

**Rural Realities Faced by
Service Providers and Women
Survivors of Intimate Partner
Violence When Navigating the
Justice System**

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Rural Realities Faced by Service Providers and Women Survivors of Intimate Partner Violence When Navigating the Justice System

INTRODUCTION

Intimate partner violence (IPV), including physical, emotional, sexual, and economic abuse is a reality that affects the lives of many women. Since the 1970s, advocates have debated the effective responses to intimate partner violence. Various government departments and community organizations have responded differently to the issue. Some approaches were the creation of transition houses, second stage housing, and multidisciplinary committees on family violence. The criminal justice system responded through legislation, law enforcement policies, and treatment programs for violent individuals, as well as specialized justice processes for promoting and coordinating practices across justice and human services systems (Gill and Thériault, 2010). Yet, even with these changes, the majority of IPV still goes unreported. In order to address the problem of underreporting and to offer better supports to IPV survivors, it is imperative to learn from the experiences of women who have sought help through formal systems, especially the justice system.

Justice system responses to IPV

Justice system response (encompassing police, courts, legal advocacy, victim services, and child protection services), can play a pivotal role in “breaking the cycle of IPV”, by naming abuse, legitimizing women’s claims, enhancing safety, and connecting women to available supports (Ragusa, 2012). Letourneau et al’s (2012) study of IPV survivors in New Brunswick emphasizes the importance of increasing women’s access to the justice system by increasing visibility of services, and making sure that key services (such as legal advice) are free. Beyond access to information and resources, Letourneau et al (2012) argue that IPV survivors benefit when service providers integrate an element of emotional support and comfort into their professional services, responding with empathy and without judgment. Finally, Letourneau et al (2012) found that IPV survivors benefit from interactions with justice system personnel who legitimized the idea that IPV should not be tolerated and that they did not have to live with abuse. Similarly, Ragusa (2012) argues that availability of legal support, knowledge of how to change their situation, and ability for their observations and opinions recognized by authorities, are all elements that determine whether an IPV survivor will have positive or negative experiences of the justice system. As Letourneau et al (2012) point out, all members of a household will be impacted by the quality of support offered through the justice system, and “interventions that support mothers’ safety and facilitates their sense of empowerment may have concurrent long-term benefits for young children and adolescents” (Letourneau et al, p. 585).

While the justice system potentially offers many supports, researchers have also identified a number of obstacles that negatively impact IPV survivors. Researchers have found that women are often hesitant to use the justice system, in part because their main concerns may be ending the violence and getting help for their abusive partner (Stewart, 2013). Whether or not a case is decided in favour of the IPV survivor is an obvious consideration (Barata, 2007), but even IPV survivors who won their cases have identified several factors that eroded their trust in the justice system. These factors include economic strain, the complexity of the legal system, length of time involved in legal cases, the burden of proof placed on the victim, and interactions with service providers that downplay the seriousness of IPV. Stewart (2013) has found that these factors contribute to IPV survivors' perceptions that "a criminal process requires the abandonment of any sense of control; court involvement is seen as being very difficult and intimidating, with unpredictable and perhaps negative outcomes" (Stewart, 2013, p. 276).

Given that many of the negative factors listed above are organizational and interpersonal considerations, this project explored the perspectives of service providers within the justice system. As Eastman et al (2007) argue, service providers have insights to share into their work and its impacts on IPV survivors. By asking service providers how they help IPV survivors to navigate the justice system, our findings will help build a better understanding of these complexities. This study also captures the lived experiences of women who are IPV survivors, as they are the population we would like to assist. Women who have survived IPV can offer insight into elements of IPV and justice system supports that might otherwise be underrepresented or misconstrued.

Rural realities

IPV survivors come from diverse demographic backgrounds and social circumstances. Our particular concern in this study is with women living in rural areas. While women in both urban and rural areas are at risk for IPV, there are elements of rural living that may make it particularly difficult for women to seek help and for service providers to deliver needed supports. Some of the obstacles to accessing support in rural areas include physical isolation, lack of housing, community politics, lack of confidentiality, intergenerational abuse, culture of acceptance, and lack of economic resources and job opportunities (Shepard & Hagemester, 2013).

Questions about abuse in rural contexts are particularly pertinent to New Brunswick, where 48% of inhabitants live in areas defined as rural, residing outside centers of a population of 1000 and where there is a density of fewer than 400 persons per square kilometer (Statistics Canada, 2011). Hornosty and Doherty (2003) argue that women living in rural regions of New Brunswick face a number of problems accessing support:

[Rural women ... shared many general concerns relating to life in rural area. These included ... fears associated with an uncertain future relating to the decline

of the family farm, the lack of alternative rural employment especially full-time jobs, increasing poverty, the lack of access to education, day-care, and health services, as well as inadequate transportation, housing, and social services. As a result, the underlying fabric of rural life was seen to provide a tenuous support to residents generally, while creating significant obstacles for victims of abuse (Hornosty & Doherty, 2003, p. 37-38).

Rural First Nations communities

The communities sampled in this study include two First Nations communities. First Nations peoples are more likely than non-Aboriginal populations to live in rural areas of Canada: 30% of First Nations people live on rural reserves while 20% live in rural non-reserve areas of the country (Brownridge, 2008). First Nations women in Canada experience a rate of IPV roughly 3-4 times higher than among non-Aboriginal women (Somlak-Pedersen, 2013). Furthermore, as Pederson explains (Pedersen et al, 2013) the forms of violence experienced by First Nations IPV survivors are often severe,” including being forced into unwanted sexual activity, threatened with a gun or knife, choked, or beaten (Somlak-Pedersen et al 2013). Additionally, First Nations women often continue to experience violence after they have stopped living with a partner or otherwise ended their relationship. Available data indicate that a total of 22.4% of First Nations women compared with 6.6% of non-Aboriginal women reported post-separation IPV within a 5-year period following the separation, including forced sexual activity, incidents involving a gun or knife, being choked, being kicked, bit, hit with a fist or object (Pederson et al 2013). It is not surprising, then, that First Nations women in Canada report that IPV is a top health concern (Brownridge, 2008). These findings on the incidence of abuse suggest that the justice system has not provided adequate supports for Aboriginal women experiencing IPV.

The dynamics of violence against First Nations women and their responses to the justice system cannot be understood without placing these processes within a broader context. First Nations women experience a particular intersection of colonialism, sexism, and marginalization as a minority (Cripps & McGlade, 2008). Colonialism creates multiple circumstances that contribute to family violence including “inherited grief and trauma, dispossession of land and loss of traditional language and cultural practices, loss of traditional Aboriginal roles and status economic exclusion, poor housing standards and overcrowding” (Day et al, 2012, p. 107). Additionally, their status as a minority group deepens Aboriginal women’s distress through mechanisms like racism, unemployment, and entrenched poverty (Cripps &McGlade, 2008). Justice system responses may, as of yet, do little to address the deeper structural causes or acknowledge the forms of violence that First Nations women experience.

In addition to the factors already described, Cripps and McGlade (2008) further explain that First Nations women may lose confidence in the justice system when it does not adequately rehabilitate offenders who will eventually re-enter the community: “[C]ommunity members feel

that this can exacerbate an already volatile situation. Women and children in particular live in fear that ‘they would get it worse’ upon the release of the perpetrator from custody” (p. 243). This creates a dilemma for First Nations women living in rural areas as they may find that, outside of the justice system, few options exist for getting help (Barrett and St. Pierre, 2011).

Our study, then, uses insights from both First Nations and other rural communities to provide insight into how the justice system currently responds to IPV survivors living in rural New Brunswick. Our focus is on identifying the challenges that are encountered by IPV and our ultimate goal is to foster discussion and collaboration that will improve the experiences of rural IPV survivors.

METHODOLOGY

Study background

This project was possible through a well-established collaboration with the New Brunswick Association of Social Workers. We would like to thank Maison Notre-Dame (transition house in Restigouche County), Fundy Transition House (transition house in Charlotte County), the Outreach Program Coordinators in the participating regions, the Charlotte County Family Resource Centre, staff at Eel Ground First Nation Health Centre and Haven House (transition house in Listuguj) for their help and support. The project was also enabled by the financial support we received from the Canadian Observatory on the Justice System’s Response to Intimate Partner Violence.

