employing advocates to support victims in their decision of whether or not to leave was suggested. Numerous factors were identified as unique to this population, such as high costs of living, limited employment and housing opportunities, high rates of addiction, limited housing support programs, and small populations of residents spread over a large amount of land. This article also includes an overview of current programming offered within Canada.

