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Unique Challenges in Risk Assessment with Rural Domestic Violence Victims: Implications for Practice

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Abstract

Through interviews with violence against women (VAW) workers (n=14), the present study examined workers' perspectives of risk factors and the challenges in assessing risk for women experiencing domestic violence (DV) in rural locations. The present study also examined what promising practices VAW workers are utilizing when working with women experiencing DV in rural locations. Qualitative analysis indicated several risk factors including the location (i.e., geographic isolation, lack of transportation, and lack of community resources) and cultural factors (i.e., accepted and more available use of firearms, poverty, and no privacy/anonymity). Moreover, qualitative analyses indicated several challenges for VAW workers assessing risk including barriers at the systemic (i.e., lack of agreement between services), organizational (i.e., lack of collaboration and risk assessment being underutilized/valued), and individual family (i.e., complexity of issues) level. The findings support other research in the field that highlight the increased vulnerability of women experiencing DV in rural locations and the added barriers and complexities in assessing risk for this population. However, participants outlined promising practices being implemented for rural locations such as interagency collaboration, education, growing awareness, and outreach programs. Implications for future research and practice include further examination of the identified promising practices, a continued focus on collaborative approaches and innovative ways to prevent and manage risk in rural locations.

Keywords: domestic violence, rural, victims, risk factors, risk assessment, promising practices.

Summary for Lay Audience

Interviews of violence against women (VAW) workers, were examined in the present study. The study explored their perspectives of risk factors and challenges in assessing risk for women experiencing domestic violence (DV) in rural locations. Results of the qualitative analysis identified several risk factors including the location which encompassed factors of geographic isolation, lack of transportation, and a lack of community resources, and cultural factors which encompassed factors of accepted and more available use of firearms, poverty, and no privacy/anonymity. Similarly, results of the qualitative analyses also indicated several challenges for VAW workers assessing risk. Results included barriers at the systemic (i.e., lack of agreement between services), organizational (i.e., lack of collaboration and risk assessment being underutilized/valued), and individual family (i.e., complexity of issues) level. The findings of the present study support other research in the field that have identified both the increased vulnerability of women experiencing DV in rural locations and the added barriers and complexities in assessing risk for this population. Additionally, the current study also examined what promising practices VAW workers felt they were currently utilizing for the vulnerable population of women experiencing DV in rural locations. VAW workers outlined current promising practices being implemented for rural locations as, interagency collaboration, education, growing awareness, and outreach programs. Therefore, the implications of these findings for future research and practice should include a further examination of the identified promising practices, a continued focus on collaborative approaches, and innovative ways to prevent and manage risk in rural locations.

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Introduction

Domestic violence (DV) is a global social issue that has significant short term and long term physical, emotional, and psychological repercussions on its victims (Campbell, 2002; Pico-Alfonso et al., 2006). The effects of DV go beyond the individual to affect the global public health system at large (Abramsky et al., 2011; Watts & Zimmerman, 2002). The Centers for Disease Control and Prevention (CDC) defines intimate partner violence as the use of “physical violence, sexual violence, threats of physical or sexual violence, stalking and psychological aggression (including coercive tactics) by a current or former intimate partner” (CDC, 2012). The following terms, DV and intimate partner violence are used interchangeably.

DV affects thousands in Canada (Northcott, 2011). According to the General Social Survey, approximately 1.2 million Canadians have experienced at least one incidence of violence by their intimate partner within the past five years (Hotton, 1999). Along with this trend, Statistics Canada (2019) reported over 99,000 police-reported incidents of domestic violence. Of these incidents, the vast majority of victims (79%) were women (Statistics Canada, 2019). More specifically, women accounted for (78%) of victims of violence by a current spouse, (79%) by a former spouse, (79%) by a current dating partner, and (80%) by a former dating partner. This high rate of prevalence made domestic violence the leading type of violence experienced by women (Statistics Canada, 2018). Within this context, women are also more likely than men to experience increased victimization, severity of violence, and risk of injury resulting in lethality (Black, 2011).

The high prevalence and magnitude of the global issue of DV requires a coordinated community response. Although coordinated community response models vary, they are increasingly emphasized as a necessary approach to address DV (Shepard, Falk, & Elliott, 2002).

In general, community responses to DV include public awareness and professional training for all the agencies that play a role in helping prevent and manage DV. More specifically, a coordinated community response may involve coordination with police, prosecutors, probation officers, victim advocates, counselors, and judges in developing and implementing policies and procedures that improve interagency coordination and lead to more uniform responses to DV cases (Shepard et al., 2002).

In considering the first part of a community response (public awareness), increased public awareness, research, and media attention surrounding DV began with the “battered women’s movement” which occurred in the 1970’s (Berns, 2004). This growing awareness led to the recognition of DV as a crime in the majority of states and provinces by the early 1980’s. In considering the second part of a community response, professional/agency training, many essential services are involved in DV related issues. These services include: the police, crown, family law lawyers, defence lawyers, victim services, partner assault prevention programs, child protection, corrections probation, mental health services, health care services, education, addictions support services and shelter/victim advocate services (Gamache, Edleson, & Schock, 1988; Pence & Sheppard, 1999). Among all the services, one of the longest standing and most crucial are specialized violence against women (VAW) services.

VAW agencies are a critical service for women and children leaving DV situations. Their services often encompass both prevention and management of DV related issues and include services such as, victim advocacy, and the most predominant community-based solution, shelters (Mantler & Wolfe, 2017). VAW shelters offer a safe place, protection planning, advocacy, counseling, and other services for women and children who are fleeing violent and sometimes lethal relationships (Mantler & Wolfe, 2017). The service of shelters has been growing steadily

over time (Lehrner & Allen, 2009). Prior to 1975, there were only 18 shelters that operated in Canada, whereas in 2014, there were 627 (Beattie & Hutchins, 2015). Usually there are shelters in all regions in Canada. Within Ontario alone, the largest province in Canada with a population of more than 14 million, there are 100 different agencies that provide DV related services such as emergency shelters, crisis and support services, counselling services, housing support services, transitional support services, and province wide crisis help lines (Ontario Ministry of Community Services, 2019).

Factors that may contribute to an increased risk of experiencing DV and, therefore, increased likelihood of using DV services such as those offered by the VAW include alcohol abuse, cohabitation, young age, attitudes which are supportive of abuse, having outside marital sexual partners, experiencing childhood abuse, growing up witnessing DV, and experiencing other forms of violence in adulthood (Abramsky et al., 2011). With these variables in mind, there are wide variations of DV (Abramsky et al., 2011). DV happens across women of all races, ethnicities, age, marital status, socioeconomic status, and geography (Abramsky et al., 2011). Thus, it is critical that research explores the widespread and diverse factors that contribute to the prevalence of DV. Some populations of victims may be more vulnerable due to multiple factors that make seeking help or finding support difficult. Victims in rural communities represent one of those populations. The current study will aim to further explore the unique challenges and promising practices for victims of DV in rural communities and identify implications for future practice in regard to risk assessment. The term rural will be used as a general term for populations that are both rural and rural remote, and northern (RRN) in nature. RRN will be used as a short term for research that covers all 3 designations or that does not specify.

Domestic Violence in Rural Contexts.

When considering the factor of geography, much of the research on DV examines urban populations rather than rural populations. However, research for DV presents unique challenges to women in rural populations that increases their vulnerability, limits their options for seeking safety, and prevents their efforts to leave an abusive relationship (DeKeseredy & Schwartz, 2008). The term “rural” is commonly defined as persons living in a location with a population smaller than 1,000 and locations with less than 400 persons per square kilometer (Statistics Canada, 2011). In addition to the unique challenges women in rural environments face, the rate of DV is also greater amongst rural communities in comparison to urban communities (Northcott, 2011). In a study by Gallup-Black (2005) examining population-based rates of DV related murders in the United states across a 20-year period it was found that averages were significantly higher in rural populations versus urban populations (9 per 100,000 vs. 2 per 100,000). Moreover, it also showed that rates decreased over time in urban populations but increased over time in rural populations by 60%. Similarly, in the context of Canada, research has also indicated that rural populations are three times more likely to have an increased risk of domestic violence and homicide than urban populations (Northcott, 2011). For example, almost 70% of intimate partner deaths in New Brunswick occurred in small towns or rural communities (Doherty, 2006). Further statistics also suggest that women living within the Canadian Prairie Provinces and the North West Territories are also at a significantly higher risk of experiencing DV (Mantler & Wolfe, 2017).

Doherty and Hornosty (2008) found that rates of intimate partner femicide (IPF) varied on degree of rurality. This study compared urban and rural IPFs by examining data from the Wisconsin Violent Death Reporting System (WVDRS) data and Wisconsin Coalition Against

Domestic Violence (WCADV) reports from 2004 to 2008, with neighborhood information from the US Census Bureau and US Department of Agriculture. The data revealed differences between urban and rural victims in race/ethnicity, marital status, country of birth, and neighbourhood characteristics. However, more significantly, the data indicated that the nature of the residential neighbourhood environment significantly differentiated IPV in rural and urban communities even after controlling for individual differences. In other words, there are specific qualities and barriers of rural environments that differentially affect DV risk (Doherty & Hornosty, 2008). Similarly, Roberts (2009) examined domestic homicide rates between American rural and urban counties and concluded that murder rates were higher in rural counties compared to urban. Moreover, domestic homicides were affected by their proximity to metropolitan areas in that living closer to a metropolitan area actually decreased one's risk for domestic homicide. However, living in these areas did increase risk of being murdered by someone other than an intimate partner (Roberts, 2009).

Although rural and urban settings share some similarities within specific trends of DV, perpetrators within rural settings engage in more chronic and severe DV and have higher rates of substance abuse and unemployment than perpetrators in urban settings (Edwards, 2014; Logan, Walker, & Leukefeld, 2001). Victims of DV in rural settings also differentiate from victims in urban settings in that they experience worse psychosocial and physical health outcomes (Edwards, 2014; Logan, Walker, Cole, Ratliff, & Leukefeld, 2003). More specifically, in one study examining the impact of procedural justice on health and wellbeing it was found that rural women who were victims of DV reported not only worse health, but also higher stress scores on the Stress-Related Consequences Scale than that of urban victims (Walker & Logan, 2018). This finding was linked to the women's perceived level of ineffectiveness of their protective order

given their environment (i.e. rural or urban). Additionally, victims in rural settings also face greater obstacles in accessing resources and receiving adequate support (Dudgeon, 2014). While, some findings suggest an increased prevalence of domestic violence within rural settings, research investigating these trends are just starting to develop and remain fairly limited (Jeffrey et al, 2018; Moffitt, Fikowski, Mauricio, & Mackenzie, 2013). Further research investigating the unique variables that exist within rural populations may be useful in assessing what factors contribute to the heightened prevalence and risk of DV within these communities.

Theoretical Frameworks

Exposure Reduction and Retaliation Effect

Many frameworks can be used to understand the complex social issue of DV. One prominent framework provides an understanding of the importance of protecting victims of abuse when they reach out for help in order to prevent the potential further escalation of violence. This framework suggests that limiting exposure to violence (i.e., shortening the time that victims and perpetrators in a violent relationship are in contact with one and other) is a primary source of violence reduction (Dawson, Bunge, & Balde, 2009; Dugan, Nagin, & Rosenfeld, 1999, 2003). Therefore, the framework proposes that any mechanism that aids in reducing barriers to exit the violent relationship directly decreases the likelihood of lethal domestic violence for both the perpetrator killing the victim and the victim acting in self- defense or out of fear (Dawson et al., 2009; Dugan et al., 1999, 2003). Reducing barriers or exposure reduction can come in many forms including: programs (such as welfare benefits to help reduce a women's financial dependency), the availability of no-fault divorce, policies (such as the mandatory charge policy or no-contact protection orders), and broader social change (Dugan et al., 2003).

Although the perspective of exposure reduction may seem relatively easy to implement, the nature of DV makes it challenging. Much research on DV has shown that the highest risk for homicide is during the period when the victim decides to leave the relationship, when they actually attempt to leave, and the time after departing (Dugan et al., 2003). This trend was labelled the “retaliation effect” and occurs when the intervention angers or threatens the perpetrator within the violent relationship without effectively reducing the risk of the victim (Dugan et al., 1999, 2003). As a result, violence of any severity may surpass its typical status quo and increase to lethal victimization because of the very attempts to reduce the victim’s exposure to violence (Dawson et al., 2009). This pattern of retaliation is explained by many factors contributing to the perpetrators perceived loss of control. The first being that the perpetrator is motivated to act violently because he feels his right to dominate and control the victim is being violated by the victim leaving the relationship (Dugan et al., 2003). The second is that perpetrators may perceive a shift in power and control in the relationship as a result of the increase in status the victim has gained from engaging in exposure-reducing resources (Dugan et al., 2003). The escalation in violence then serves the purpose of the perpetrator trying to regain power and control over the victim (Dugan et al., 2003).

However, this does not mean that exposure reduction strategies and resources are completely negative, rather it suggests that small or ineffective exposure reduction has the potential to enhance violence to lethal levels that may have been worse than the initial violence occurring (Dugan et al., 2003). The knowledge of potential risk has attracted research to examine how assessment of risk, victim safety, and risk management should be enhanced in order to effectively respond to women experiencing DV (Dawson, 2009; Dugan et al., 2003). Conclusions of findings suggest that exposure reduction strategies should include coordinated

efforts at all levels of assessing, addressing, and managing both current and potential risk (Dawson, 2010; Dugan et al., 2003). Meaning, responses will not effectively capture and prevent risk if they are simply based on one measure or piece of a dynamic puzzle but rather, all the pieces need to be considered in effectively implementing exposure reduction strategies.

VAW agencies play an important role in effectively implementing exposure reduction strategies in that they are often the supportive and protective services aiding victims. VAW agencies both play a large role in assessing risk and safety planning with the victim. Specifically, VAW agencies are often the prominent contact in safety planning with women during the highest risk period of deciding to leave, actually leaving, and the time directly after exiting the violent relationship. This provides the VAW agencies the opportunity to mitigate risk during a critical part of exposure reduction. As the evidence demonstrates, VAW agencies are well aware of the patterns of domestic violence and the potential risk to lethal violence a victim faces at the time of leaving or considering leaving. Therefore, while VAW agencies are cognizant of the risk in leaving they must also consider how to effectively identify risk factors that are dynamic in nature.