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Sampling and recruitment

To better understand how rural women perceive the supports offered through the justice system, two counties in New Brunswick were selected (Restigouche County and Charlotte County) along with two rural First Nations communities. As public resources for social services and the justice system are increasingly stretched, each of these different rural communities offer opportunities to

learn from service providers and survivors about how they cope with or solve problems around rural access to services and the justice system.

Restigouche County:

Restigouche County is located in the north-central part of New Brunswick and has a population of 32, 594 (Statistics Canada, 2011). The local economy is dominated by forestry. There are nine municipalities and two First Nations communities. The language the most used is French (63.68%) followed by English (33.79%).

Charlotte County:

Charlotte County is located in the southwestern portion of New Brunswick and has a population of 26,549 in 2011 (Statistics Canada, 2011). The local economy is dominated by fisheries and aquaculture. It is also the home to the Ganong Chocolate Factory. There are 6 municipalities in Charlotte County, which includes two islands Grand Manan and Campobello. The language the most used is English (95.53%) followed by French (2.33%).

The counties included in our sample share some socio-economic characteristics. Notably, the populations of both Restigouche County and Charlotte County are declining. In both counties, the poverty rate has increased significantly due to the closure of some industries and businesses. According to Statistics Canada's 2006 Community Profiles, 16% of households in Restigouche County are low income before taxes, while in Charlotte County, just over 14% of households meet the criteria to be considered low income before taxes (Statistics Canada, 2006). Our target populations in these two areas were survivors of IPV from different social and cultural groups

Following review and approval by the UNB Research Ethics Board (UNB REB 2014-025), we began to collect data first from members of our target groups in Restigouche and Charlotte Counties. This was followed the year after by data collection in the two First Nation Communities. Our data collection strategy involved the use of focus groups to elicit information from service providers and the survivors of IPV. Focus groups present difficulties such as ensuring confidentiality and allowing all participants a chance to offer opinions. Yet, given the goals of this project to facilitate discussion and encourage action, we felt that focus groups would provide the most suitable method.

In 2014 and 2015, we offered focus group sessions in French and English with service providers in rural New Brunswick, specifically Restigouche County and Charlotte County. Service providers were initially contact by phone and then presented with a letter of invitation. A focus group was also offered in English, with women survivors of IPV in Charlotte County (a French focus group with survivors was also part of our original plan). We recruited women survivors of IPV by asking various organizations in both regions to post and circulate information regarding the focus groups in their workplace. Some of the organizations contacted were transition houses,

Family Resource Centres, Victim Services Coordinators, Outreach Workers, Second Stage Housing Program, Department of Social Development, RCMP, Crown Prosecutors, Legal Aid Program, Mental Health Centres, Health Centres, Family Court Counselors, NB Community Colleges, Family Services, and Hospitals. In December 2015 we returned to our two original counties for a discussion of the draft report and elicitation of feedback and recommendations from our participants.

In order to increase the participation of First Nations communities, we also extended invitations to rural communities outside of our sampling frame of Restigouche and Charlotte counties. Following the same protocol as was developed in our two original sites, service providers were initially contacted by phone and then presented with a letter of invitation. Among the organizations contacted were transition houses, Outreach Workers, Second Mental Health Centres, Health Centres, and Family Services. A focus group was offered at both First Nations communities in English. In the early 2016 we returned to each First Nations community to obtain their comments on the original report and to discuss their recommendations. This final report reflects the input of 41 participants (37 service providers/4 IPV survivors) who were recruited to take part in the focus groups as well as an additional 16 service providers who participated in follow-up community information sessions.

Research instruments and data analysis

After reviewing the informed consent procedures with participants at the beginning of each discussion group, the researchers shared an interview guide that helped to guide the discussion. The interview guide was designed to cover a range of justice system responses and included the following topics: Police Responses, Victim Services, Court Responses, Protection Orders, Family/Civil Law, Probation, Legal Aid Services, Justice System in general, and Community in general. While these topics had been chosen prior to begin the focus group sessions, we welcomed the participants to introduce their own subjects to the discussion.

Following focus group sessions in the four participating communities, a draft report was prepared which summarized participant comments on the problems confronting rural IPV survivors and service providers. This material was circulated by email to session organizers and a printed version was made available to participants who attended community information sessions in the winter of 2015/2016. These sessions, held in all four communities were advertised among regional service providers and the general public. The community information sessions provided the opportunity for us to refine our understanding of input presented in the initial focus groups, as community members discussed the challenges facing IPV survivors in their rural regions. The community information sessions thus enhanced the quality of our data, by providing the opportunity to gauge the validity of our initial report. The sessions also contributed to the project goal of facilitating community discussion of IPV. Identifying areas for positive change

was a focal point of the community information sessions, and those sessions are the source of the recommendations included at the end of this report.

The following report is divided into two sections. The first half of the report focuses on the challenges encountered by IPV survivors and service providers as they interact with police, courts and legal institutions, and the broader community. The second half of the report examines the strategies rural service providers are using as they interact with the justice system, and also details service providers' recommendations for future action. The two sections of the report are interconnected and are meant to be considered together.

Throughout the report the focus is on themes (recurring experiences, ideas, or phrases) that arose during our conversations with survivors and service providers. These themes were created by comparing transcriptions from the five focus groups to identify similarities as well as differences between IPV survivor and service provider perceptions of the justice system. In reporting these findings we attempt to be clear about when IPV survivors and service providers share a common perception as well as when they have distinct or conflicting perspectives. It is beyond the scope of this exploratory study to verify individual participant remarks, but by focusing on challenges that IPV survivors and service providers repeatedly mentioned, we seek to bring “attention to systematic issues, which suggest the need for practical changes and further research” (Stewart et al, 2013).

SECTION ONE: CHALLENGES

1) Policing

a. Police response times

Studies of IPV in rural communities emphasize that the perception of living alone, far from police assistance, contributes to feelings of fear and helplessness (Biesenthal et al, 2010). As Bosh and Bergen (2006) point out, rural women are often located in areas that are remote from family, friends, and neighbors who might provide the social support that IPV victims require to end the abuse and achieve safety: “Women with abusive partners need supportive friends and others who...help them identify the abuse, tell them about resources, give advice, and encourage them to access resources” (Bosh and Bergen, p. 319). In our study, service providers explained that their rural clients often relied on social support networks composed of family or neighbors: *“It is true that the people from [this community] are used to calling the neighbors, or their uncle before calling us as they know that it will take a long time.”*

The above comment emphasizes the importance of prompt police response to IPV calls. Researchers have found that police are “often the first formal criminal justice system support victims encounter [and] police attitude and behavior are critical, particularly for management of violent situations and the provision of prosecution and restraining orders” (Ragusa, 2012, p. 690). Indeed, the service providers who spoke with us emphasized that police procedures such as conducting a risk assessment and safety plan can help the IPV survivor to recognize the extent of the abuse and make a plan for leaving the abusive situation. However, our data shows that in rural settings, establishing this first contact with police is challenging. Both service providers and survivors of IPV who took part in this study were concerned about the length of time police take to respond to calls in their region.

Police response times were impacted by the remoteness and minimal transportation network found in rural parts of New Brunswick. For instance, one service provider describes the process of initiating a response to a call from a remote community: *“[They’ll call and [we] can get the ferry to get them over there. We’ve always got a helicopter but that’s gotta come from [an urban centre]. Welcome to rural policing”*. Some of the circumstances that slow down police response were distance from location, weather, road conditions, and traveling via ferry to small islands.

Police response times are also impacted by shortages of personnel. One service provider explained it this way:

Before there were 9 [officers] to cover our territory, now we are lucky if we are 5 or 4. Let’s just say we are missing many. So if there is one here and the other in

other place and there is a family fight, we try to go two for the security of our members, so we need to reach the other and then you have to wait for them before you can go on the site because for these family fights there can be knives or guns or other things. 80% of the time we go in pairs and we go to see if the commotion is still going on or is it finished ...