Effectively identifying dynamic risk factors would require VAW agencies to utilize reliable risk assessment tools that allow space for professional judgment. Utilizing reliable risk assessment tools can provide valuable information for safety planning as well as guide a system level response to DV. Effectively assessing risk can not only be helpful for VAW workers to safety plan with victims but can also help them become aware of what collaborations and resources need to be in place both at a community and systemic level. Consequently, if risk is not assessed effectively or is not followed through with meaningful intent and care it runs the risk of what Dugan et al. (2003) suggests is more detrimental than doing nothing; providing slight or

unmet exposure reduction measures in severe violent relationships can lead to the escalation of lethal violence, if the right opportunities are not taken.

Social Ecological Model

The Social Ecological Model (SEM) framework was first developed by Bronfenbrenner (1979) to understand how individual and environmental factors can influence behaviours. Specifically, the SEM examines how individuals change and are influenced in the context of multi leveled systems: microsystem (relationships in the immediate setting such as family, colleagues, and friends), exosystem (formal and informal social structures in the immediate setting), and macrosystem (overarching social, cultural, political, and economic patterns) (Roush & Kurth, 2016). The theory was later adapted by Heise in 1998 for the purpose of understanding the origins of gender-based violence in issues of DV. The social ecological model provides a framework to understand the differences among perpetrators of DV, the contributions to certain situations that might make one individual become violent when another would not, and help in identifying the variables that contribute to why a potentially abusive individual might become violent in one moment in time (Heise, 1998, 2011). The model suggests that many complex interconnected factors across the individual, relationships, communities, and macro-social levels influence DV (Heise, 1998, 2011). The model explores the factors of multi-level influences from the perspective of prevention of violence against women and considers the implications of preventative efforts. The use of this framework also recognizes the interconnectedness of factors to help evaluate DV as whole rather than separate parts (Heise, 1998, 2011).

The Centre for Disease Control and Prevention (CDC) also applied this model to understand and prevent DV (CDC, 2015). More specifically, the SEM framework was applied to examine intervention strategies based on the ecological level they influence (CDC, 2015). Through

examining factors between the individual, interpersonal, community, organizational, and policy levels the understanding, occurrence, and intervention to effectively address DV were enhanced (CDC, 2015). As a result of examining the interplay of systems it was suggested that prevention of DV requires service providers to concurrently act across many different systems (CDC, 2015). Specifically, to effectively address DV factors, multiple levels must simultaneously be addressed, both within and across, systems. Meaning there is both a necessity for collaboration within agencies and between agencies to address the chronic nature of DV.

The recognition of complex interconnected factors also provides significant value when understanding DV amongst victims in vulnerable populations. Nelson and Lund (2017) suggest that women with disabilities experiencing DV will not be supported out of isolation to safety effectively unless the entire ecological context of the person within this vulnerable population and the effects of the reciprocal interactions between the multi-level systems are considered. Furthermore, the SEM holds relevance in considering risk assessment within the context of rural communities because of the unique characteristics of risk identified in previous literature. In identifying unique risk factors such as, isolation, the “cloak of silence”, and increased firearms it is acknowledged that sole focus on individuals or relationships would be insufficient in considering the issue of structural violence within rural communities. Thus, the model’s focus on how communities, families, and society at large impact the practices of risk assessment are critical in understanding the vulnerable population of individuals in rural communities.

Therefore, the use of the SEM provides an understanding of the importance of context for each victim within their community. This aids in understanding the complex and unique nature of DV as well as its interconnectedness and presence in each level of the ecological system. Overall, the model is useful in helping acknowledge both the personal and situational influences

as well as the macro level factors that influence the etiology of DV and therefore provides a useful lens in understanding the unique challenges in risk and protection for victims of DV in rural communities.

Literature Review

Risk Factors for Domestic Violence in Rural Locations

Previous literature has investigated the discrepancies in population-based experiences of DV by trying to understand the unique experiences of DV within rural communities. While research on the experiences of rural women and service providers is scarce, existing research indicates that they are confronted with unique risks, needs, and barriers that prevent them from accessing critical services (Jiwani, Berman, & Cameron, 2010; Pruitt, 2008; Vafaei, Rosenberg, & Pickett, 2010). More specifically, research identified some risk factors important for victims of DV in rural settings as: geographic isolation (e.g. from neighbours or emergency facilities), cultural factors (e.g., patriarchal attitudes and values), a lack of anonymity or privacy from those in helping positions, social isolation both inside and outside of the community, limited resources, difficulty accessing services, legal system constraints, economic dependence, and increased availability and accepted use of firearms (Annan, 2008; Banman, 2015; Beyer, Layde, Hamberger, & Laud, 2013). These risk factors begin to shed light and understanding on the high prevalence and unique experiences of women facing DV within rural communities. The findings of some of the following risk factors will be presented with more detail below.

Geographic Isolation. The most obvious risk factor for women experiencing DV is geographic distance and isolation (Farmer, Munoz, & Threlkeld, 2012). Previous research suggests that geographic barriers have had a profound and direct impact on women experiencing DV in rural environments as it greatly increases a victim's vulnerability (Beyer, Wallis, &

Hamberger, 2015). Geographic isolation in rural communities can mean greater distances between homes and being less visible to neighbours or other potential witnesses (Grama, 2000; Logan et al., 2001; Van Hightower & Gorton, 2001). Geographic isolation can translate into social isolation, both of which can contribute to the likelihood of DV and increase the subordination that victims experience (Grama, 2000; Logan et al., 2001; Van Hightower & Gorton, 2001). The vulnerability and safety of victims in rural settings can then become even further compromised by their geographic isolation if there are no local emergency services to respond to urgent calls in a timely manner (Grama, 2000).

Additionally, geographic isolation can contribute to many other barriers such as lack of transportation and limited access to appropriate resources (Faller et al., 2018). In a study conducted to help understand and explore the need for services and support within rural communities, DV survivors from rural Saskatchewan were interviewed (Forsdick-Martz & Sarauer, 2000). Findings suggested that DV victims in rural Saskatchewan were not only geographical isolated from necessary services but also isolated from fleeing DV relationships. Victims in this study cited that the nearest shelter was often 100 kilometers or more away and public transportation was not readily available. Similarly, another study investigating the access to resources for rural women currently experiencing or experienced DV in the past found that on average participants lived almost 12 miles from the closest mental health center (Bosch & Walter, 2004). Therefore, geographic isolation and the other factors that may be intertwined with the remoteness of the location (i.e. lack of transportation and services) act to further enhance the likelihood of risk, as well as adversely impact help seeking behaviors by restricting access to appropriate health care and other DV related resources (Bosch & Walter, 2004; Eastman, Bunch, Willams, & Carawan, 2007; Forsdick-Martz & Sarauer, 2000).

Lack of Transportation. As previously mentioned, lack of transportation is another unique risk factor rural woman experiencing DV are faced with given the common characteristic of rural areas being isolated (Navin, Stockum, & Campbell-Ruggaard, 1993; Websdale, 1995, 1998). Geographic isolation makes transportation difficult for many rural victims and often requires that they take long and tedious commutes in order to access services, which inherently complicates the process of fleeing from an abusive relationship (Fishwick, 1998). Research examining rural women's access to healthcare services found that rural women had to travel three times farther for services than urban women (respectively, 25% of rural women vs. 1% of urban women traveled over 40 miles) (Peek-Asa et al., 2011). Public transit may not be an option for some rural victims as public transit was only found to be available in approximately half of rural counties nationwide (Stommes & Brown, 2002). Rural inhabitants without access to public transportation often have to drive long distances to access daily goods and, therefore, may be constrained by limitations to access the family vehicle for social or medical services (Van Hightower & Gorton, 2002). Therefore, the lack of transportation in rural communities not only isolates victims but also further puts them at risk of lethal DV.

Lack of Community Resources. Access to resources is a predictor for decreasing the risk and severity of abuse experienced in a DV relationship (Bosch & Walter, 2004). However, over 34 million rural residents were found to reside within an area designated as a mental health professional shortage (U.S. Department of Health and Human Services, Bureau of Health Resources, 2003). The issue of a lack of resources within rural communities has been well established within the literature, often depicting that services in rural areas are "few and far between" in comparison with urban areas (Edwards, 2015; Grama, 2000; Logan et al., 2001; Shepherd, 2001). The lack of services includes social services, shelters, police, and courts, all of

which are essential in victims of DV seeking help (Sandberg, 2013). In addition, rural communities often lack specialized services for family violence that typically exist in urban communities and are often combined and more generalized, which creates significant issues of accessibility for rural women (Forsdick-Martz & Sarauer, 2000). Besides, Forsdick-Martz and Sarauer (2000) finding that DV victims in rural Saskatchewan experience geographic isolation, their findings also suggest the use of services, specifically legal resources, were negatively impacted by the lack of DV related services within rural Saskatchewan. Similarly, other research has revealed that there are fewer options for affordable housing, jobs, and day care options for rural women than urban women who are attempting to leave their abusive partner (Logan & Walker, 2004; Struthers & Bokemeier, 2000).

Furthermore, in the case that rural women are able to both find services and travel to those services, when they arrive, they are faced with the additional barrier of being more likely to be turned away (Iyengar & Sabik, 2009). In a study by Iyengar and Sabik (2009) examining the availability of DV services across the United States it was found that in rural versus urban areas there was more than twice as many unmet requests for transitional housing (respectively, 7 vs. 3). Therefore, while finding services and being able to travel to those services are an issue the availability of services are also a further risk for victims of DV in rural settings.

Cultural factors. Within a rural context cultural values tend to be much different than that of an urban context. Rural values can include but are certainly not limited to rural pride, a lack of privacy, and a sense of community (Leipert & George, 2008; Tummala & Roberts, 2009). The cultural norms outlined and the others that may exist place women within a rural sociocultural context at increased vulnerability of experiencing DV (Anderson et al. 2014). These values may be considered problematic because they often provide the context that

sanctions DV such as cultural beliefs about the permanence of marriage, importance of privacy, preservation of intergenerational property transfer, and dominance of patriarchal attitudes (Doherty & Hornosty, 2004; Riddell, Ford-Gilboe & Leipert, 2009). For instance, patriarchal attitudes not only discourage women from being assertive but also often permits abuse to continue for long periods of time (Schwab-Reese & Renner, 2017). Furthermore, religion and the church also typically play a role in the culture of most rural communities, which further supports the importance of maintaining marital bonds and family views that women should hold their marital promise to their husband regardless of abuse (Grama, 2000; Krishnan et al., 2001; Olson, 1988).

Additionally, these cultural attitudes work to maintain and fosters stigma of DV, which is further complicated by the close-knit community networks that actually inhibit anonymity during help seeking for health and social services (Tummala & Roberts, 2009; Kitchen, Williams & Chowhan, 2012). The lack of anonymity combined with the nature of cultural norms being often incompatible and even shaming of help-seeking behaviors further increases the likelihood of a victim remaining silent (Shannon et al., 2006). The choice of a rural victim not to speak out can also be the result of the victim themselves, internalizing cultural norms. For example, many rural women stay in abusive situations for years or a lifetime because they have come to accept the abuse as normal, are witnesses and victims of intergenerational violence, and/or have been convinced by their abuser that the abuse was their fault. (Forsdick-Martz & Sarauer, 2000).

Another study, investigating the cultural contexts experienced by farm women living in rural communities in Australia and Canada also found that rural women are more likely to stay in DV relationships due to rural culture emphasizing the importance of closeness, a sense of belonging within the community, and values of family unity and gender roles (Wendt &

Hornosty, 2010). Moreover, other cultural factors that contribute to rural women staying in DV relationships, not seeking help, and remaining silent include: a lack of knowledge, embarrassment, fear of retaliation, system bureaucracy, gender role stereotypes in law enforcement, and fear of not being believed by their family and their community (Bosch & Bergen 2006; Eastman & Bunch 2007; Edwards 2014). The decision to remain silent about their experiences of DV for fear of not being believed is a very real concern given the finding that the likelihood of victim blaming is far more common in rural areas than urban areas (Eastman et al., 2007).

Therefore, when considering the risk of cultural factors, it must be understood that a dual nature exists of both the risk factors increasing the likelihood of DV while also decreasing the likelihood of help-seeking. The high prevalence of DV in rural settings is then further maintained by both these cycles. Further research regarding services like shelters within in rural contexts should be aware of cultural context and the implications of cultural context when trying to provide help-seeking services.

Accepted and More Available Use of Firearms. Research has indicated two distinct gun cultures within rural and urban settings as a result of differences in firearm usage, crime patterns, and other sociocultural factors in these areas (Blocher 2013). Urban and rural communities hold different views on gun control, which are represented with the statistic that 68 percent of rural Americans believe the right to firearm ownership is of greater importance than controlling gun ownership in comparison to 38 percent of urban Americans (Pew Research Center, 2014). While firearms are more accepted in rural populations they have also been shown to be strongly linked to domestic homicide (Kellerman et al., 1993), and often used to complete domestic homicide in Canada (Dawson, 2001). For example, in Ontario firearms were used in

27% of the domestic homicides between 2002 and 2010 (DVDRRC, 2014). Additionally, it is important to recognize the potential dangers of firearms in the context of DV given that an abuser's access to firearms is considered to be the most dangerous predictor of domestic homicide even when controlling for other key risk factors (i.e., separation from abuser) (Campbell et al., 2003). In fact, Campbell and colleagues (2003) found that an abusive partner's access to firearms increased the likelihood of femicide by 500%. Similarly, this finding was later supported by the research of Gwinn (2006) who found that DV incidents involving a firearm increased the likelihood of death by 12 times in comparison to when no firearm was involved.

Research investigating the use of firearms in rural populations has found that perpetrators in rural communities are more likely to make threats with a weapon (Logan et al., 2009) and both stalk and threaten their victims with a gun in comparison to perpetrators in urban communities (Logan & Lynch, 2018). For example, almost 80% of women experienced indirect threats from their abuser (e.g., always had gun around, threats to shoot important others to victim, shooting pets) and more than 50% of the women were directly threatened with a gun. Furthermore, perpetrators in rural communities are also more likely than perpetrators from urban communities to use a firearm than other weapons to kill their partner (Banman, 2015). As a result of these unique barriers in rural populations research suggests that women within these populations may experience increased vulnerability to DV and homicide, increased negative mental and physical health outcomes, and a decreased ability/willingness to report abuse and obtain support services to leave an abusive partner (Banman, 2015; Doherty & Hornosty, 2008; Jeffrey et al., 2018).

Lynch, Jackson, and Logan (2019) examined how professionals in rural and urban communities perceive the potential risk factors for DV/homicide related to firearms and coercive control when encountering DV victims. They found that the risk factor most directly associated

with perceived risk of DV lethality via a firearm was the perceived risk of an abuser threatening a victim with a gun. However, coercive control, separation, and stalking all mediated the interaction between the perceived risk of an abuser's gun access and the perceived risk of threatening the victim with a gun (Lynch et al., 2019). Results highlight the importance of risk assessment for firearms in rural communities both during and especially after separation. Therefore, both the accepted use and the increased availability of firearms further contributes to the overall risk and vulnerability to lethal DV for women living in rural populations. Thus, firearms must be considered by professionals working in rural communities when assessing risk, safety planning, and/or implementing risk management strategies.

Poverty. Poverty and vulnerability to DV has been widely studied (Grama, 2000; Logan et al., 2001; Pinn & Chunko, 1997; Websdale, 1997). Poverty has been shown to contribute to family and relationship stress and limit the ability of the victim to leave an abusive relationship (Forsdick-Martz & Sarauer, 2000). In a study by Reckdenwald, Yohros, and Szalewski (2018) examining gendered domestic homicide, access to healthcare, and the impact of rurality, it was found that the presence of poverty within rural females was higher than that of non-rural females. Results also suggested that poverty within rural communities may facilitate stronger economic dependence on an abusive partner which inherently acts as a barrier to leaving (Reckdenwald, Yohros, & Szalewski, 2018).

While the issue of poverty is not unique to rural communities, it is a particular concern in regard to the risk factors faced by women experiencing DV within this context (Logan et al., 2001; Gustafsson & Cox, 2016). In fact, one study by Gillespie and Reckdenwald (2017) found that women living in rural areas are more disadvantaged in terms of income, poverty, and access to DV resources. More specifically, rural women are disadvantaged by the lack of subsidized

daycare, inadequate employment opportunities, and lack of access to affordable housing (Forsdick-Martz & Sarauer, 2000).

The risk factor of poverty also means that rural DV victims who live in poverty and lack transportation are severely limited in fleeing violence (Forsdick-Martz & Sarauer, 2000). For example, they may lack the ability to travel to the residences of family members, friends, or other available services that may only be accessible and/or present in larger urban areas (Forsdick-Martz & Sarauer, 2000; Grama, 2000). Rural victims are faced with the challenge of either finding the resources to travel to services or forego them altogether (Forsdick-Martz & Sarauer, 2000). Therefore, the risk factor of poverty in rural communities contributes to the presence of DV as a result of the economic dependence, limited access to affordable services, and overall challenges in leaving a violent relationship.

No Anonymity. The lower population proportions within rural environments facilitate close-knit communities where members tend to be more familiar with each other and often have established ties (Grama, 2000; Krishnan, Hilbert, & VanLeeuwen, 2001). Therefore, it is more common in rural communities than urban communities for victims to know those working in community clinics, courts, hospitals, or law enforcement that they are trying to access (Annan, 2006; Eastman & Bunch, 2007; Neill & Hammatt, 2015). However, despite these close-knit ties in rural communities the issue of DV is still considered a private matter (Banyard, Edwards, Moschella, & Seavey, 2019). The lack of confidentiality and anonymity in smaller rural communities was shown to have negative effects because of the increased likelihood that victims may be found out for accessing DV services by members in the community, including the offending partner (Forsdick-Martz & Sarauer, 2000). Therefore, if the victim decided to leave

their abuser, their safety may be further compromised by the lack of anonymity in accessing services in rural communities (Grama, 2000; Van Hightower & Gorton, 1998).

A lack of anonymity increases risk due to local attitudes and norms related to family privacy inhibiting victims from seeking help (Krishnan et al., 2001). These sociocultural factors of rural communities contributed to a fear of embarrassment and shame that could be brought to a family if an abusive relationship became public knowledge (Krishnan et al., 2001). The fear and stigma over the lack of anonymity not only acts as a barrier to rural victims accessing service but also adds to their reluctance of disclosing their abuse to friends, family, or mental health professionals (Krishnan et al., 2001). Additionally, it has also been found that anonymity concerns often lead to an increased discomfort in rural victims accessing legal services in the community, especially if police officers, lawyers, or those helping positions know the offending partner. (Forsdick-Martz & Sarauer, 2000). In particular, within rural communities it may even be the case that service providers are related to either the victim or the perpetrator of abuse (Zorn, Wuerch, Faller, & Hampton, 2017). Therefore, the lack of anonymity increases risk by inhibiting help seeking behaviors in a variety of ways.

Added Complexities of Locations being Northern and Remote

Another barrier that increases vulnerability to DV for women in rural populations is the added complexity of the community being remote and or northern. Statistics Canada (2011) defined “Northern” communities using the Statistics Canada Economic Regions map, which incorporated a delimitation of Northern areas that corresponds with the Census data collection and are officially accepted as such. Additionally, the Public Health Agency of Canada (2009) defined a “Remote” community as a geographic location that is not accessible by road year-round. Within both remote and northern communities there are added complexities due to the

challenges and barriers of rural communities (i.e., level of isolation and barriers to resources) being further amplified.

Similarly, to rural populations, remote and northern locations also contain high prevalence rates of DV. In particular, the Canadian Prairie Provinces and NWT contain the highest rates of sexual assault, DV, and domestic homicide in the country (Brennan & Taylor-Butts, 2008). Specifically, DV rates in the NWT, Nunavut, and Yukon are six times higher than in Saskatchewan, with Saskatchewan already having DV rates two times that of the national average. Similarly, Manitoba and Alberta also report significantly higher DV rates in comparison to the national average (Beaupre, 2015; Statistics Canada, 2013). Intuitively, the Canadian Prairie Provinces and Territories also contain the highest rates of shelter utilization (Beattie & Hutchins, 2015).

In considering the added complexities of being remote and northern, accessing services is often one of the biggest challenges (Zorn et al., 2017). Often within these communities there are no close services (i.e. shelters), problems with confidentiality, long wait times for responses due to the distance of services, and transportation issues (Aboriginal Justice Implementation Commission 1999; Brownridge 2009; National Collaborating Centre for Aboriginal Health 2011). Peek-Asa et al. (2011) examined the variance in geographic access to DV resources and the differences in prevalence, frequency, and severity of DV based on the level of rurality. This study used a cross-sectional clinic survey to measure the prevalence of physical, psychological, and sexual DV. The ZIP codes of those who reported DV were used to find both their level of rurality and the distance to the closest DV program or resource. Findings suggested that women in small rural isolated areas reported the highest prevalence of DV and a significantly higher severity of physical abuse in comparison to woman in urban settings. The study also found that

on average resources for DV were three times further for rural women in comparison to urban woman and that these services served larger county areas but had more limited resources.

Unfortunately, the added barrier of traveling a significant distance is often a deterrent for many women accessing DV services (Forsdick Martz & Sarauer 2000).

Findings of limited resources for remote rural women were also replicated in a study done by Choo et al. (2011) examining the availability of resources for managing domestic violence at rural hospitals. The study utilized standardized telephone interviews with key informants of Oregon emergency departments on six different DV resources: official screening policies, standardized screening tools, public displays regarding DV, on-site advocacy, intervention checklists, and regular clinician education. This study found that despite the increased severity and frequency of abuse shown in rural settings, the more remote and small the rural location, the fewer the resources were in comparison to urban and larger rural settings. These findings suggest that despite the increased levels of prevalence, frequency, and severity of abuse in rural settings, the more remote and rural the location, the more limited the access to resources are for victims of DV (Choo et al., 2011; Peek-Asa et al., 2011).

Furthermore, in a later study done by Moffitt, Fikowski, Mauricio, and Mackenzie (2013) the added complexities of being RRN were explored. In this study, researchers reviewed the targeted literature of DV in Canada's Northwest Territories. A thematic analysis revealed themes of colonization, alcohol and substance use, effects of residential schooling, housing inadequacies, help-seeking behaviours and gaps within the justice system as all being explanatory to DV. The study also included a three-year media watch of Canada's Northwest Territories which revealed themes of events surrounding homicides, assaults and charges to perpetrators as a result of DV and also described current interventions, and public awareness

campaigns. Although the study relied on a thematic analysis of literature and media to describe DV in the context of Canadian territories which are northern and remote, it addressed similar variables that have been previously linked as barriers to DV within rural communities. Further research to address more of the unique barriers of being remote and northern are paramount to understanding the complexities of DV in these populations.

Challenges Addressing Domestic Violence in RRN Locations

The vulnerability of rural populations is further amplified by the challenges in addressing DV. One common limitation in addressing rural populations is the lack of universally accepted definitions of “rural” and “northern” (Pong & Pitblado 2001). For example, Zorn and colleagues (2017) investigated service providers perspectives on DV victims in geographically diverse regions and found that service providers did not feel that the definitions for rural and northern accurately reflected their geographic landscape. Specifically, service providers felt that rural communities defined as populations under a thousand were too limiting and were not inclusive of the many communities that had populations over a thousand but were very much culturally and geographically rural.

Additionally, in rural communities challenges exist in the ability to conduct research as the result of the difficulty in physically accessing the population due to geographic and social isolation (Moffitt et al., 2013). Investigating DV in rural populations further poses a challenge because these communities are small in nature and therefore less populated, which inherently limits the sample size (Rural Health Information Hub, 2016). The challenge of population size in addressing DV in rural communities further contributes to the lack of anonymity participants have in deciding to engage in research regardless of the precaution’s researchers may employ (Rural Health Information Hub, 2016). In addition, the cultural attitudes of rural communities

also make it difficult to address DV as a result of their attitudes supporting the belief that domestic violence is a private matter that should not be talked about especially with “outsiders” (Doherty & Hornosty, 2008).

Furthermore, investing rural populations may also be difficult because findings may not be generalizable due to the wide diversity of rural communities. (Rural Health Information Hub, 2016). Finally, addressing DV also poses challenges because of the limited risk assessment tools specific to the population (Jeffrey et al., 2018). These unique challenges and barriers to investigating rural populations significantly impacts and limits the current practices, shared knowledge, and understanding of risk assessment within rural populations.

Importance of Identifying and Assessing Risk

The knowledge of risk factors can aid in the identification of dangerous situations and provide implications for the support of at-risk women (Johnson & Hotton, 2003). Risk assessment plays a crucial role in determining the risk factors that may increase vulnerability to DV and the identification of the level of severity of abuse and danger (Campbell, 2002). Previous research has found that victims in rural communities’ experience significant barriers to leaving an abusive partner in regard to physical isolation, lack of resources, and lack of transportation to those resources (Annan, 2008; Banman, 2015; Doherty & Hornosty, 2008). Past research also discovered that perpetrators of DV in rural communities engage in more chronic and severe DV (Edwards, 2014), have increased rates of substance abuse and unemployment (Doherty & Hornosty, 2008; Edwards, 2014), and are more likely to possess firearms (Banman, 2015; Doherty & Hornosty, 2008). All of these unique factors greatly enhance the risk of lethality amongst rural populations (Doherty & Hornosty, 2008), making risk assessment both necessary and important in identifying potentially dangerous situations amongst rural women.

The identification of unique risk factors and the severity of violence evaluated during risk assessment is also an important first step in devising strategies for safety planning and risk management. Both risk management and safety planning are also very important in this environmental context because previous research has indicated unique risk factors amongst rural communities make victims less likely to be separated from their partner and more likely to remain married as a result of cultural norms and attitudes surrounding gender roles and family values (Banman, 2015; Beyer et al., 2013; Doherty & Hornosty, 2008). Past research has also found that leaving an abusive relationship may not be a viable option among rural victims as a result of physical and social isolation, lack of transportation, and economic dependence (Doherty & Hornosty, 2004). Therefore, knowledge of the unique risk factors of rural populations are also both necessary and important for managing risk and creating a safety plan in rural communities where leaving may be less common.

Barriers for Assessing Risk in Rural Locations

As previously mentioned, there is a scarcity of literature examining the impacts of DV within rural, remote, and northern Canadian communities (Wuerch, Zorn, Juschka, & Hampton, 2019). However, there are even fewer studies examining DV through a broad lens, such as that of community perceptions, which provide a unique and comprehensive understanding of the responses to and needs of individuals experiencing DV (Lewis et al. 2005). Additionally, Murray et al. (2015) suggests that research should focus on academic and community service providers because their front-line experience can provide a valuable perspective that may better inform further research design and implementation.

In a study examining the challenges of service providers in rural and Northern Saskatchewan, it was found that service providers experienced a high level of frustration with the

lag in response time for accessing services and that often times women returned to their abuser as a result of the lack of emotional and financial support (Wuerch et al., 2016). Service providers in this study also documented difficulties in high staff turnover and cited that it negatively impacted their ability to build respectful and trusting relationships as a collaborative team and with the communities they were serving. Similarly, another study by Merchant and Whiting (2015) found that shelter workers within geographically diverse communities also felt frustration and hopelessness with the scarcity of DV resources available to them and the victims they were serving. Results suggested that this frustration and hopelessness contributed to professional burnout, which inherently led to even less available services and resources.