As this comment indicates, police require at least two officers in order to answer many of the calls they receive reporting abuse. An important point to note is that making more police officers available may facilitate a quicker response. According to service providers, when such a small number of police are actively on duty police, predictable facets of policing, such as the need to respond to other calls, or to stand guard over a prisoner can prevent them from quickly responding to an IPV call. Timing of calls to police is another important consideration. The service providers in our study spoke to the fact that many of the situations they respond to in rural areas occur between 10 pm-4 am. This is a period of the day when police and other key supports, such as social workers, may be particularly short-staffed.

b. The need for community policing

Although service providers who took part in the *Rural Realities* project described their relationships with police as very amicable, they also lamented that cut backs prohibited the police from engaging in a range of roles in their community, including education and crime prevention. This problem, experienced in multiple communities, is explained by service providers from a First Nations community:

The relationship is pretty good, but the real challenge is not having your own resource on your own community. It's a challenge [because] proactive policing is probably just as important as actually reactive, or more than reactive, to be honest with you. ... Whereas the RCMP, it's more reactive, you call them, they show up. Once in a while, they'll make their move, they'll make an appearance sure...but they're so spread so thin.

Service providers from this First Nations community went on to describe how cutbacks to community policing programs had decreased the effectiveness of police in their community. This exchange between two focus group participants explains how they perceive that shift:

Participant: 4 or 5 years ago they were running programs and, you know, the kids knew them other than someone that comes and takes...

Participant: [them into custody] when there's a problem.

Participant: Exactly.

Participant: Yeah, now that's a bad guy, but it [used to be]the good guy, the guy I can go to if I have a problem instead of the guy whose going to come to me and lock me away.

Yet service providers in one First Nations community commented on how they have found new ways of supporting survivors when the police cannot immediately reach them:

That's why people reach out to service providers [in our office] first, so then they can feel like they've already made the initial contact and have that support, because you know the police response... might take a little longer. So they've already got that support while they have to wait. If they do reach out [we can help support them], but if they don't reach out, they don't have that.

The opportunities for police to build relationships with local residents as well as with service providers differ from place to place, with some communities offering many events (awareness days, public lectures, holidays), and others where opportunities for involvement are less consistent. However, even in rural areas where there are many public events, shortages of police personnel and the absence of community policing programs mean that this contact is haphazard, and it is left up to individual officers to make an extra effort to gain familiarity and build trust with community members.

c. Listening to the victim

Throughout the *Rural Realities* project, we heard from both IPV survivors and service providers about multiple reasons why police encounters can be difficult. These reasons include fears about loss of confidentiality and concerns about the abuser's ability to influence the police and other justice system personnel. Service provider's narratives emphasize that IPV survivors may lose trust when police do not maintain professional impartiality and when they do not prioritize the victim's need. In particular, in one of the First Nations communities that participated in the project, there has been a loss of trust in police:

I've experienced one woman that [the offender] was [one of] the police's friends and when she went to court the case was thrown out and then she said... "I'll never ever trust the justice system again" because she was violated also and police didn't believe her ... so she never went back.

Everybody's related, so when you're having somebody come forward and saying [that this person] was abused or was beaten, if [the offender] is their best friend, they're not going to press [charges].If that person is related to them, they're not going to deal with it. They're not going to be professional...and be able to investigate in the best manner that they need to.

It's true, also, if you have a leader that's beating up his wife and you a police officer or police chief who's friends with that person, that wife is not going to get any services. She is in danger.

The passages above describe how IPV survivors can be denied proper investigation or referrals. In addition to concerns about how community politics and family relationships can impede the justice system, service providers from one First Nations community explained that police abuses of power can take physically violent forms:

I was in an abusive relationship, I called the police [but the officer] turned around and beat me and took me out of the house, so what chances did I have? So, years after I never bothered calling the police because, you know, he pulled my hair, he choked me and he took me out instead. After that I lost faith in the system.

As these narratives demonstrate, IPV survivors and service providers in rural communities sometimes experience the police as potential agents of reprisal and punishment. This loss of trust in this 'gateway' to the criminal justice system contributes to a broader sense of distrust in the criminal justice system.

d. Police Training

The service providers who took part in our focus groups emphasized the importance of improving police training in order to better respond to IPV survivors. One crucial area of improvement noted by participants from one of the First Nations Communities was increasing police knowledge of the community, including street layout and location of the Transition house. One participant explains,

Police didn't even really know...about the shelter. We've had new police officers here and they're not familiar within even the community: I find that a challenge.

Service providers from this community also emphasized that police require more training to understand the range of services and resources that are available to IPV survivors:

A police officer contacted us to tell us 'well we have a client, you know, we want to bring a woman to the shelter', and we said 'okay', he said 'but she hasn't been beaten yet', and I was like 'what!?!'. I believe [we] need to be on this continuous learning path with them, you know, letting them know about the services of the shelter and the different situations that they might be experiencing and the type of services they could receive here.

Service providers suggested that police training needs to move beyond a strictly criminal justice focus on 'catching a bad guy' or 'getting it to the Crown Attorney to get a conviction'. Instead,

they suggested that police prioritize quick, consistent, and non-judgmental responses to IPV calls. In general, service providers from all of the rural communities included in this study drew attention to the need to respond in a supportive manner to women who continue to reside with their abusive partner:

I guess one of the, one of the main challenges with the police officers is when we have situations where the woman continues to return to her partner and then calls the police again and the police intervene and then she doesn't want to press charges, or charges are pressed and then later on she says "I want to withdraw my complaint" and then this "oh, she's calling again"... that attitude. I think police officers need to get more trained with regards to intimate-partner violence to understand the dynamics and to understand that, yes, this can be part of it. That they will go back to the same partner for whatever reason, that they will want to withdraw their complaint for whatever reasons but that they have to be there each time and to be on the ball and not be judgmental.

2) Courts and legal services

a. Centralization of courts and legal services

The IPV survivors and service providers who took part in our study emphasize that the location of courts and legal advice in urban centers makes it difficult to access resources such as lawyers and court dates that require the IPV survivor to be physically present. For instance, one survivor described trying to arrange a meeting with a legal aid representative from an urban center:

I had to negotiate my own in term custody orders because [the legal aid representative] wouldn't even come up, come down from [the city]..it's a 45 minute drive...[and the legal aid representative] wouldn't even come down and sit with me and guide me through the process.

This IPV survivor remarks on the frustration of trying to arrange a meeting place that both she and her service provider could access. This problem was keenly felt among IPV survivors who, for reasons discussed later in this report, sometimes preferred to seek legal help outside of their immediate community. Transportation is necessary for abused women for a range of reasons, from immediate escape from physical harm, shelter access, legal services, to ability to pursue educational and work opportunities (Biesenthal et al, 2010). IPV survivors from rural areas may not have access to a vehicle for many reasons, including because the offender has kept them financially dependent (Hornosty & Doherty, 2003, p. 45). In the *Rural Realities* project, we found that travelling long distances, particularly for a brief consultation or to submit paperwork seemed to contribute to survivor's perceptions that they were being asked to make repeated

personal sacrifices (such as a day off of work or away from childcare) to make any small step in the justice system.

Distance is an issue. Not just for me to come here [to the First Nation] but also for victims to go to the courthouse. It's a little over a hundred, well, its two-hundred and sixty-two kilometers return time.

Service providers pointed out that IPV survivors require supports as their cases proceed through the criminal and family courts. Transportation to court proceedings and appointments is one type of strain that service providers attempt to help with. Service providers described how transportation becomes a central element of their work:

Just this last week, I was dealing with a lady who was incarcerated at the women's center...and she was trying to get into a treatment center, so I had to...schedule between here and the prison ...the detention center and the courthouse, like for a whole week. Going to court a couple times, and then going home with them at the detention center...and getting to all the treatment centers and...it's quite a paper trail, sometimes.

Service providers also noted the frustrations that could accompany offering outreach services over long distances. For instance, one service provider relates how difficult it can be to coordinate court dates, legal aid appointments, and other essential services:

We have begged and pleaded and made a bit of a fuss, and for some of our clients ,...at transition house, they will do that process over the phone. They will allow us to photocopy and fax the ID and the bills or whatever, whatever they need to complete the application. [But] there is so much resistance. They don't want to do it that way. And it has gotten down to you know, "Well so she has no vehicle? Yes she has a vehicle. She's not working so she has time. She doesn't have gas money. She doesn't have that." And the fact that just to fill in a very brief application...It's going to take me 3 hours, because it's going to take an hour in there, it's going to take 3 hours for the outreach program for something that you can do in about 6-7 minutes on the phone.