However, while this research provides strong insights there remains a scarcity of studies investigating the experiences of front-line service providers especially within the context of RRN communities across Canada (Faller et al., 2018; Zorn et al., 2017). Through future research examining these experiences, a better understanding may be developed of both the unique needs and service barriers that exist for women experiencing DV within these regions as well as the challenges service providers struggle against in providing care to victims within these regions (Faller et al., 2018). Thus, it then can be understood what unique needs and barriers exist, the cultural context that impacts help-seeking and access to DV resources, and the conditions required to build safer communities that offer more effective services for women experiencing DV in rural and northern communities (Faller et al., 2018). Therefore, while research in the area of front-line service providers perceptions of barriers addressing risk and DV in general may be limited, it is necessary in order to gain a better understanding of the barriers that service providers such as, VAW workers face in helping victims' access DV resources.

Purpose of Current Study

The current study aims to explore the unique risk factors, challenges in risk assessment, and current promising practices for victims of DV in rural communities. In gaining deeper knowledge about the unique risk factors and barriers for individuals in rural settings, effective management of risk and safety plan within these populations can be better understood. Generating more knowledge within this limited area of literature can aid in implications for practice such as: preventative efforts within rural settings and strategies for early detection for individuals who work with rural populations. Previous literature found significant differences for RRN locations regarding unique factors in perpetrators, victim risk, DV patterns, and barriers for accessing services in comparison to that of urban locations. Specifically, previous research found that rural women face barriers such as: geographic isolation, social isolation, limited resources, legal system constraints, and economic dependence (Banman, 2015). These common barriers for women in rural locations limits their ability to access care and safety plan for DV (Dudgeon, 2014). The current study aimed to extend the limited knowledge of rural populations by learning from interviews by key informants from VAW agencies who work with victims of DV within RRN settings. In gaining knowledge of the common and accepted practices of risk assessment within these diverse communities, they can be better understood and may provide insights about enhanced practices for victims. By gaining more information about the current promising practices being used for this vulnerable population, knowledge and innovative practices can be more widely shared amongst service providers. Given the past literature, which primarily investigated rural locations, the following trends are expected in the interviews covering RRN communities in Ontario:

1. Victims in rural communities, as reported by VAW service providers, will experience unique risk factors based on the environment of their geographical location.
2. Violence against women agencies serving victims in rural communities will report unique challenges in practicing risk assessment as a result of added barriers and unique risk factors of rural communities.
3. Violence against women agencies serving victims in rural communities will report promising practices.

Method

Participants

The present study utilizes a subset of data from a Social Sciences and Humanities Research Council (SSHRC) funded research initiative entitled *Canadian Domestic Homicide Prevention Initiative for Vulnerable Populations* (CDHPIVP). The goal of this national initiative is to identify and understand the practices used by a variety of different sectors (police, legal, mental health, and social services) to address the unique needs and risk factors that can heighten exposure to violence as well as, the barriers to effective risk assessment, risk management and safety planning. Specifically, this research initiative has a special focus on domestic homicide prevention of four vulnerable populations: immigrants and refugees; rural, remote and northern populations; Indigenous peoples; and children exposed to domestic violence. The project also aims to identify promising practices for risk assessment, risk management, and safety planning in hopes of sharing useful resources and practices that aid in the reduction of risk for lethal DV. The study consists of three phases: (1) a systematic literature review; (2) an online survey and interviews with professionals in the field; and (3) interviews with both survivors of severe domestic violence and proxies. The current study utilized data gathered from phase two of the

project, which focused on interviewing key informants working in various sectors to gain an understanding of current practices in risk assessment, risk management, and safety planning. Key informants were selected from: shelters/victim advocate; police; crown; family law lawyer; defence lawyer; victim services (police and court); partner assault prevention programs; child protection; corrections probation; mental health; health care; education; aboriginal shelters; immigrant and refugee settlement services; sexual violence support services; addictions support services; cultural community program/centre; and LGBTTTQ community programs/centres.

The current study consisted of 14 qualitative interviews with professionals in the VAW sector in Ontario who self-identified as working with women in rural and RRN communities. The participants differed in their level of experience in the field, their roles at their respective agencies, the degree to which they worked directly with clients as part of their role, and the populations they self-identified as serving (i.e., rural or RRN). Most VAW workers were from southern Ontario and self-identified as working with rural victims of DV (see Table 1). The roles in which they worked within the VAW sector, however, were relatively evenly split between roles in administration and front-line service providers.

Table 1. Demographic characteristics of sample

Variable	<i>n</i> = 14 <i>n</i> (%)
<i>Location of agency (region of Ontario)</i>	
Southwestern	5 (35.7)
Southeastern	5 (35.7)
Northern	3 (21.4)
Unspecified	1 (7.1)
<i>Self-identified Population Served</i>	
Rural	10 (71.4)
Rural, Remote, Northern	4 (28.6)
<i>Role</i>	
Counsellor	5 (35.7)
Manager	1 (7.1)
Executive director	4 (28.6)
Transitional support worker	2 (14.3)
Program Coordinator	1 (7.1)
Outreach worker	1 (7.1)

Measures & Procedure

Ethical approval was obtained through the research ethics review boards at the CDHPVP's lead universities including, the Western University Non-Medical Research Ethics Board (see Appendix A). As previously mentioned, phase two consisted of two parts: an online survey and interviews with professionals in the field. Professionals working in the area of domestic violence were initially recruited to participate in the survey if they were involved in domestic violence and their work involved risk assessment, risk management, and/or safety planning with victims or perpetrators of DV. As part of the last question on the survey, participants who indicated that at least part of their work focused on serving vulnerable populations were asked if they would be interested in participating in a follow up interview. The surveys were advertised through the CDHPVP website, the networks and websites of partners' and collaborators', CDHPVP email lists, and partners' newsletters (see Appendix B). The CDHPVP network consists of over 40 national partners and collaborators representing all

provinces and territories in Canada. Additional participants were also recruited through the literature review done for phase one of the CDHPVP research project.

The key informant interviews were conducted from 2017 to 2018 by graduate research assistants from Western University, University of Guelph, Saint Mary's University, Université du Québec à Montréal, University of Manitoba, Native Women's Association of Canada, University of Regina, University of Calgary, and Simon Fraser University. The interviews ranged from approximately 45 to 60 minutes and used a formal structure to examine the common and accepted practices of risk assessment, safety planning, and risk management factors amongst vulnerable populations. The structured interview protocol included steps for scheduling the interview (see Appendix C), providing required documents (see Appendix D), obtaining informed consent (Appendix E), setting up equipment (audio recordings) for all types of interviews (phone, skype, and in-person), debriefing and thanking the participant, follow up, storage, transcription, and the disposal of data. The protocol also included guidelines regarding tips for conducting a successful phone interview and specific examples of probing questions to help researchers clarify and gain more knowledge when applicable (e.g., "Can you elaborate further on that?"). For the complete interview protocol see Appendix F.

The interviews conducted followed the CDHPVP interview guide outlined in Appendix G. Interview questions for key informants included information regarding their position (i.e., what province they work in, what sector, the name of their agency, and where that agency was located) and if/how they use risk assessment, safety planning, and risk management in their role. More specifically, questions such as "Is conducting a risk assessment mandatory or optional in your organization/role?" and "Do you use a structured tool/instrument?" were asked in order to inform about the topic of risk assessment within their role and agency. Finally, key informants

were asked to indicate which vulnerable populations they work with and what the unique challenges they felt exist in working with these particular populations. Questions included “What are the challenges dealing with domestic violence within these particular populations?” and “What are some unique risk factors for lethality among these populations?” The amount of information for each interview varied depending on the key informants’ responses and how applicable they felt questions were related to their agencies and practices. Permission and consent to audio record was granted for all the interviews used and no identifying information was used in the interview and audio recordings. After each interview was conducted the interviews were then transcribed verbatim by research assistants and re-checked for accuracy. All data files were stored in a locked office and on an encrypted computer at the Faculty of Education at Western University.

Data Analysis

Interviews for the current study were selected on the basis that key informants’ both worked within the VAW sector and self-identified as working with the vulnerable population of RRN victims of DV. Interviews were categorized into two categories: 1) Rural and 2) Rural, Remote and Northern. Categorization was determined based on individuals’ self-report of working with rural or working with rural, remote, and northern victims of DV.

Interviews were analyzed for the presence of unique risk factors, challenges in risk assessment, and promising practices with both a deductive and inductive approach at the semantic level (Braun & Clarke, 2006). This approach allowed the analysis and interpretation of the data to draw from an established theoretical base and also remain flexible to novel themes (Joffe, 2012). Thematic analysis emerged through a multi-phase process beginning with an initial analysis. The initial analysis was completed through the reading and rereading of all

interview transcripts and a review of the literature. The provisional codebook was then developed from the preliminary analyses of the interviews conducted, findings of themes from previous research, information noted during transcription, and my prior experience and knowledge of living in a rural community. The initial codebook included parent codes for each of the three research questions: unique risk factors, barriers/challenges in risk assessment, and promising practices. The proposed parent codes for unique risk factors included, location, cultural factors, and gender roles. Parent codes for barriers/challenges in risk assessment included, system level barriers, organizational level barriers, worker level barriers, and family level barriers. Lastly, the parent codes proposed for promising practices included, promoting growing awareness, interagency collaboration, education, use of technology, and outreach programs. The majority of parent codes were then broken down into smaller child and grandparent codes to encapsulate the in-depth information provided in the interviews. The provisional codebook was presented and discussed within a lab consisting of a group of graduate students and a principal investigator for the CDHPVP. This initial process allowed for the analytical exploration of evolving themes and the relevance and specificity of codes (Saldaña, 2011).

The final suitability of the provisional codebook was then determined by a group of graduate students and a principal investigator for the CDHPVP. The resulting codebook was used as a trial sample on three transcripts by another graduate student and myself in order to determine the suitability of the codes and consistency in coding. The process involved coding the trial transcripts, comparing all excerpts coded, and deliberating the suitability of codes, other emerging themes, and the discrepancies between coders. Consultations with other qualitative researchers continued through the coding process to ensure that the procedures, results, and interpretations were representative and appropriate. All verbatim de-identified

transcripts were then uploaded to the qualitative analysis computer program Dedoose (V.8.1.8) and coded.

Ethical Considerations

Ethical considerations in working with vulnerable populations in this study included the protection of participant information. In having key informants share their names, location, and agency, data security was important to ensure confidentiality and privacy. Having data de-identified and securely locked in a cabinet was important to protect the privacy of both key informants and the vulnerable populations that they were discussing, especially in the context of small rural communities where both individuals could be easily identified.

Furthermore, in examining rural communities it was also important to be humble in presenting claims about the population in order to honor the diversity, dignity and uniqueness of individuals within the particular population. As a researcher I ethically needed to consider the way in which common themes of the vulnerable women experiencing DV in rural communities was presented. Similarly, when considering common cultural factors that influence the etiology of abuse within rural communities, it was critical to evaluate the information without generalizing that all rural communities are the same. Rural communities although similar in some contexts are also vastly diverse, especially when considering the level of rurality and other contexts such as, the community being remote and/or northern.

Lastly, when doing research with the vulnerable population of women experiencing DV in rural communities it was important to consider how risk factors were presented. By acknowledging the personal and situational factors of rural women that contribute to increased risk of abuse, re-victimization and/or victim blaming can be avoided. Also, it is important to not

only address factors of risk but to also focus research on furthering the prevention of violence against women and the implications for preventative efforts.

Trustworthiness

Many considerations and processes were utilized to maximize the integrity of the data theming and analysis. In terms of ensuring internal validity, the study incorporated a literature review, voluntary participants, and a collaborative process for the development of codes. The literature review enhanced credibility of the study by providing an understanding of the current risk factors and barriers faced in assessing risk for women experiencing DV in rural locations. The literature review also further highlighted how research is conducted on this topic and the barriers in addressing DV research in rural environments. The voluntary nature of participants within this research also further enhanced internal validity by ensuring participants were willingly participating and sharing their most honest opinions. Finally, the last process implemented which contributed to internal validity was the collaborative process for feedback with other researchers and a principle investigator for the CDHPIVP. The collaboration between colleagues researching in the field, enhanced and further developed the primary investigator's knowledge and understanding of DV and the themes that emerged from the data. Through the collaboration process the primary investigator was also able to arrive at new questions, themes, and insights about DV in rural locations.

Finally, in terms of confirmability, biases during the development of themes, and the interpretation/coding of data were documented and noted when they arose. As an individual who was born and raised in a small rural town in Southern Ontario, the primary investigator is aware of some of the risk factors and challenges women in rural environments may encounter when seeking help for DV. The primary investigator is also aware that her upbringing and experience

of living in a rural community may have contributed to a biased perception when interpreting the data. However, this awareness allowed the primary investigator to lessen the potential biases by being cognizant of the need to attend to them, which was accomplished by continually reviewing the literature, data, and collaborating with other researchers.

Results

Overview

The aim of the current study was to answer three research questions: What are the unique risk factors of victims experiencing DV in rural locations, what are the challenges and barriers for the VAW sector in assessing risk of victims experiencing DV in rural locations, and what are some promising practices in the VAW sector amongst rural victims experiencing DV? Themes and subthemes were extracted using the code application matrix within Dedoose (V.8.1.8). Numerous subthemes emerged for the themes in each of the research questions.

Sample Characteristics

In total, 14 VAW workers participated in interviews for the current study. These key informants worked in various roles across different VAW agencies and locations in Ontario (See Table 1). The vast majority of key informants identified their agencies to be within southern Ontario, with an even split between southeastern (n=5) and southwestern Ontario (n=5). The remaining key informants were from northern Ontario (n=3) and one participant, did not disclose their location due to their agency being remote and easily identified. Key informants in this study were relatively evenly divided between frontline mental health workers (i.e., counselling, transitional support work, and outreach) and more administrative roles (i.e., executive director, managers, and program coordinators). The populations of DV victims VAW workers interacted

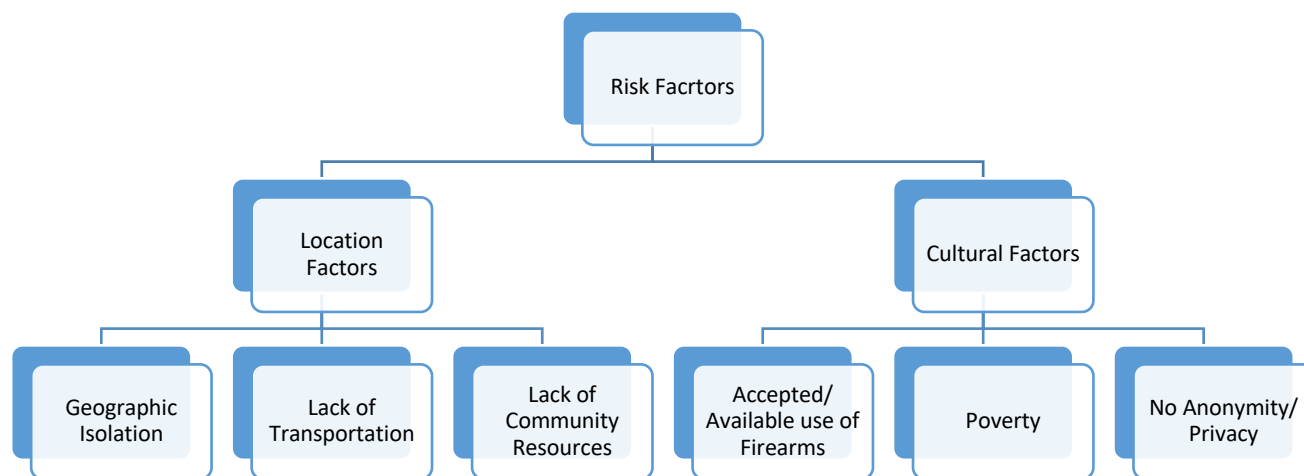
with also varied, 71% self-identified as working with rural victims (n=10), and 29% self-identified as working with rural, remote, and northern victims (n=4).

Analysis of VAW worker interviews informed the identification of a number of themes concerning their work including, the unique risk factors of rural DV violence victims, the barriers they face assessing risk for rural DV victims, and promising practices being implemented for rural communities. VAW workers often shared common perspectives in these areas but also offered unique perspectives given their different approaches, experiences, and agency practices.

Research Question 1: Unique Risk Factors of Victims Experiencing DV in Rural Locations

Risk factors help in the identification of vulnerability and dangerous situations that are unique to the environment of rural locations. For research question 1, transcripts were coded a total of 72 times. There were three themes and 18 sub themes that emerged from the data, however, only three subthemes of each of the two most frequent themes are reported. The two overarching themes emerged related to risk factors of location (i.e., geographic isolation, lack of transportation, and lack of community resources) and cultural factors (i.e., accepted and available use of firearms, poverty, and no anonymity/privacy; see Figure 1).

Figure 1. *Themes and Subthemes of the Unique Risk Factors of Victims Experiencing DV in Rural Locations*



THEME 1: Location.

VAW workers identified location as a unique risk factor for rural women experiencing DV. The theme of location for rural women was often described by VAW workers as, “*More isolated, physically and socially*” (Interviewee #11). In regard to both physical and social isolation one VAW worker highlighted that, “*isolation puts women at a higher risk because less people know that there is a potential for violence*” (Interviewee #13). Three subthemes that further explain the unique risk factor of location are: geographic isolation, lack of transportation, and lack of community resources.

Geographic isolation.

This subtheme reflected the physical isolation of the geographic location. Living in a rural environment creates physical isolation not only outside of the community but inside the community as there is often a great distance from even the closest neighbor. One VAW worker addressed the vulnerability of increased privacy by highlighting, “*without having neighbors*

close by it could increase risk because people are not keeping their eye on you or are aware of what is going on.” (Interviewee #5)

Another VAW worker expressed the difficulty of geographic isolation by indicating:

“It is not easy to leave. If a woman is on a farm, then you have geographically isolated her. A lot of men will even take out the spark plugs to the car so she cannot leave or will check the odometer. There is no transportation so she cannot come to and from an appointment without putting considerable mileage on the car. There is no one to help you, you are on your own, you are isolated, you are not able to call for help, you are unable to run to the neighbors, and then there are guns.” (Interviewee #8)

Additionally, another worker spoke to the increased risk and challenges that come from being geographically isolated from emergency response services, *“They are remote and there is not a police officer, firetruck or an ambulance for a while and especially in the winter the issue of resources, lack of transportation, no child care, and roads being closed. It is very difficult to work with.” (Interviewee #4)*

Lack of transportation.

This subtheme reflected the VAW workers perception of a lack of available transportation for women experiencing DV in rural environments. Lack of transportation was characterized as having no access to a vehicle, public transit, and in severely remote locations limited access to major highways or flights during the winter. The lack of available transportation is a unique risk factor for rural women in regard to accessing services within or outside of their community. One worker stated, *“There is no transportation, you cannot hop in a taxi and come to our shelter, so transportation is huge.” (Interviewee #1)*

Additionally, the lack of available transportation is also a risk factor for rural women’s safety. One worker stated, *“If they are out in the middle of nowhere without fast access to services or safety then that is a huge risk and if they do not have transportation or drive then they are further isolated and maybe cannot access services that are available.” (Interviewee #5)*

Similarly, another worker specifically shared the amplified difficulty of transportation and safety for northern rural communities, *“Our North is so much different. We have 31 First Nation communities, and these are not drive in communities, they are book an air flight or a charter plane to bring our women in. Safety planning is huge, but it is hard.”* (Interviewee #1)

In more rural and remote areas, the lack of transportation becomes even scarcer which produces further implications on the victim’s safety and their ability to access necessary resources. One VAW worker said:

“I would say 95% of our women have no vehicles of their own. Simply getting them to resources is challenging. We only have one greyhound per day in each direction, and most of the time it is full. We also have no court. If a woman needs to get interim custody, we have to hopefully cross our fingers that we can safely get her on a bus, and into another shelter where they have a court. Then she has to drag her children with her, hopefully get interim custody, and then come back. That is huge for us! We had a woman maybe last month, she was mandated and had to be in court in less than 24 hours’ notice. There was no Greyhound! We had to send her in a \$610 taxi to get there.” (Interviewee #7)

Lack of community resources.

This subtheme reflected the VAW workers perception of a lack of community resources for women experiencing DV in rural communities. A lack of community resources was defined as an insufficient amount of both accessible and available resources and services. VAW workers reported difficulty in finding community resources that were not already at capacity and that were accessible to their remote clients who often had the additional barrier of a lack of transportation. One VAW worker said: *“There are so few services. It is really just us and our shelter and as far as I know we have never had to turn a family away; we always make room even if we are over our numbers in the shelter”* (Interviewee #2). Another worker stated:

“The biggest challenge is the lack of services, that would be number one because there are generally no services geographically close to where the woman is. Even in my program the women have to travel to our office and there is no public transportation in

the country like within the townships. It is a huge barrier if someone is living in a farm situation.” (Interviewee #8)

THEME 2: Cultural Factors.

VAW workers suggested cultural factors as another unique risk factor for women experiencing DV in rural locations. This theme described cultural norms, beliefs, values, and practices amongst rural communities that may increase potential vulnerability. One VAW worker stated:

“A lot of rural women really believe it is their life to be good women, to stay home, put up with DV, and make farm life, so that he is not so angry. That is her role. Very traditional and the risk of lethality is higher. Some of the latest deaths in our district were farm women, rural women, and no one thinks twice. If you are on a farm and you have a gun nobody questions that. There is more access to weapons and more availability to people in rural communities.” (Interviewee #12)

Three subthemes that further explain the unique risk of cultural factors for women experiencing DV in rural settings are: accepted and more available use of firearms, no privacy/anonymity, and social judgement.

Accepted and more available use of firearms.

A subtheme related to the unique cultural risk factors was accepted and more available use of firearms in rural communities. One VAW worker highlighted the increased presence of firearms saying, *“I ask every client does your partner own guns or weapons and its very rare that my city people would say yes. But it is very rare that my rural people would say no.”* (Interviewee #5). Another VAW worker recognized this and expressed that,

“Rural women are definitely at a higher risk of lethality, for several reasons. One, they are often very isolated in farming communities and the nearest neighbor might be ten miles away, a gunshot is not going to be heard, and most farmers have guns.” (Interviewee #12)

Poverty.

The subtheme poverty reflected VAW workers perception that the presence of lower socioeconomic status in rural locations contributes to increased risk. Poverty was defined as higher rates of unemployment and low income as a precursor to abuse and a barrier for victims trying to leave an abusive relationship within rural communities. One VAW worker spoke to the issue of poverty as a barrier to leaving saying, *“the economic disparity is big, there is not enough services that help women, so often times women are returning to the situation because there is nowhere else to go”* (Interviewee #8).

Additionally, the VAW worker also addressed the challenges for women in the workforce in rural communities and the issue of affordable housing,

“Socioeconomics are a problem, access to having an income that would adequately pay for housing for kids and that stuff. The inability to find housing is a huge issue around domestic violence because there are not often affordable places to live. Also, when you are in a small town a lot of people know each other and are in each other’s business. Even when a woman leaves often, she returns to the community and is in close proximity with the offender.” (Interviewee #8)

Additionally, another VAW worker spoke about the challenges of poverty in rural communities that are also remote and northern:

“Our First Nations communities are third world countries. Our women cannot access a phone sometimes. I think what I have experienced over the years in our 31 communities up North, is people have no concept of what is going on. It shocks me every time, something else happens.” (Interviewee #1)

No privacy/anonymity.

The subtheme of no privacy/anonymity reflected VAW workers perception that there is a lack of privacy and anonymity for women trying to access DV services in rural communities.

The subtheme of no privacy and anonymity was described as, victims being restricted in accessing resources due to privacy concerns and fear of confidentiality issues (i.e. being seen using resources or personally knowing those in the helping profession). In regard, to privacy

within the community, one worker mentioned that, *“access to services is huge, the stigma attached to the shelter itself, and everyone knowing everyone; we are on a main street across from the police station. If you are coming here, the world knows you are coming here.”*

(Interviewee #7)

Additionally, key informants also shared about their clients' fear of confidentiality with those in the helping profession. One worker stated,

“A woman may not want to go to her doctor because her doctor is also the doctor of her husband, the doctor of her husband's family, the doctor of everybody else in that community. There is always that fear that someone is going to know what is going on.”

(Interviewee #9)

VAW workers also shared about the challenges they face providing support when they know the client or family on a personal level. One VAW worker shared:

“When I am dealing with families one of the challenges sometimes is that they know that each other are coming for support. People will come, and I will know some of the people that they are speaking of, but I have to put everything in boxes. It is a real challenge because you are dealing with one member of a family, but you might be also dealing with a mum, a sister, an aunt, and a neighbor. That is a challenge in terms of them getting support and whether or not they feel safe coming here. It is so complicated!”

(Interviewee #8)

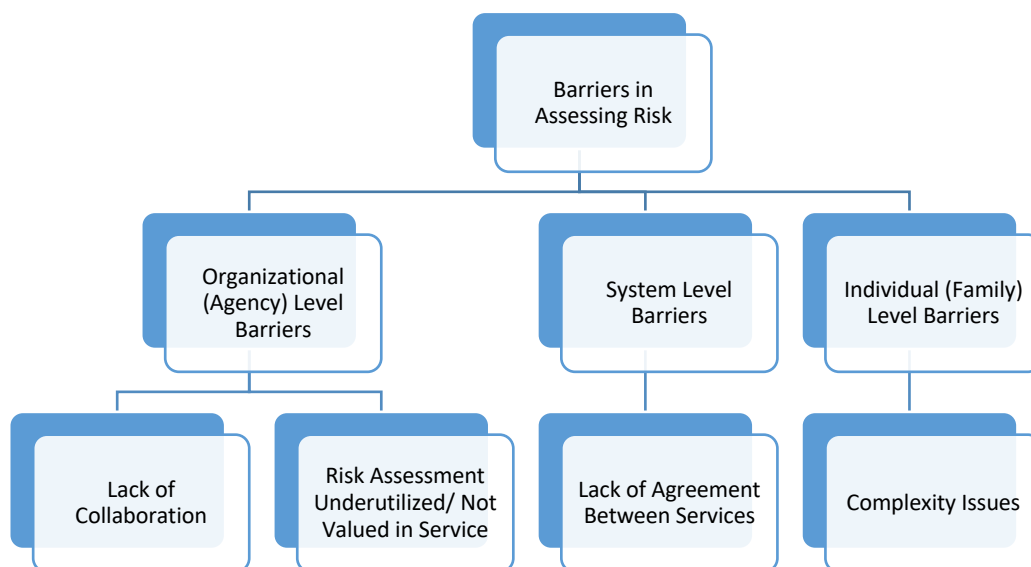
More specifically, one worker provided an example of the minimization of violence in rural settings that can occur as a result of dual relationships and a lack of anonymity of workers within the helping profession saying, *“Oh, that is my cousin Johnny, and I have had a long relationship with Johnny, and I know Johnny and Johnny would not do that.”* (Interviewee #7)

Research Question 2: Barriers for the VAW Sector in Assessing Risk of DV Victims in Rural Locations

The second research question for this study was: What are the challenges and barriers for the VAW sector in assessing risk of victims experiencing DV in rural locations? Challenges and barriers in assessing risk are factors that limit the ability to account for and accurately assess the

level of risk in DV victims located in rural environments. This research question was coded a total of 44 times. While there were four themes that emerged from the data, the top three rated themes, and their respective subthemes will be discussed as they relate to the challenges and barriers experienced by the VAW sector in assessing risk for rural DV victims (see Figure 2).

Figure 2. *Themes and Subthemes of Barriers for the VAW Sector in Assessing Risk of DV Victims in Rural Locations*



THEME 1: Organizational (Agency) Level Barriers.

Key informants identified organizational level barriers as challenges to effective and efficient risk assessment. Organizational barriers to risk assessment were defined as risk assessment not being supported in service, procedural barriers within a service, and instrument limitations. One key informant stated: *“We do not collaborate other than when I travel to the high-risk committee. In our community, there is no collaboration or risk assessment at all. It is more of a referral than a collaboration”* (Interviewee #12). Two subthemes that further explain the organizational level barriers to risk assessment for rural victims of DV are a lack of collaboration and risk assessment being underutilized/valued within the agency.

Lack of collaboration.