Overall, the comments shared by our study participants-particularly service providers-emphasized how diminished resources for policing and outreach have exacerbated the problems of access to services in rural communities

b. Access to legal information and aid

In addition to distance and transportation-based barriers to access the *Rural Realities* project confirms findings from other researchers that bureaucratic factors contribute to survivors' negative experiences with the justice system (Letourneau, et al, 2012; Women Abuse and PEI Justice System Research Team of the Muriel McQueen Fergusson Centre for Family Violence Research, 2004). Even with supports from a Transition House, or Victim Services, rural women report feeling intimidated, frustrated, or that they were treated unfairly in cases where they were not appropriately referred to services or information (Letourneau, 2012; PEI Justice System Research Team of the Muriel McQueen Fergusson Centre for Family Violence Research, 2004).

In our study, service providers and IPV survivors both noted that it is very difficult to understand legal matters including the mandates of family and criminal courts, peace bonds and different forms of protective orders, etc. One service provider remarked:

If somebody feels quite confident they can go up to family law, they can pay \$75 and they can work through the crazy paper work that is filing for an interim order for custody or whatever. And it is crazy paperwork, because if you tick the wrong box...you can end up in there being told 'Come back'.

Service providers, as well as IPV survivors, expressed a desire to better understand and be able to act in supportive ways within the justice system. During our focus group, service providers repeatedly drew attention to the gaps in their knowledge of services available in their county: For instance, some of the service providers were unaware that their region had an outreach worker. Another example is that most of the participants were unaware that there had been no presiding judge in their region for the last ten months. Most service providers expressed the hope that teamwork and coordination could be improved so that IPV survivors can be more readily connected to existing services. Additionally, participants drew attention to the need to gain a clearer understanding of the policies and practices of neighboring jurisdictions. This was felt to be necessary in order to better respond to the needs of women who have fled across a border themselves or fear the offender fleeing with children to other parts of Canada and the United States.

In addition to bureaucratic factors, there are also economic factors that impact IPV survivor's capacity to receive legal services. Researchers have noted that IPV survivors are often in financial distress when they leave the abusive situation and that this makes it very difficult to afford legal representation (PEI Justice System Research Team of the Muriel McQueen Fergusson Centre for Family Violence Research, 2004). Several of the IPV survivors who took part in our study had considered applying for legal aid but not all of them qualified for this assistance and all found the criteria for assessing their applications opaque. As a result, these IPV survivors argued that access to legal aid needs to be improved. The cost of having a lawyer was described as a burden that worked against their ability to recover from abuse.

The IPV survivors who took part in the *Rural Realities* project explained that they have numerous frustrations when it comes to locating a lawyer who would adequately listen to their stories and advocate for them in court. They remarked that legal referral systems left them with lawyers who did not take a holistic approach to supporting them, but instead focused on building a successful case where they could. Here a service provider relates an interaction between an IPV victim and her lawyer:

[The IPV survivor] has given him very clear directions about what she has wanted: Custody, access, custody, access. My world, my heart, my soul, the most important thing in the universe is my child, custody, access. [The lawyer's response was to focus on the house]: Your house, your house, your house, I'm going to get your house for you, your house, your house, your house.

IPV survivors affirmed the difference it makes when a lawyer expresses empathy and seems to be on their side. For instance, once survivor recounted a story of how her lawyer put an end to harassment from the offender's lawyer. She notes with approval his supportive statement, which she paraphrases as follows: *"I am representing my client and her best interest and the interest of this child. I am not interested in what you have to say about my client or what your client has to say about my client."* Other focus group participants expressed their approval of this story.

The service providers who took part in our study acknowledge the importance of rebuilding the legal aid services as this program has seen cutbacks over recent years. While they praised the Public Legal Education and Information Service of New Brunswick's phone line and website, they noted that these services do not adequately address the full extent of IPV survivors' needs for legal advice and representation. Service providers who could describe the system in the Province of Quebec offer an alternative model of Legal Aid provision. In that province, financial resources are provided for legal services to IPV survivors without a 'cap' on the maximum amount. The financing available through Quebec's Legal Aid system can also be used to cover both criminal and family court proceedings, so that Legal Aid can be obtained for divorce and custody proceedings. In addition, IPV survivors in Quebec are able to choose between the option of consulting lawyers who work out of an official Legal Aid office or locating a lawyer in private practice who they can then arrange to pay through the Legal Aid system.

c. Fear and continuation of abuse during court proceedings

Researchers have found that abuse often continues long after a woman has fled the home and that abusers may seek new ways to harass and control the woman (Hornosty and Doherty, 2003). This pattern of behavior may occur in direct violation of Peace Bonds and Restraining Orders (PEI Justice System Research Team of the Muriel McQueen Fergusson Centre for Family

Violence Research, 2004). The abuse may also occur as the offender manipulates the justice system in ways that discredit the victim (for instance by presenting a calm friendly face to authorities or making false claims about the victim's mental health) (PEI Justice System Research Team of the Muriel McQueen Fergusson Centre for Family Violence Research, 2004).

In our study IPV survivors expressed fears of being physically close to an abusive ex-partner during court proceedings. Both service providers and IPV victims agreed that the forms of protection offered to IPV survivors are often inadequate to stop the abuse:

I find...they [Peace Bonds] don't mean anything. Doesn't matter... [as the offender I would]still go and do whatever I want...

In addition, some of the IPV survivors who took part in our study recounted that their abusive partner could use the justice system against them, for instance by issuing false reports, purposefully neglecting legal documents and summons so that proceedings were slowed, or by claiming full or partial custody. For instance, one IPV survivor relates the following story of how a court order can be used to threaten a woman:

I wanted to go visit my mom who lives in [another's province] and he wouldn't let me. He said, 'You're not leaving the province with my child'. And so, I moved there (laughs) and then he had us court ordered back. .. [W]e finally got something through mediation that we can move... but my lawyer told me that if we went to court there would be no way I could leave the province: That I needed mediation in order to leave the province because if we took it to court the Judge would not let us leave.

Another participant related how her former partner turned the table by reporting her to police. During the trial she found it difficult to regain her credibility:

The Judge doesn't look at the [complete] picture. They see what's painted by the lawyers and that's what they go by...[My] ex-husband's court papers that his lawyer has filled out, they say in there that I'm unstable, that I'm an alcoholic, that I'm moody, that I'm prone to this, that I'm prone to that, okay? I don't know how that's possible.

Another IPV survivor reflected:

To me it's a really bad game of poker. And the hand that is dealt towards the person that's being abused, mistreated, in any, shape, or form. rather than being supported by the systems that are there.

Both of these passages demonstrate women's awareness that an abusive partner could use the justice system to continue to control her. They express the feelings of powerlessness that IPV survivors can face in their encounters with the justice system.

Service providers also spoke about the particular vulnerability of peoples with disabilities in relation to the court system. Once service provider explained the difficulties encountered in the following manner:

We have many people with limited mental capacity and therefore the education is not there, business sense neither so you talk to them and they say yes, yes but they do not understand, it is because mentally they are not there... yes she gets beaten but how are we going to bring this to court because her credibility and her words are not good ... ?

This service provider's questions illustrate that abuse cases involving people with disabilities are not easily managed within established frameworks for gathering evidence and trying cases. The remark also draws attention to the extent to which IPV survivors are required to stand up for themselves during trials, an experience that can sometimes revictimize IPV survivors.

d. Child custody and the continuation of abuse

Shepard and Hagemester (2013) offer the insight that "child custody and visitation arrangements leave [IPV survivors] and their children vulnerable to continued abuse" by creating continued contact between the survivor, offender, and often their extended family networks (p.165). Our study found that custody and visitation tended to be a problematic source of contact between IPV survivors and their abusers. The IPV survivors in our study gave examples of neglect and abuse of children while they were in the care of the abuser. They also reported that their former partners would use the occasions of dropping off or picking up children to intimidate or control them, for instance by keeping children past the agreed drop off time, or coming onto the victim's property. One participant's comments illustrate these stresses:

I have to be very vigilant and I report to social services when [my child] comes home with bruises and bite marks ... [a]nd social services down here say, 'Go to family court system, we don't deal with it'. They won't do anything. I go to the family court system and they look at me and say, 'Well did you call social services?' Yes. ' Well did they do anything?' Well, no. ' Well what do you want me to do about it?'

IPV survivors reported that family court decisions on custody matters did not adequately take into account the criminal charges against the abuser:

They told me to keep my son home away from him until they done an investigation. ..I was doing what social services and the RCMP had told me to do. Keep him home, keep him safe. [The next thing you know]I'm in family court and I'm being screamed at by a Judge and he's ready to throw me in jail for breaching a court order because his father hasn't had visitations.