The next subtheme reflected the key informant's perception of a lack of collaboration with other services and community partners. The lack of perceived collaboration was thought to have negatively interfered with effective intervention strategies. One VAW worker shared: "*We do not collaborate so much with our justice partners because it challenges issues with confidentiality, and we do not sit at our local high-risk table because we are not even invited*" (Interviewee #10). Similarly, another VAW worker spoke about their agency's collaboration saying,

"It seems that the collaboration has evaporated. Unfortunately, even when I am talking to police services because I work in a rural area it is a very different relationship than in the larger urban centers. They often do not know what I do and when I call with a concern that a client or women has, they often are not very receptive. Then with child and family services it often seems to depend on who I get and who the worker is, as to whether or not they are going to really pay attention to the risk assessment or the level of risk to the family, mother, and the kids." (Interviewee #8)

Risk assessment underutilized/not valued in service.

This subtheme represented key informants' perception that their agency was not placing a high priority on risk assessment strategies. Therefore, risk assessment was both underutilized and not valued within the agency and was only perceived as merely meeting basic standards. One VAW worker shared their concerns for underutilized risk assessment by saying:

"In our organization I would like risk assessment to be mandatory. It is not very common that a woman comes into the shelter having had a risk assessment done, and that is concerning to me! However, for a lot of the frontline staff it is time consuming and a lot of the times they will say, "Well, look she says she is not at risk." But that is not okay for me." (Interviewee #12)

THEME 2: Individual (Family) Level Barriers.

Key informants identified individual level barriers to assessing risk as challenges that are related to the victims receiving services. Individual level barriers included challenges of victim reluctance to work with services and cases that are complex in nature. One VAW worker shared,

“You can sit there and say to a woman I think you are at a higher risk than you believe but that does not work. Especially, for clients with more independent minds or who are highly educated. She wants to make that decision on her own and you really want to give her the ability to do that.” (Interviewee #12)

A subtheme that further explains individual level barriers to assessing risk is complexity issues.

Complexity issues.

The subtheme of complexity issues reflected VAW workers perception that cases are complex with many confounding aspects to be addressed. Complexity included issues that go above a VAW response such as, the chronic nature of violence, addictions, mental health, poverty, motivation toward change, and the ability of the victim to be aware of the potential for risk. One VAW worker addressed the barriers to assessing risk due to the complexity of the victim not fully recognizing the potential for danger by saying,

“If she is minimizing her risks then we will need to talk about that again. Talk about our experience, our expertise in doing the risk assessment, and tell her we are concerned for her safety. This is difficult but it happens a lot with women who first come in that they do not realize that they are at risk.” (Interviewee #2)

Additionally, complexities of providing services to victims experiencing concurrent issues were addressed by one worker who said,

“The addictions and mental health are so bad and just being remote – the suicide is extremely high. The trauma that some of these kids are facing with CAS and being removed from homes. Everything is normalized. If you sat here and talked to one of our women and she talked about being sexually abused as a child, it is very normal. Whereas, if we were going to tell that story, it would be very different coming out of our mouths.” (Interviewee #1)

THEME 3: System Level Barriers.

Key informants discussed and identified barriers to risk assessment that were systemic in nature. System level barriers encompassed difficulties working within a system, conflicts that arise systemically from their profession's position, and the flaws that exist within the systemic structure. One VAW worker addressed challenges working within the system by saying,

“They [Police] are not good at sharing information at times, it depends on who we are speaking with. They are not very familiar with our tool. When we say we completed the B-SAFER, and we have deemed them to be high risk, we need to explain what that means.” (Interviewee #7)

One subtheme that further explains system level barriers is the lack of agreement between the many services working with both the victims and perpetrators of DV.

Lack of agreement between services.

The subtheme of a lack of agreement between services describes the many challenges in assessing risk that arise from differences in perspectives, mandates, roles, abilities, and etc. This lack of agreement between services leads to contention towards perceived appropriate actions to addressing DV. One VAW worker shared about the challenges in assessing risk based on different perspectives held by each service by saying:

“We have had a lot of conflicts with CAS and us because they do not believe women. They do not believe that women flee, and their focus is their children. They do not listen. They do not really see that the woman is traumatized, fleeing abuse and violence, and is hugely impacted by that, and that it then has an impact on her parenting. She can't be the same parent as before.” (Interviewee #10)

Similarly, another VAW worker addresses the barriers of assessing risk as the result of a lack of agreement between services regarding the tools and language used to assess risk. The VAW worker stated:

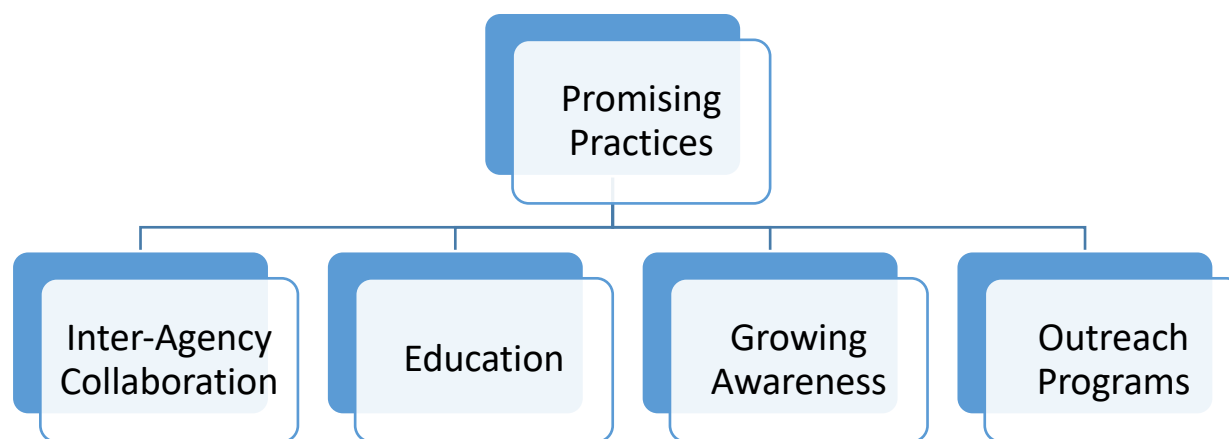
“Everybody just gets together and there is no tool that is shared amongst the group that everybody works from. The consistency is lacking. You have police officers who may have completed the ODARA, our worker who may have completed the Mosaic, and then victim-services who may have completed something else, if they did one. But that is not really brought to the table and there is also no consistent language around where she

[victim] falls in terms of risk. I like the objective tools and I want to be consistent across the board. Even in our high-risk case assessments, there are no consistent tools that are being used.” (Interviewee #12)

Research Question 3: Promising Practices in the VAW Sector for Rural DV Victims

The third research question for this study was: What are some promising practices in the VAW sector amongst rural victims experiencing DV? Promising practices were defined as current implemented techniques, services, and programs that key informants cite as improving, reducing and/or managing the risk of DV. This research question was coded a total of 44 times. While there were six themes that emerged from the data, the top four rated themes will be discussed as they relate to the promising practices being implemented by VAW agencies serving rural DV victims (see Figure 3).

Figure 3. *Themes of Promising Practices in the VAW Sector for Rural DV Victims*



THEME 1: Inter-Agency Collaboration

Another theme for promising practices reflected by VAW workers is inter-agency collaboration. Inter-agency collaboration was defined as a developed collaboration with other community agencies and services with the goal to improve, reduce and/or manage the risk of DV in rural communities. Inter-agency collaboration includes a multitude of strategies such as, consulting and sharing information and resources. One worker shared their positive outlook on

inter-agency collaboration by saying, *“A collaborative approach seems to be happening more between police, victim services, and community services. I think that it is really promising because it is providing a wraparound of support for that person.”* (Interviewee #5)

Another worker addressed the benefits of information sharing and consultation by saying:

“I think the situation table can be helpful so that the organizations are on the same page and looking at the same information. Sometimes, we find that what we know is different from what the other agencies know. She [Victim] may have not told them the same information or may not have mentioned things that are really significant for us but may not have been as significant for her to tell CAS or the police. So, it helps with everything, at least for us, to be able to share our concerns and reasons.” (Interviewee #6)

Additionally, a worker addressed the benefits of having positive working alliances both with other agencies within the community as well as the community at large. They shared that:

“Relationships with the other organizations are important. Knowing people and knowing them well, working with them for 10, 15, 20 years, we know what the expectations are, we know how they are going to work, and they understand how we work. It is a definite plus of a small community and living where we do. Even with policing, if I know at 7pm a certain officer is on that does really well with women experiencing DV I am going to wait until 7pm to make that call. Also, just the community helping. If we need something whether it is medication brought from the city, or a woman has to get to her appointment and we cannot get her on the bus, the community will help us. For example, if we need clothing for a certain woman, we just have to put it on Facebook, and it shows up on our door. The community helps support itself.” (Interviewee #7)

THEME 2: Education

The next theme for promising practices reflected VAW workers perception that education is helping to improve, reduce and/or manage the risk of DV in rural communities. Education was defined as a module, training, etc. to help gain further knowledge of the unique challenges for victims of DV in rural locations or general education for related topics such as healthy relationships, conflict resolution, etc. Education encompassed opportunities for learning for workers in the VAW sector, victims of violence, and communities at large.

One worker spoke about victim education saying:

“For me one of the strategies is to let her know what level of risk she is at. It is really around educating women about what their rights are and what their next steps might be. How to keep the kids safe and how to keep them safe.” (Interviewee #8)

Additionally, the theme of education was also important for workers in the VAW sector with one agency employer expressing:

“Anything I can do to send our staff to trainings to help them understand about traditional rural ways, Aboriginal families, and residential schools, I do. I really try to keep the staff updated so that they have that perspective, knowledge, and maybe a different form of compassion.” (Interviewee #1)

Another worker also spoke about the need for specific education for rural issues saying:

“I think that people are recognizing that there are these risk factors. Whereas, before I think the more rural communities were saying, “hey what about us? somebody needs to look at what is going on for us.” I think money is now being specifically allocated to smaller communities, as well as education, trying to find ways to make counselling accessible for women in those communities and ways to get out.” (Interviewee #9)

Finally, education for the VAW sector regarding risk assessment for intersectionality is also a promising practice. One worker shared:

“I think that our risk assessment tools are getting better. When we look at things like intersectionality, it is huge being able to be educated in knowing what all the risk factors are here. For example, what is the women’s life like, if she is working at McDonalds, has recently immigrated, and is also living on a farm.” (Interviewee #8)

THEME 3: Growing Awareness

The theme of growing awareness was another area VAW workers cited as improving, reducing and/or managing the risk of DV in rural communities. Growing awareness was defined as a development of conversation and insight regarding the unique challenges for victims of DV in rural locations. VAW workers spoke about the promising practice of growing awareness for the unique challenges in rural communities for populations of the general public, family members, and VAW workers. One VAW worker spoke about growing awareness in the general public by saying:

“We are getting into schools to talk to Grade 10 students about safe and healthy relationships and I think that is another way in to talk about safety. I think that, we have just become more aware of the need for that conversation and to always keep bringing to the forefront with women, “are you safe?” “Do you have a good plan?” “What are you going to do if it does not feel safe?” I think we talk a lot more about it because we have lost women, women have been murdered, and now we just try to bring it to everyone’s consciousness that they need to think of safety and be aware of it.” (Interviewee #13)

Another worker spoke about the promising practice of growing awareness within families experiencing DV by sharing about their program for mothers and children:

“The purpose of it is to address the whole idea of safety and understanding of what abuse is and the emotions tied to those things. The hope is that away from the group the mom and the kid both have an understanding and will talk together about what they learned. We are trying to bring everybody together about these issues so that they are each well aware of the concerns, how they are feeling, and the potential for danger.” (Interviewee #13)

Additionally, one VAW worker spoke about the promising practice of growing awareness amongst VAW workers for the specific challenges of victims of DV in rural communities. The worker describes the considerations of safety planning for this unique population by saying:

“We would also consider the isolation piece and needing to explore that a little differently. It is difficult because if they are really isolated and they are in the middle of nowhere it is harder to run to a neighbor’s house if needed and one of the unique risk factors we found is people have really long driveways so it is not like running out of the house and to the road if you need assistance, you have a long driveway that no one is going to see you coming down so being mindful of some of those things. How we make a safety plan with someone in an urban setting does not apply the same to rural settings.” (Interviewee #10)

THEME 4: Outreach Programs

The last theme for promising practices reflected by VAW workers is outreach programs. Outreach programs were defined as any developed program that helps close gaps of geographic isolation. One VAW worker shared:

“We have actually changed our model because our model has always been that women come to us for service. We have turned this model on its head and now our staff person goes to them to try to break down some of those barriers. She meets with clients in the

community and at their home, making sure there is no safety risks. The goal through this is to reduce some of those barriers.” (Interviewee #10)

Outreach programs included a variety of services, some which offered special transportation to help to mitigate the issue of geographic isolation by helping victims flee and/or access resources. Other programs utilized technology to help connect with victims of DV who may not be able to otherwise access services due to their geographic location.

One worker explained the importance of outreach programs for rural environments by saying:

“Having services in rural areas is promising. We often will travel to other communities to meet with women in church basements, coffee shops, or at a public health center so that they can have a cover. For me and other agencies, we are now beginning to take note of the barriers and have more programs that go out into the more isolated communities.” (Interviewee #8)

Additionally, another worker spoke about the benefits of using technology in order to maintain positive helping relationships by stating, *“We have video conferencing here at the shelter. If a woman comes from an isolated area but has an established relationship with a mental health counsellor there, they can link up through video conferencing.” (Interviewee #7)*

Discussion

The purpose of the current study was to examine the unique risk factors and barriers in assessing risk for women experiencing DV in rural locations. The aim was to gain an understanding of the challenge’s women in rural locations experience when seeking help from the perspective of VAW workers. The literature pertaining to risk factors for victims in RRN communities is limited within a Canadian context (Wuerch et al., 2019). The current study aimed to address this gap, while also adding to the already existing literature on risk factors and barriers in assessing risk for rural communities. The study also aimed to further knowledge about the current promising practices being used by VAW workers for these diverse and vulnerable

communities in hopes of sharing the knowledge and innovative practices amongst service providers. This research topic holds importance because risk factors and barriers to assessing risk in rural communities have been shown to be different than in urban communities (DeKeseredy & Schwartz, 2008; Doherty & Hornosty, 2008; Edwards, 2014). Furthermore, the research holds value because understanding risk factors and effectively assessing risk aids in both effective safety planning and risk management (Campbell, 2002). The effectiveness of all three interventions (risk assessment, safety planning, and risk management) are paramount in decreasing the occurrence of DV and the likelihood of DV escalating to a lethal outcome (Jeffery et al., 2018).