As this passage shows, IPV survivors sometimes struggle to understand what family courts require of them, to reconcile conflicting directions, and to find protection and supports through the justice system. Service providers also expressed frustration when family courts do not adequately screen for IPV. One service provider relates a conversation that they had with a survivor:

There is a condition that he is to pick our child on Friday and bring him back on Sunday at 5 pm and now it is 6 pm and he has not brought him back yet – this is kidnapping. So I need to explain that no, it is not kidnapping, certainly he should have brought back the child and you should call your lawyer and tell him that he is not respecting the order. But they do not understand what this means, it is not the same judge – they are seeing the Family Court Judge and they think it is all the same thing and that is where we say no it is not. But they call daily, there are lots of calls of the same nature – he does not bring back the children.

As this service provider's remarks illustrate, custody arrangements not only involve the IPV survivor in continued contact with the abuser, but also necessitate continued interaction with justice system professionals such as police, social workers, or legal representatives. These repeat interactions were reported to be frustrating to service providers and a source of disillusionment for survivors who felt that they and their children were not receiving adequate protection.

Service providers noted that the requirement to testify for the Crown could sometimes interfere with their goal of working in respectful partnership with families:

We have to go to court ...when we do guardianships, and things like that... like, if we asked to take a child out of...of a home or whatever because of abuse, or neglect, or whatever. Then we have to do that as well, but, (another participant interjects: I hate doing this) when we go to court, we have to go to court on behalf of the Crown!

e. Length of the justice system's response

The process of leaving an abusive relationship is seldom a clean and quick break (Shepard & Hagemester, 2013). IPV survivors can spend considerable period of time in contact with the justice system. As we have shown in this report, this can be very stressful, demoralizing and

even dangerous for survivors of IPV. Participants spoke about the slowness of the justice system as a problem for IPV survivors. According to service providers, in cases where the abuser is not taken into police custody, it takes an average of 6 months for a case to pass through criminal court. In the following passage, a service provider remarks on the typical timeline and processes involved:

6 to 8 weeks to get a file to the crown prosecutor's office. And [then that] may be approved. And then you'll go to court, um, within probably about 2 weeks of that. So its two months already and they have their first appearance and then their duty counsel will come in and say 'We're gonna take an adjournment without plea to look at the crown file'. They come back in two more weeks so then we're probably about three and a half months in, and then they'll come back, make a plea and then be in the two weeks and then they'll be back in. And then it will take at least another month to 6 weeks to sentence. It's usually about 6 months.

While a typical case may be resolvable within a 6 month timeframe, service providers explained that there were many routine bureaucratic and staffing considerations that could further delay the process. For instance changing lawyers or judges, vacation time, and scheduling changes were all factors that could extend the timeframe from 6 months to multiple years.

IPV survivors explained how they perceive the consequences of time spent in criminal and family court:

It's been filed, and I've not been in front of a Judge yet for a divorce and it's been six years. The only thing I want in life, Lord forgive me, I just want rid of this man. I want my name back to my maiden name. I want no association with him and his family.

If I want to leave ... to go get a job I have to file to the court in order to be allowed to leave this town to get a job to support myself and my son. So we live on[a] very minimal [income], his medication is through the roof, so I have to deal with social services to get a medical card in order to get his medication...How do you keep your sanity when this stuff is going on?

These passages underline the financial and emotional resources that IPV survivors exert as they interact with the justice system. The IPV survivors in our study noted that a prompt resolution to their cases would symbolically demonstrate that the system was responsive to their needs and, on a practical level, would give them a chance to more quickly reestablish their autonomy.

3) Community attitudes

a. Community tolerance of abuse

Hornosty and Doherty (2003) report that rural communities tend to “interweave a strong ethic of self-sufficiency with a belief that family issues are private matters” (p. 47). Shepard and Hagemester (2013) argue that in addition to an emphasis on family privacy, rural communities often embrace gender roles that emphasize a woman’s responsibility to keep the family intact, even in abusive situations. Other research in rural settings has found that community members may offer valuable emotional supports (such as listening to stories of abuse and offering statements of encouragement or advice) as well as physical supports (such as assistance with child care, home repairs, or loans of money). However, it is common for advice to take negative forms (such as discouraging the victim or questioning her decisions) or to have strings attached: “In return, women in abusive partner relationships were expected to do something for the favor such as tolerate the abuse, be silent about their abusive treatment, provide financially for the extended family, cook meals for others, care for their partner’s grandparents, and other expected ‘indebtedness’” (Bosh and Bergen p. 319). Notably, even when support is offered, Bosh and Bergen note that rural networks are often ill-equipped to provide information about how to access professional supports, including legal help and counseling (p. 315).

The IPV survivors who took part in our study reported receiving little assistance of any kind from their communities. Instead, they felt their rural communities supported their partner, rather than supporting them. For instance, one IPV survivor told about her community’s unwillingness to believe that she was an abuse victim:

Everyone knows his name, he’s lived here for... his whole life and his family lived here their whole lives. And so it looks more like a stable environment, because they’ve all lived here their whole life. Whereas my family, we were military family so we moved a lot, so it looks like an unstable environment for the child. And everyone in this town thinks he’s the cat’s meow.

Participants encountered the mindset within their communities that a prominent person could not have abused his partner and, furthermore, were reportedly blamed by community members as well as by the abuser for what transpired. The IPV survivors in this study felt that they were at a disadvantage when their partners came from families that are better known or who have more status in the community by virtue of work, leadership in churches, civic and fraternal associations.

Because isolation may be part of the control exacted by an abusive partner, it is common for IPV survivors to feel a lack of meaningful supports from their living environment. The comparative

isolation and lack of community support experienced by participants in this study may be even more acute when the IPV survivor is a new immigrant to a rural area. Researchers have established that immigrant women who have spent fewer than 20 years in Canada are less likely to report abuse when compared to other immigrant women and Canadian-born women (Du Mont & White, 2013). There are a number of factors that contribute to this pattern, including immigration sponsorship laws, lack of language training, job training, and economic opportunities, and isolation (Miedema, 1999). Indeed, the experience of isolation that is often reported by IPV survivors may be particularly profound for newcomers who have left family and other social supports and are operating in a rural setting where their new support network may be comparatively small and where confidentiality is a problem (Holtmann, 2013; Miedema, 1999). For those who do reach out for help, language and cultural factors can complicate the help-seeking process in a myriad of ways: Immigrant women may have no prior experience of accessing public support services in their country of origin, they may lack language competence or confidence to access services in French or English, and informational resources are rarely provided in the range of languages needed to make them accessible to newcomers (Holtmann, 2013; Miedema, 1999). Miedema (1999) argues that in order to improve access to services, it is vital that immigrant women receive a consistent message from service providers that “they can expect understanding and respect regardless of their country of origin, religious or cultural background” (Miedema, 1999, p. 3).

While no immigrant women participated in our focus group, the service providers in our study noted that in their regions, immigrant women were at particular risk for underreporting abuse because of factors such as language and cultural differences that can increase their isolation. In addition to the problem that immigrant women might under report violence because of fears of being sent back to their country, service providers also noted that lack of community understanding of different cultures might lead them to make generalizations about different cultures (e.g., all Muslim men abuse women). Service providers remarked that Multicultural Associations play an important role as liaison and educators between new immigrants and long term residents. While some service providers such as RCMP have access to translators, this access is inconsistent. Other service providers note that there is a lack of interpreters in the community and that it is a long process to get this service delivered.

During the *Rural Realities* study, we came across an exception to the norm of tolerating and excusing abuse. Service providers from one of the First Nations communities included in the study described that in their community, family members, friends, and neighbours make efforts to address violence when they see it happening:

That’s a difference...like, if, you know[in other towns or parts of the province], if something’s happening, [people] keep things secret...[but] I think a characteristic in First Nation is that, they watch out for each other ...In First Nations they don’t have that, concern that, ‘you know what? I shouldn’t get involved.’ They get involved.

b. Survivor confidentiality

Service providers noted that even when the desire to support survivors is found among community members, it is still intimidating for individual IPV survivors to reach beyond their informal support networks and contact the police or other formal supports. Service providers described the immense difficulties that women face when they decide to talk about abuse. These remarks describe how charges against one's abuser can spiral out to reveal other instances of abuse. In First Nations communities, in particular, service providers described how speaking out about abuse could feel like revealing generations of secrets and exposing many family members:

We've had several families who've gone through the court system...and they're dealing with the trauma of bringing this forward and breaking the secret.