The current study took an exploratory approach to understanding how VAW workers assessed risk for women experiencing DV in rural communities. This was done in order to understand the unique risk factors and challenges women experiencing DV face when living in rural communities. The themes in the current study speak to a variety of significant risk factors, barriers to assessing risk, and the promising practices VAW workers use when working with this vulnerable population. Specifically, the risk factors included location which encompassed geographic isolation, lack of transportation, and lack of community resources and cultural factors which encompassed accepted and more available use of firearms, poverty, and no privacy/anonymity. Additionally, in terms of challenges to assessing risk, these included barriers at the systemic (i.e., lack of agreement between services), organizational (i.e., lack of collaboration and risk assessment being underutilized/valued), and individual family level (i.e., complexity issues). Finally, in terms of promising practices being implemented for rural communities, these included interagency collaboration, education, growing awareness, and outreach programs. These results will be further discussed in more detail below.

Risk Factors

The identification of risk factors is important in preventing and managing dangerous situations. Adequate identification of risk factors in rural communities may include, awareness of factors related to location and culture. Having awareness and identifying the unique risk factors of rural communities can lead to better informed and more effective risk assessment, safety planning, and risk management for both the victims and perpetrators of DV.

In this study, VAW workers reported risk factors of geographic isolation, lack of transportation, and lack of community resources related to the location of rural communities. Faller et al. (2018) studied the perceptions of key informants working with DV victims living in rural Prairie Provinces (Alberta, Saskatchewan, and Manitoba) and northern communities (North West Territories) in Canada. Their study utilized 122 qualitative interviews from a range of service providers; royal Canadian mounted police (RCMP), victims' services, shelter services, counselors, and others (e.g., physicians). The authors found that service providers frequently shared about the struggles of the isolation within the rural communities they serve. They often cited that geographic isolation caused barriers in victims seeking services as a result of limiting the amount of available services and having the added challenge of travelling greater distances to access available services. This aligns well with the current study's findings that the geographic location of rural communities creates physical isolation both inside the community and outside of the community. It supports that both the prevalent themes of a lack of community resources for DV and a lack of accessible transportation to access resources creates significant barriers for woman seeking help within rural communities. Service providers in Faller et al.'s (2018) study explained issues of a lack of community resources as also being issues related to staffing (ie. high staff turnover rates, burnout/fatigue, and inadequate training), service gaps within

communities, and limited funding. They concluded that the rural communities in which they worked and as they stood were unable to effectively respond to DV violence given their current resources. The current study, supports these findings but also, addresses the additional piece that isolation in rural communities contributes to risk as a result of the isolation that exists within the community. More specifically, the VAW workers in the current study commonly perceived the isolation even between neighbours as a unique and important aspect of risk for rural DV victims. VAW workers perceived this isolation to increase a rural women's risk of potentially lethal violence given that less people were aware of the potential for violence and the need to intervene.

Furthermore, in the current study VAW workers working with rural communities also reported unique cultural risk factors. These cultural factors included, poverty, accepted and more available use of firearms, and no privacy/anonymity. Similarly, key informants in Faller et al.'s (2018) study also shared the risk factor of poverty. The informants shared that as a result of a lack of financial and employment resources women seeking financial independence were often challenged. Therefore, poverty paired with the lack of community resources often can lead to financial dependency on an abusive partner, which limits the victim's ability to leave and increases the likelihood of continued exposure to abuse. This aligns well with the current study's finding that VAW workers perceived economic disparity to limit a victims' ability to engage in help seeking behaviours. A common challenge VAW workers reported related to poverty was the lack of affordable housing in rural communities. This challenge paired with the lack of community resources such as shelters meant victim's options when fleeing an abusive relationship were very limited.

Additionally, the current study found that VAW workers perceived a lack of privacy and anonymity to be a unique cultural risk factor for DV victims living in rural communities. VAW workers shared that within the context of small rural communities a victim could not access services in privacy without everyone knowing, given that services were often few and publicly known. Zorn et al. (2017) studied the unique needs of DV survivors within rural and northern Saskatchewan, Manitoba, Alberta, and the Northwest Territories. Their research examined the perspectives of ten community service providers and/or academic researchers working within the field. Similarly, the authors found that privacy and confidentiality were major issues in victims accessing DV resources. VAW workers in the current study also shared that the lack of privacy and the stigma attached to accessing DV services often effected a victim's decision to reach out and seek help. Service providers in previous research also reported the stigma around mental health services to be a barrier in seeking support (Wuerch et al., 2019). In fact, some service providers even perceived problems with retention in northern communities to exacerbate the issue of stigma and proposed a focus on building and maintaining trust as a way to combat the issue of stigma (Wuerch et al., 2019). VAW workers in the current study also spoke about their clients concerns of a fear of confidentiality and having no anonymity from those working in the helping professions. For example, VAW workers spoke about the challenge of having a victim trying to seek help from a professional who may potentially be a family member of their abuser. Zorn and colleague's (2017) findings also aligned with the current study in that service providers reported challenges with the victim knowing the service provider, and the concern of the victim being seen and found out for accessing services both by members of the community and also the perpetrator. The risk factor of no privacy and anonymity also aligns with the theory of retaliation effect (Dugan et al., 1999, 2003). For example, if a woman comes forward to access services in a

rural context and is seen by her abuser or others and there is no help or the help is insufficient at keeping her safe, she is now at greater danger than before (Dugan et al., 1999, 2003).

Finally, the current study adds to the literature on service providers perspectives of unique risk factors and challenges of DV victims by addressing the issue of accepted and more available use of firearms. The literature on the presence of guns and gun culture have been suggested to have a higher prevalence in rural communities than urban communities (Blocher 2013; Pew Research Center, 2014) and have shown to be strongly linked to domestic homicide (Kellerman et al., 1993; Dawson, 2001). However, this study as it is known is the first to have service providers (VAW) share their perception that the accepted use and prevalence of firearms is a unique risk factor for victims of DV in rural communities. VAW workers in the current study commonly spoke about the increased presence of firearms within the homes of the rural DV victims, citing the presence of firearms were often a common staple in many farming and rural homes. VAW workers also acknowledged that the common presence of firearms was a major concern for lethality and that the combination of geographic isolation and the normalcy of gun use made the use of guns by perpetrators in rural communities a serious risk.

Challenges to Assessing Risk

While identifying the unique risk factors of rural communities' is an excellent first step in informed and effective risk assessment, there are many other contingents to effectively assessing risk. For example, effective risk assessment involves many different systems and interconnected factors across the individual, relationships, communities, and society more broadly (Heise, 1998, 2011). Meaning, there are a number of complex issues that have to be addressed beyond the individual victim such as, the attitudes, supports, and practices of communities and the service providers within them (Heise, 1998, 2011).

In the current study, VAW workers shared challenges in assessing risk at the systemic (i.e., lack of agreement between services), organizational (i.e., lack of collaboration and risk assessment being underutilized/valued), and individual family level (i.e., complexity issues). Eastman et al. (2007) studied the perceptions of DV service providers in rural regions of North Carolina and Virginia. They found that commonly service providers cited that their respective agencies did not have adequate funding or sufficient community resources to address the ever-growing demand and needs of their clients. This finding aligns well with the perception of VAW workers that a lack of DV resources exist in rural communities that lead to critical gaps in service and effective protection. Service providers in the study conducted by Eastman et al. (2007) also spoke to intra-agency issues of collaboration. They shared that many service providers were frustrated based on their perception that other sectors and service providers failed to understand the dynamics of domestic abuse. This lends well to the VAW workers perception that a lack of consistency of care and agreement across services exists. VAW workers in the current study frequently cited that sectors such as, child protection services and police often held different views with regard to the impact of DV on the victim, victim responsibility, and the tools and language selected to assess risk. VAW workers shared that the different beliefs and methods of evaluating risk made collaboration challenging and less effective.

As previously discussed, Faller and colleagues (2018) found that service providers perceived a deficit of resources specifically in areas such as safe housing, shelters, transportation, and more. In addition, service providers in this study also expressed a lack of integrated services such as childcare, victim services, alternatives to the RCMP, shelter services, and other services that provide DV information. More specifically, service providers complained about the frequent disconnection of information and issues of “red tape” between service providers (Faller et al.,

2018). In fact, service providers acknowledged that this lack of collaboration forced victims to connect with multiple organizations in order to find information about services and that this process required victims to share their story of abuse several times, to only still be left confused by the system. This aligns well with VAW workers perceptions of organizational level barriers. VAW workers in the current study expressed a lack of collaboration outside of high-risk committees and spoke to issues of “red tape” around collaboration such as, issues of confidentiality between agencies and sectors. VAW workers further explained the lack of collaboration as being the result of unwilling and unreceptive service providers in different sectors due to the different sectors held beliefs, values, and practices. Furthermore, VAW workers also shared that interactions with other service sectors greatly varied depending on which worker they were trying to collaborate with.

While other studies have proposed service provider’s perceptions of agency level issues of inadequate training, difficulty accessing training, and the difficulty of finding relevant training for rural communities (Eastman et al., 2007; Faller et al., 2018; Zorn et al., 2017), to my knowledge, no research has presently reported the perception that service providers (VAW) feel risk assessment is underutilized and valued. The current study adds to knowledge in the area of service provider’s perspectives (VAW) by acknowledging that risk assessment was often not mandatory or prioritized at an organizational level within this particular service sector. However, it may be possible that the issues previously outlined by other service providers (i.e., inadequate training, difficulty accessing training, and difficulty finding relevant training for rural communities) (Eastman et al., 2007; Faller et al., 2018; Zorn et al., 2017) contribute to VAW agencies perceptions that risk assessment is not a valuable or accessible form of assessing risk within rural communities and therefore, remains underutilized.

When considering challenges and barriers to assessing risk at an individual level much of the previous literature focuses on service provider's perception that there may be a lack of trust and a reluctance of victims to involve services (Eastman et al., 2007; Faller et al., 2018; Wuerch et al., 2019). However, while the current study coded for this theme in contrast to previous findings it was not determined to be a prevalent issue. Nonetheless, the current study found that VAW workers considered complexity issues (i.e., the chronic nature of violence, addictions, mental health, poverty, motivation to change, and the ability of the victim to be aware of potential risk) to be an important individual family level barrier in assessing risk for women experiencing DV in rural communities. Many VAW workers shared their perception that at an individual level it is challenging to assess risk as a result of the complexity of issues victims face within the rural context (i.e., addictions, mental health, suicide, sexual assault, and intergenerational trauma). Faller et al.'s (2018) research supports this finding in that service providers shared that problems of DV were not only interwoven with the fear of engaging with services but also with complex issues such as, poverty and a lack of available family resources necessary to help victims. VAW workers in the current study also perceived assessing risk to be difficult at an individualized level because many victims had a lack of awareness of the abuse as problematic given the normalized nature of abuse within the rural context.

Promising Practices

The sharing of promising practices being used helps spread knowledge and innovative practices amongst service providers. The process of knowledge sharing is especially important in the context of diverse and vulnerable communities such as, rural populations. Although the study highlighted many challenges in assessing risk and the unique risk factors of victims of DV in

rural communities, VAW workers also addressed promising practices being implemented for rural locations.

Firstly, VAW workers determined interagency collaboration, to be the most important promising practice for rural communities. While the current study highlighted that VAW workers believed there to be a lack of DV resources they also acknowledged positive existing resources that included, interagency relationships and collaboration. Similarly, both the lack of resources and collaboration were discussed in Faller et al.'s (2018) study examining factors of hope and disheartenment for service providers in rural communities. Faller et al. (2018) made sense of the contrasting opinions of service providers by proposing the idea that while there are positive existing resources within rural communities, there is also the absence of resources, and even more likely there are resources that exist between the two extremes which are either incomplete or inaccessible. In the current study, one VAW worker discussed how the result of the limited resources made collaboration and working with partners in the community their best asset. However, while this explanation may seem self-explanatory, a study by Wuerch et al. (2019) examining the challenges faced among service providers (n=8) in northern Saskatchewan discovered this not to be the case. While, service providers shared suggestions that collaboration was essential to ensuring victims received the proper supports and services were appropriately utilized, service providers were unaware of the services and programs being offered by other community agencies. Therefore, recognizing that interagency collaboration is valuable in ensuring effective care for DV victims is important but the way that knowledge is translated into practice is even more critical.

Secondly, and importantly VAW workers also perceived education and growing awareness to be valuable promising practices. The practice of education for issues of violence

has long been established and has often resulted in programs promoting healthy relationships, homes, and communities. For example, campaigns such as, Neighbours, Friends, and Families offer public education to raise awareness of the signs of woman abuse in order to help others recognize and support at-risk women and abusive men (Neighbours, Friends, and Families, 2019). Similarly, public education also encompasses school prevention programs for youth such as, the Physical and Health Education program implemented by the Fouth R, which has shown to decrease the likelihood of dating violence and promote healthy relationships (Wolfe, 2009). When considering the promising practice of education, it not only encompasses public education but professional education as well. Professional education such as training for service providers like VAW workers has been a major recommendation in many Domestic Violence Death Review Committee (DVDRC) reports (Dawson, 2017).