We're all from the same community: We're all somebody's brother, sister, daughter, mother, uncle, whatever: From somebody who's working at the police station or council, or services, somewhere, somehow we're all interconnected ...if I out my father I'm outing his brother, and his children and their problems and everybody else's so the best thing to do is to shut up, right? And not talk.

These comments illustrate Day's (2012) argument that "violence reverberates through the entire family unit, includes all victims of abuse, including spouses, children, and extended family members" (Day et al, 2012). That residents of rural communities know each other provides no guarantee rural IPV survivors will find the support they need to leave the abusive situation. The level of familiarity in rural communities can cause great problems when the IPV survivor chooses to call the police or to access any legal aid offices or the courts that are located in the community. Researchers have established that perceived loss of control and loss of privacy are reasons why they are reluctant to contact police and begin court proceedings (Ragusa, 2010). Both the IPV survivors and service providers who participated in our study spoke of the difficulties they face when a victim impact statement or parts of the court trial become publicly available information, fearing the gossip and blame that would surround any publicized information.

Like IPV survivors, service providers were worried about the publication of their testimony via news media or social media:

Who's going to want to come to [to me for help] if I had to get on the stand and say some things that I know that not everybody knows? It's not going to be a good situation. However, for the benefit of the child, you do. .. [W]hen you're working with domestics, I think it's even harder because other people are gonna know...so it's a bad situation in a small, rural area because word gets out.

This participant's remarks demonstrate the tension that service providers sometimes felt between their obligations to participate in court proceedings and the knowledge that their testimony might harm the IPV survivor by contributing to gossip or even victim blaming within the broader community.

New media, such as Facebook and applications that allow police scanners to be accessed via a cell phone have expanded existing community practices of listening to the police scanners and reporting on local happenings. Older media, such as newspapers and community bulletins also offer the public information either by naming the abuser and as such also making obvious the identity of the survivor. For instances some of the newspapers have the *Court Room News*, which is published weekly. In this paper details that are part of the court trial or of the Victim Impact Statement are relayed. Survivors spoke of a reluctance to even do a Victim Impact Statement because of this exposure.

c. Is professional confidentiality always helpful?

So far this section has focused on how different forms of information disclosure can create challenges for IPV survivors. However, the point should also be made that too much secrecy can have its own ill effects. For instance, a culture of silence about IPV might make it more difficult for women to report abuse (Biesenthal et al, 2010).

Our study found that confidentiality policies can also inhibit access to vital data for service providers. For example, service providers spoke of how confidentiality policies sometimes get in the way of their ability to respond:

It's the whole thing of confidentiality. Can you tell me whether or not he's been arrested? We've had a breach of probation, we've had a breach of returning to court, we had a breach of conditions. And nobody could tell us, I mean I was working with the victim to even find out information of "Where is he?" "What's going on?"

Service providers emphasized that in order to effectively support IPV, they need to be able to share information between police, service agencies, and particularly between criminal and family courts (to be discussed in greater detail later in this report). Currently, information sharing procedures are selective and inconsistent, a point of frustration for some service providers:

I think so that's where you look at confidentiality and say "What are the benefits of that?" We're hiding, you know like we're trying to keep it a secret still. With domestic violence, particularly.

These comments suggest that the question of how much confidentiality is enough is intimately connected to issues of community attitudes. When communities tolerate abuse or blame the victim, the stakes are raised so that sharing any information about abuse becomes a liability for the victim.

d. Telephone and internet access

There are many ways in which cell phones and the Internet may contribute to changing experiences of IPV, by virtue of the actions they facilitate for the offender: actions such as continuing to intimidate or harass a former partner via text, or by posting humiliating or threatening messages online (Farukh et al, 2014). Yet, even as service providers note that online victimization is a growing concern, they also report that lack of reliable telecommunications services is a particular problem of rural dwellers. A telephone can offer an important lifeline for IPV survivors living in rural areas. Because of the popular social uptake of cellular phones, it may be assumed that everyone has access to a functional cell phone when it is needed. However, rural and remote communities tend to be the last to join telecommunications networks and to access consistent network service (McMahon et al, 2014). Earlier research has indicated that access to a phone has been a problem in rural areas of New Brunswick. Participants in both of the counties involved in this study confirmed that cell phone access is still an obstacle which impinges on IPV survivors' access to their support networks, including service providers within the justice system:

You have to drive around until you get that perfect spot, and do not move. And it's on like a little hill by the church ... and you have to lean out your window just to get it and when you're on a call, I can't imagine being like in a situation where you would need assistance and not being able to.

As this excerpt suggests, lack of a personal phone or connection to a telephone network makes it difficult for rural survivors of IPV to call for assistance and maintain contact with service providers.

SECTION TWO: STRATEGIES AND RECOMMENDATIONS

1) Strategies for coordinating services

a) Rural realities for service providers

Throughout the *Rural Realities* project to date, service providers in rural areas of the province shared their experiences of doing rural service work—experiences that are profoundly shaped by coordinating resources distributed over large territories, dealing with community attitudes toward violence, and contending with the pros and cons of being a very visible member of a small community. Research with rural service providers indicates that they face high demands for their services along with limited salaries and limited opportunities to train specifically to work in rural settings (Eastman, 2007, p. 712). In some cases, however, service providers argue that rural service provision is also extremely rewarding. Living in a small town allows their clients to stay in continued contact with them and, in some cases, for them to see the positive changes they had helped to make in their community (Eastman, 2007, p. 712). Service providers described how they use educational events, celebrations, and other social meetings to build community familiarity and empowerment. Service providers from one First Nations community comment:

What I love about working in a place like this [is] they're always creating some kind of awareness, somewhere. The public's always here for some kind of function, so they know exactly who does what and where you can track down who [agreement]...Makes it so much easier for everybody.

Even if we're just having... a social or a meal or a get together, you know that's an opportunity for people to make contact.

Even as service providers described how belonging to a small community can provide knowledge of family and community history that deepens their understanding of IPV, they also noted the other side of that picture: namely, community members have personal and professional knowledge of the local service providers. Service providers could recount many stories of being contacted for help and advice while at home, shopping, or otherwise out in the community. This sometimes leads community members to expect that service providers to be perpetually on-call. As one service provider from a First Nations community remarks:

As a member of this community, your professional life is never over, they never forget who you are...

Service providers in rural New Brunswick spoke to us about the impact of living in rural communities on their professional work and relationships with IPV survivors. One participant explained the issues in this way:

I've been here for almost 5 years [and] just the other day, I had this realization that I can barely go anywhere in this town without seeing someone I've had involvement with. And that's the small town problem: You're seeing offenders that you've had to deal with.

This participant's remarks draw attention to the fact that service providers are known in their communities through their professional role, routinely interacting with families where there has been a history of abuse. Service providers in our study identified both positive and negative consequences linked to being part of a rural community. On the positive side, service providers note that their familiarity with a small community helped them to better reach out to the community and comprehend the potential for intergenerational transmission of violence. However, service providers may also experience threats from the abuser. Several of the service providers who participated in our focus groups recounted instances when they had feared an abuser might attack them personally, harm their family members, or take revenge on their property. Service providers commented that such dangers are a well-known aspect of working in a small rural community:

I've been threatened dealing with certain situations...it's very rare that you deal with those kinds of situations and you have to be that authority figure where you're not threatened in some capacity, but it's hard.

Another service provider agreed:

I have a situation right now and I wonder 'Did [the abuser] see my car? Does he know where I pick up my daughter?'. He knows where I live.

Notably, this fear was not present in one of the participating First Nations, where service providers reported that because of support from the Chief and Council, as well as their integration into the community, they felt safe and protected in their work.

b) Toward a survivor-centered approach

Many of the service providers who participated in the *Rural Realities* project emphasized that their ideal is to create a system of supports centered on the IPV survivor. Service providers from a First Nations community expressed that it is important to begin with a sense of partnership and working with families experiencing IPV:

Participant: You're a partner as opposed to an authority.

Participant: Exactly.

Participant: Yeah.

Service providers noted that even when the desire to support survivors is found among community members, it is still intimidating for IPV survivors to reach beyond their informal support networks and contact the police. In response to this challenge, service providers in one First Nations community welcome IPV survivors to come to their offices when they are in need of assistance and are considering contacting the police. From that office, the IPV survivor and service worker can call the police together. If needed, they can also be present as the IPV survivor meets with the police for the first time:

A lot of the time it would be the mom that would call ...they would want us sometimes to call the police. Then we would, they would come right in my office and we would maybe even go on the speakerphone because I wanted them to let them know what's going on. And then, the police would come to the office and we would discuss the situation and go from there.

Service providers thus provided a safe space for IPV survivors to disclose abuse, make a statement to police, and get referrals to other service agencies. Service providers report that this supportive 'gateway' to the justice system service providers is widely used in their community. They also remark that this point of contact is one way in which they seek to establish on-going relationships with IPV survivors:

I think it comes down to building relationships...it would be the police we would contact first because of the violence in situations. Then we'd work together with the police and the family and then it will get, eventually get to court.

Notably, while court procedures could strain relationships between IPV survivors and service providers who might be required to provide testimony (for example against abusive parents), service providers emphasized the value of working closely and respectfully with the whole family in abuse cases. One service provider explains:

There's some really difficult situations that you have to work with families and I think it's a lot about the respect. Not every situation is going to be as smooth but there's some things that have to be done for the safety of children and families and if the families are involved in making those decisions-which they should be because they are the ones who are in the best position to make good decisions for their kids-then that's done with the family.

c) Partnerships between service providers

Service providers noted that working in rural areas benefits from being more personal and less formal than might be the norm in urban areas. Familiarity and personal knowledge of other service providers enables referral systems to work more effectively. Another service provider from a First Nations community remarks,

One of the advantages working in a rural area...is that I'm able to grab [colleagues] in the hallway and say 'can I talk to you about something?' I certainly could not do that in Montreal.

Another participant agrees :

We used to have the difficulties in getting referrals to lawyers, but since we've established that relationship and protocol with [Victim Services] it's a lot quicker when we're facing challenges we contact [Victim Services] and she helps navigate us through the system...so things are moving through the system a little bit .

Service providers from one First Nations community shared the idea that familiarity and trust between service providers can contribute to more holistic supports for the IPV survivor:

That's why it's so important to have all these different service providers and different professionals within the community, because clients always have, you know, that buffer, that advocate, that system navigator that they can go to. You know, like that we said, they don't necessarily access police directly, they...go to someone within the community, a worker within the community to do that. So there's always a sense of support that they have from the community to access services outside of the community, whether it's police or different mental health services.

I think that's a...huge asset that people outside of the community don't have, you know? They have to contact the police directly because maybe they don't know what Social Development offers, or maybe they don't know what addictions and mental health offers, or the hospital offers, they don't have that navigator, advocate, or that person in their corner. ...[I]t's small, we're...a family, we're a tight-knit community, so we have those professionals to kind of get you in...the door.

d) The importance of political leadership

The theme of political leadership has recurred throughout the *Rural Realities* focus group sessions. In particular, our participants have noted problems with government consultation processes, and the negative impacts of fiscal austerity and centralization policies on services in their areas. Service providers then, see participating in political processes as key to improving the experiences of IPV survivors in their communities. One service provider from a First Nations community offers the following example:

We sit on the justice committee [where] we tend to deal with it as a community. So we have a program and support system in place. We've also have had [people who] would come to us and say "look I was abused and I want to press charges and what do I do?." [We'd] call the police officer in and we found that this individual was not objective enough so we had to advocate for another police officer and start the process going...so we've had to play many roles in advocating for our families in the communities.

Service providers from First Nations communities emphasized the importance of the Chief and Council in addressing violence and enabling partnerships to be built between service providers and community members:

I would say, within the community, within the leadership from our Chief and counsel, very supported, professionally and, and personally [but] once we get into the higher levels of bureaucracy no.

Yeah, if it wasn't for the community and Chief and counsels and your other colleagues, no, we wouldn't have that [level of trust] it would be a very different world.

On the other hand, service providers expressed frustration that their community leaders were not always committed to addressing the issues raised in their work. A service provider from another First Nations community remarked:

In First Nations communities, social services ...which is the umbrella that most of us are under... it's not a priority. You know, we're not bringing in big bucks, we're not economic development, we're not, fisheries, we're not a man's world. We're in the wellness world, we're working towards [a healthy] world.

Another First Nations service provider describes the difficulties of creating community engagement in discussions of IPV:

It speaks to the violence around mission schools, it speaks to residential schools, it speaks to the violence that, that, we've all learned to... kind of... sweep under the carpet and not make an issue because we're good little Indians. Good little assimilated Indians can function like our non-native counterparts without looking at the healing process that needs to take place in our communities and for me, without that in place... we're going be continuing to, you know, spin our wheels .. and continue on the cycle of abuse. It's not just a police matter it's, you know, a community matter, it's a nation matter.

Service providers from First Nations communities agreed that outside of the supportive local environment of the First Nation, their clients continue to experience marginalization:

You can get your immunization through the system in town or whatever, or I can get my court training through the provincial system, but their view of the way things are done are very different than First Nations. They don't have an understanding or are willing to understand that things are, are different and different does not mean [wrong or broken]. Our clients may well go access [programs or services] in town [but] they don't want to access it in town because of some of those [institutions suffer from a]cultural lack of understanding.

First Nations service providers also noted that provincial and federal bureaucratic complexity made the task of coordinating services much more challenging:

Participant 1: Some things are provincial, some things are federal, some things are through Health Canada, some things are through Aboriginal Affairs and Northern Development Canada, some things are through a grantor proposal...

Interviewer: How can somebody know all that?

Participant 1: You keep in touch. You take a lot of time and you figure it out

Participant 2: But what falls through the gaps?

Service providers, then, emphasized the need to see changes in the justice system as one part of a larger process of creating social change. They identified the need for new voices (such as professional consultants) as well as greater commitment from partners such as police and political leaders to adequately address patterns of IPV in their rural communities.

RECOMMENDATIONS

In the concluding stage of the *Rural Realities* project, we returned to the participating communities to discuss their ideas for improving services. Participants had several ideas for reforms to court systems, as well as steps to facilitate greater community participation in addressing IPV issues.

a) Develop survivor-centered supports

As was described in the last section, many of the service providers who participated in the *Rural Realities* project emphasized that their ideal is to create a system of supports centered on the IPV survivor. Many of the service providers who we spoke with discussed ways to build services around the survivor, eliminating barriers to pursuing charges and supporting the survivor as she interacts with the criminal and family courts.

Service providers argued that it is important to have better communication between service providers so that the IPV survivor is not required to repeatedly disclose her experiences to different people. A positive example of how this model comes from one of the participating First Nations communities offers, where survivors could contact a service provider in the community when they were considering calling the police. While this still requires the survivor to interact with police and a variety of other people this model allows the survivor to have the support of a service provider as they make they begin to interact with different service providers and officers of the justice system. Alternatively, other service providers suggested that a single- entry point system with one coordinator who could contact multiple other players might provide the best model for offering supports.

Participants also emphasized that better communication between service providers will allow them to learn more about their community and gain a better understanding of their colleagues' work roles and responsibilities. Restoring or reconnecting the Community Committees on Family Violence, which existed in prior years (or still exist but may need some support) would be one way for service providers to get to know each other better, and to understand services and gaps in their community. Participants also emphasized that shared training sessions could also help build familiarity and establish patterns of better communication between rural service providers.

b) Offer long-term supports and diverse methods of healing

Service providers emphasized that there are few support groups on an ongoing basis for rural women who are survivors of IPV. Mental Health Services provides some counseling services, but survivors and abusers of IPV who are not considered an emergency may be placed on a wait-list which currently is approximately two years. Improving access to counseling services for survivors, and children or youth exposed to IPV should be a priority.

The service providers who took part in the *Rural Realities* project also emphasized the need to build on the strengths of rural settings, which include the presence of community Elders, religious leaders, educators, and coaches, who have the potential to contribute to healing and the provision of longer-term supports. The participants from First Nations communities emphasized the importance of culturally-appropriate therapy and groups. As one participant from on the First Nation community stated, in order to build these options, a system should be put in place to reach out and educate Elders in their community. Elders are already trusted by the community and they could become part of the community response for both the survivor and abuser.

Service providers suggested that the justice system needs to change how it deals with abusive behaviors in men. They explained that in the current system multiple burdens, including fleeing the abusive situation and home community, fall on the shoulders of the survivor. There is a need to offer programs to men who want to change their behaviors, as well as a need to evaluate existing programs. Service providers noted that anger management programs do not address the reasons why men abuse, and they recommend the development of new programs that deal with the abuser's value systems and ways of thinking. Again, these healing programs should be culturally-appropriate, and could involve community Elders, religious leaders, and other community members.

c) Improve training for police, court officials, and other service providers

Service providers argued that more training and stricter requirements around regular training is a necessary part of improving IPV survivors' experiences with the justice system. They recommended mandatory yearly professional development programs be put in place for police officers and for judges. These sessions would include training on the complexity of IPV as well as best practices in responding to IPV calls, in the case of police.

Community-based service providers also requested new training opportunities on law and the justice system. First Nations service providers also suggested special training sessions on navigating layers of government agencies (Federal, Provincial, etc.), as well as training related to the housing rights of women who are not band members. Service providers who were trained as social workers emphasized that it could be useful to require course work on law and the justice system as part of the Bachelor of Social Work program.

Service providers also suggested using a mentoring or job-shadowing approach to enhance their training. For instance, such an approach might allow community-based service providers to shadow key personnel such as Victims Services or Legal Aid consultants to better understand the legal system.

d) Reduce costs associated with legal processes for the survivor

Service providers also described the need to reduce the financial barriers associated with the justice system. For instance, service providers recommended that a free provincial helpline be developed that would allow women in rural communities to consult with legal professionals

without paying a service fee or having to travel to an urban center. This helpline could be staffed by retired lawyers.

Service providers also advocated for the reinstatement of services that have been recently scaled back or eliminated. For instance, the mediation service that was offered through the court system no longer exists, this budgetary burden falls on people who might have benefited from this service (approximate cost: \$ 150 per hour). This service used to reduce the burden on the provincial courts, and service providers would like to see it return as an option for IPV survivors.

e) Make transportation and court spaces safer for survivors

Service providers said that it is imperative that the survivor has safe and affordable transportation to court dates. The *Rural Realities* project has found that safe transportation is particularly a problem for those who must use ferry services as part of their route to court. Survivors also need to be provided with adequate information and assistance so that the court building itself is a safe space. This could mean making sure that parking garages, hallways, and other parts of the building are designed and mapped so as to be easy to navigate. It could also mean coordinating between service providers so that the survivor has someone who can accompany them to court.

f) Address the impacts of court centralization on service providers

A recurring theme in the *Rural Realities* project was the difficulty that service providers have communicating with court services or working with provincial and federal agencies located in urban centers. Service providers discussed the need to recognize that centralizing services has increased the time they spend physically in transit (commuting back and forth to courts and prisons, for example) and also made the processing of legal documents more cumbersome. Service providers emphasized that simple solutions can make a difference to these problems. For instance, they suggested that rural service providers be granted access to the intergovernmental mail service to send needed court documents from their clients back and forth from their offices to urban courts and offices of the justice system.

g) Create further opportunities for public education

Beyond changing legal and professional communication procedures, participants also advocate change through public education. The Roundtable on Crime and Public Safety's new campaign, *Love Shouldn't Hurt*, provides one opportunity to engage New Brunswick communities in addressing the societal issue of intimate partner violence. Service providers communicated their desire to build on this campaign, particularly through the education of youth.

Service providers argued that school boards have already developed some helpful teaching materials on the healthy and unhealthy relationships, but do not offer these sessions as part of the regular curriculum. They recommended that courses that address healthy and unhealthy

relationships be offered each year. Schools can also develop programs on gender and sexual diversity and review their policies to make sure that schools provide ‘safe spaces’ for LGBTQ youth.

In addition to school-based programs, service providers recommend collaborating with community Elders, religious leaders, coaches and other community leaders to build up community-based programs aimed at boys and girls. In some communities, programs like the ‘Girl’s Circle’ already exist, but similar programs such as ‘Boy’s Council’, have been difficult to run because of a lack of men who would volunteer as role models and leaders.

Service providers emphasized the need to discuss IPV at the post-secondary level. They argued that faculties including education, law, social work, and others could look at revamping their curriculums to raise awareness and better prepare future service providers to meet the needs of IPV survivors.

h) Develop regional or provincial networks

While much of our discussion with rural service providers focused on building on the strengths of the community and creating local forms of change, participants also told us that broader networking is necessary to create interest and political attention to IPV. For instance, networking with other service providers could allow communities to learn about new forms of educational programming or new efforts to provide long-term supports and healing. During our community information sessions, service providers discussed the idea of a ‘roadshow’ of information sessions that would be organized by the rural communities for rural communities. Service providers also suggested developing a travel map to show distances local IPV survivors must travel to reach urban court houses and other services offered by the justice system.

DISCUSSION

The goal of this study was to gain insight into justice system procedures as they are experienced by IPV survivors and service providers. In particular, we have asked stakeholders to identify barriers that stand in the way of IPV survivor’s accessing help and dealing with criminal and family court processes. Our findings confirm that barriers to rural women’s help-seeking, such as community attitudes and lack of confidentiality are enduring problems in rural areas. Furthermore, our study has elaborated on key factors such as accessibility, information, and empathetic support that are known to contribute to the quality of women’s support within the justice system (Letourneau, et al 2012; Ragusa, 2013). Finally, the study has offered a set of recommendations that service providers see as starting points for developing community

engagement in discussions of IPV as well as improving the way the justice system functions for IPV survivors.

Having presented some of the recurring ideas and points of discussion from the series of focus groups with IPV survivors and service providers, another element of taking stock of what we have learned is to acknowledge this study's limitations. As a small-scale, qualitative study, care should be taken when generalizing the results to a larger and more diverse population. Notably, our participants lived in rural areas but were not drawn from farming communities, a point which should draw attention to the variety of community types that may be captured under the catch all class of 'rural' areas. Our sample was also more homogeneous than we would have liked, and did not include either immigrant IPV survivors and/or survivors living with disabilities, although our exploratory study results indicate that these groups may face great difficulty in accessing supports through the justice system. Furthermore, the IPV survivors who contributed to the study were volunteers and all of these women had sought help through the justice system. As such, we did not learn about the beliefs and experiences of IPV survivors who had not utilized the justice system. This means that we still have much to learn about the experiences of women who may well be the most disconnected from the possible supports or resources offered by the justice system. However, by providing our small sample of participants ample time to share their narratives and discuss common elements of their experience, this study created space in which to achieve a depth of understanding informed by the language and ideas of IPV survivors and service providers whose views can be foundational to improving justice system procedures and services.

The focus group method presented its own challenges in this study for two reasons. First, the interview guide that we used was extensive and, because participants were encouraged to expand on their comments and introduce related topics as they saw fit, we did not obtain equally rich responses to each of our topic areas. Secondly, collecting data in a group setting also meant that some participants felt uncomfortable sharing dissenting opinions, and chose to communicate with us one on one after the session. Group dynamics are core to what is learned in focus groups, as it is through watching group interaction that researchers are able to perceive what views are easily accepted with in a group and come to understand common experiences and beliefs. Given the goal of this study to encourage dialogue and change, such interaction was indispensable, but we acknowledge that the findings discussed here could be elaborated on through the use of other data collection methods.

In summary, this study has revealed that there are a number of challenges to delivering services to rural IPV survivors. The picture that emerged from this study is perhaps best summed up by the words of one service provider: “[T]here’s not a justice system for victims...or so it seems. It’s a rare case where a victim walks away happy”. Challenges include but not limited to cutbacks to service agencies and personnel, the cost and trouble of acquiring legal information

and aid, lack of confidentiality for service providers as well as IPV survivors, and continued community tolerance of abuse. Some of these rural realities may be difficult to change, either because they require further financial resources or because they reflect deeply rooted ways of doing things. Yet, other realities are already changing. For instance, we have learned that new policies are being developed to address the sharing of confidential material between service providers. The most positive aspect of our findings was the desire we observed among service providers to better coordinate services at the local level, working on leveraging community members like Elders, religious leaders, teachers and coaches to create local change. Service providers have already established several directions for change and are looking for further opportunities to share information and engage in discussions about IPV.

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