In the current study the coding for promising practices of growing awareness and education rendered a significant level of overlap. Both promising practices highlighted positive initiatives in the areas of education and growing awareness for the general public, victims, and workers in the VAW sector. Service providers in Wuerch at al.'s (2019) study expressed the need for education around DV, mental health, and community services. More specifically, service providers within the rural context suggested education in the areas of addressing the normalization of violence, providing couples counseling, and creating more employment opportunities. Education and growing awareness for creating and sustaining non-violent relationships and communities can take many forms (i.e., workshop trainings, public lectures, and advertising resources). However, similarly to the practice of interagency collaboration, the issue is often in the implementation of these strategies. Additionally, the current study also had a VAW worker share their perception of the importance of implementing education and

knowledge of intersectionality when assessing risk. The need for education and growing awareness for intersectionality of Indigenous rural women was also supported by research by Faller et al. (2018). Researchers within this study shared about the need for service providers to be aware of the trauma, grief, and loss, which contribute to incidences of DV. They suggested that as result service providers need to address the concerns of intersectionality with culturally appropriate interventions. Therefore, while education and growing awareness are well established promising practices it is important to focus on the implementation of these practices especially around issues of intersectionality.

Finally, it was determined by VAW workers that outreach programs were also an important promising practice for rural communities. Outreach programs are one method to help close the gap of geographic isolation rural DV victims face. Outreach programs can include a variety of services such as, special transportation and technology to help victims flee and/or access resources. VAW workers in the current study spoke about changing their models and methods to involve home visits, meetings in more accessible community locations, and video conferencing. Strategies of outreach programs were also discussed by service providers as a factor of hope in Faller et al.'s (2018) study. Specifically, service providers spoke about outreach programs minimizing the significant barrier of transportation. Developed programs for transportation included, travel funds for cab fare, police arrangements for secure transportation to and from shelters, and other transportation programs formed by community members. Therefore, outreach programs continue to progress in their development and implementation but display great value in limiting and removing barriers to access DV services for victims in rural communities.

Implications for practice

There are a few implications that can be derived from the current study, as many of the results align with previous literature on DV in rural communities, it seems to imply there are unique risk factors for DV victims living in rural communities. It also is implied that VAW workers perceive that there are challenges and barriers in assessing risk for DV victims living in rural communities across multi-level systems as a result of the unique risk factors. However, despite these challenges in assessing risk the study also implies that while there are unique risk factors in rural communities, there are also current promising practices being implemented as well.

In terms of implications for practice, there are a few things that can be implemented at different levels of each of the systems that interact with the prevention and management of DV. Firstly, at a systemic level it is important to enhance collaboration and coordination amongst the different key systems that address the issue of DV. It has been well found that multi-system collaboration and coordinated community responses are important in effectively preventing and managing risk (Eastman et al., 2007; Gallup-Black, 2004; Potts, 2011). For example, collaboration and communication between the many sectors involved in DV, aids in sharing important information, effectively assessing cases, and agreeing on a suitable action plan that avoids issues of disagreement between services later on (Jeffery et al., 2018). Additionally, coordinated community responses such as, integrated case management can further reduce transportation barriers for victims within rural communities and foster an approach with a more concrete circle of care (Hornosty & Doherty, 2002; Potts, 2011). Furthermore, at the systemic level it would be important to increase funding and resources for DV within rural communities in order to address the limited and/or inaccessible resources that exist currently.

Secondly, and importantly, at the organizational level it would be important to develop and implement new services and overall more services, that address some of unique risk factors and challenges victims in rural communities are faced with (Jeffery et al., 2018). Specifically, service providers may want to focus on implementing outreach programs that help reduce the geographic and social isolation that exists amongst rural communities. Outreach programs, the use of technology, and transportation services are all important strategies to be implemented within rural contexts. Additionally, at the organizational level it would be important to develop and implement organizational level policies and protocols for risk assessment in order to ensure risk assessment is being utilized and done effectively. Organizational policies and protocols for risk assessment may also be useful in establishing worker level consistency by helping to guide and facilitate service providers response to DV. Agencies may also find it necessary to adapt and modify these policies and the tools they use in order to more effectively meet the unique needs of victims in rural communities.

Thirdly, it would be beneficial at an individual worker level to have increased training and education for rural community service providers. Given the unique risk factors and complexity issues outlined in this study. It is important that service providers have training not only about DV generally but with a special focus on how the geographic and cultural contexts impacts victims living in rural communities.

Limitations

The present study has several limitations. The sample in the current study was comprised of VAW workers who were mostly from southern Ontario, which decreases the generalizability of results for other provinces especially those that may be increasingly more remote and further north than northern Ontario. Nonetheless, the interviews provided a wealth of knowledge for risk

factors and barriers in assessing risk when considering the context of Ontario. Similarly, while the study aimed to gain more knowledge of rural communities it did not actually address the differences between communities that are rural and those that are RRN.

Furthermore, it is also important to acknowledge that participants in the current study were volunteers. Therefore, even amongst the variation in agencies and experience of the VAW workers interviewed, they may not be the best representation of VAW workers across Ontario as biases may be introduced as a result of their willingness to be a part of this study. However, the participants willingness to participate and the anonymity of their answers provided in-depth and honest responses that offered a lot of knowledge and insight.

Additionally, another limitation was the reliability of having VAW workers self-identify which population they served (i.e., rural vs. RRN). However, in order to categorize the data using concrete definitions of rural, remote, and northern many challenges were presented. Some of which include: VAW workers not wanting to disclose their location as a result of being easily identified, workers having a location that would not be defined as rural but encounters rural clients regularly as a result of being the closest resource, having workers claim no location because they only do outreach work, and having workers sharing split time between multiple main and satellite offices. Nonetheless, having participants self-identify the populations they serve challenges the reliability as a result of participants holding different concepts of what they consider to be rural, remote, and/or northern. Therefore, having VAW workers self-identify the population they serve may also negatively affect the generalizability of the findings.

In addition, another limitation of the current study was the overlap of coding for promising practices of growing awareness and education. The overlap between these variables would have been more distinguished and better represented as public education and professional

training. While, both public education and professional training can be captured within the promising practices of education and growing awareness the labels of public education and professional training offer more clear and specific future recommendations. The variables of public education and professional training also align better with the recommendations of previous literature (Jeffery et al., 2018).

A final limitation of the study was that it fails to address other critical variables such as the intersectionality of rural communities and rural victims experiencing DV. For example, the study fails to address the fact that many rural DV victims might also be Indigenous, especially when examining rural communities that are northern and remote in nature. The need to address intersectionality of Indigenous rural DV victims is prevalent in their vulnerability to DV; Indigenous women living in rural and remote locations are one and a half times more likely to be victims of DV than those living in urban locations and 45 times more likely than the non-Indigenous population (Ferrante, Morgan, Indermaur, & Harding, 1996).

Future Directions

Future research should continue to further explore RRN populations. Given that rural, remote, and northern populations are not all the same, the contextual variability should be further examined (Sandberg, 2013). In considering population variability, future research should also address how rural communities vary from communities that are RRN, both in general and with regard to differences in risk factors and challenges in assessing risk.

Additionally, future research should also address the risk factors and barriers in assessing risk for DV victims who experience intersectionality. This is an important area of future research because many of the risk factors experienced by Indigenous populations both overlap and are amplified by the challenges in RRN communities. For example, Indigenous communities also

face risk factors of social and physical isolation, lack of accessible and culturally-appropriate services, limited employment options, limited transportation, housing issues, social pressures to remain silent about abuse, and prevalence of alcohol and firearms (Bagshaw, Chung, Couch, Lilburn, & Wadham, 2000; Brassard et al., 2015; Gordon, Hallahan, & Henry, 2002; Shepherd, 2001).

Barriers to assessing risk are also compounded among RRN Indigenous victims because of the multi-level complexities in systems. Many Indigenous DV victims do not want to leave their abuser because they do not want to leave the community (which is the home of family, friends, and traditions) (Faller et al., 2018; Jeffery et al., 2018). Additionally, further challenges exists for Indigenous DV victims living in RRN communities as a result of the systems barriers in assessing risk; services not being available in their Indigenous language, service providers not understanding or respecting cultural values, high travelling expenses, and non-privatized shelters (Brassard et al., 2015; Campbell, 2007; Gordon et al., 2002; Shepherd, 2001). Therefore, the combination of risk factors and barriers in assessing risk put rural Indigenous DV victims in danger of severe and lethal DV making it an important and valuable area of future research (Bagshaw et al., 2000; Brassard et al., 2015; Gordon et al., 2002; Shepherd, 2001).

Further research should also explore why risk assessment tools are being underutilized and undervalued in VAW agencies. Specifically, it may be important to further explore the impact unique risk factors play within this issue. While the current study and past literature highlighted many unique risk factors for women experiencing DV in rural communities it should be further explored how those unique risk factors impact tool applicability and how that can be addressed in order to effectively assess risk for victims in RRN communities. Additionally, when exploring why risk assessment tools are being underutilized and undervalued in VAW agencies it

may be critical to further examine the barriers to assessing risk. While the current study highlighted barriers to assessing risk at the systemic, organizational, and individual family level, there needs to be a more thorough examination of these barriers at each level. For example, as one VAW worker proposed it may be the lack of mandate or policy guiding the use of risk assessment tools within VAW organizations. It may also, be that there is a lack of knowledge of risk assessment tools or how/when to implement them or attitudes towards formal assessment.

Finally, another area important for future research to explore may be how a lack of implementation of risk assessment tools may contribute to worker level inconsistency amongst workers in the VAW sector. Another study examining police response to DV found that a lack of training and awareness contributed to worker level inconsistency (Saxton et al., 2018).

Furthermore, another consideration when exploring the underutilization of risk assessment tools by VAW workers is the potential impact it has on trying to collaborate and find agreement with other services regarding next steps. The utilization of effective risk assessment tools can provide a justified rationale for next steps and can also provide a common language for understanding and communicating risk with collaborators.

Conclusion

The current study took a unique perspective of the perceptions of VAW workers in order to understand the unique risk factors and challenges in assessing risk for women experiencing DV in rural communities. It was found that VAW workers perceived there to be several unique risk factors for DV victims including, location (i.e., geographic isolation, lack of transportation, and lack of community resources) and cultural factors (i.e., accepted and more available use of firearms, poverty, and no privacy/anonymity). Through the lens of the SEM theory it was also found that several challenges exist amongst different levels for VAW workers assessing risk.

This included barriers at the systemic (i.e., lack of agreement between services), organizational (i.e., lack of collaboration and risk assessment being underutilized/valued), and individual family level (i.e., complexity of issues). However, VAW workers did outline promising practices being implemented for rural locations including, interagency collaboration, education, growing awareness, and outreach programs. Future directions and research can be made to ensure that barriers are addressed at all levels and issues of intersectionality are considered. In doing so, barriers may be addressed and victims may feel more supported by services in order to enhance help-seeking. Moreover, future directions should also continue to examine and research promising practices within a rural context, so that innovative and specialized strategies to prevent and manage risk may be shared and implemented

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Appendix A: REB Approval Letter



**Western
Research**

Research Ethics

**Western University Non-Medical Research Ethics Board
NMREB Amendment Approval Notice**

Principal Investigator: Dr. Peter Jaffe
Department & Institution: Education\Faculty of Education, Western University

NMREB File Number: 108312
Study Title: Canadian Domestic Homicide Prevention Initiative for Vulnerable Populations Key Informant Survey and Interviews

NMREB Revision Approval Date: June 06, 2017
NMREB Expiry Date: August 29, 2017

Documents Approved and/or Received for Information:

Document Name	Comments	Version Date
Revised Letter of Information & Consent	Received June 1, 2017.	
Other	Interview Guide and Verbal Consent. Received June 6, 2017.	

The Western University Non-Medical Science Research Ethics Board (NMREB) has reviewed and approved the amendment to the above named study, as of the NMREB Amendment Approval Date noted above.

NMREB approval for this study remains valid until the NMREB Expiry Date noted above, conditional to timely submission and acceptance of NMREB Continuing Ethics Review.

The Western University NMREB operates in compliance with the Tri-Council Policy Statement Ethical Conduct for Research Involving Humans (TCPS2), the Ontario Personal Health Information Protection Act (PHIPA, 2004), and the applicable laws and regulations of Ontario.

Members of the NMREB who are named as Investigators in research studies do not participate in discussions related to, nor vote on such studies when they are presented to the REB.

The NMREB is registered with the U.S. Department of Health & Human Services under the IRB registration number IRB.00000941

Ethics Officer, on behalf of Dr. Riley Hinson, NMREB Chair

EO: Erika Basile ___ Grace Kelly Katelyn Harris ___ Nicola Morphet ___ Karen Gopaul ___ Patricia Sargeant ___

Appendix B: Key Informant Recruitment Form

The Canadian Domestic Homicide Prevention Initiative with Vulnerable Populations (www.cdhpi.ca) is conducting a research project to collect information on risk assessment, risk management, and safety planning for four populations identified as experiencing increased vulnerability for domestic homicide: Aboriginals, immigrants and refugees, rural, remote, and northern populations, and children exposed to domestic violence.

We are looking for people who provide either legal, health, educational, advocacy or social services for individuals dealing with domestic violence as victims, perpetrators or children living with violence to answer 11 questions about your work, the groups you serve, and the tools you use.

If you agree to participate in this research, you will be asked to respond to a series of survey questions. The survey is 11 questions long and we anticipate will take you 7-10 minutes to complete. Your responses will be kept confidential and will only presented in aggregate form. At the end of the survey, you will be asked if you are interested in participating in a 30-60 minute interview by phone or by Skype in the coming months.

To learn more about this survey, please go to [\[survey link\]](#).

Appendix C: Follow-up Recruitment Email

Dear _____,

My name is _____ and I am a Research Assistant for the Canadian Domestic Homicide Prevention Initiative with Vulnerable Populations. I am a student at _____ and my supervisor is Dr. _____. We wanted to thank you for completing our online survey that collected information on risk assessment, risk management, and safety planning for four populations identified as experiencing increased vulnerability for domestic homicide: Indigenous populations; immigrants and refugees; rural, remote, and northern populations; and children exposed to domestic violence. We also wanted to thank you for agreeing to be interviewed for the study.

I am emailing you to set up a date and time for a phone interview. The interview should take approximately 45 minutes to an hour to complete. Please let me when you are available or if you are available for me to call you to set up a date and time for the interview.

We appreciate your participation in this very important research study. If you would like more information on this initiative, please visit our website at www.cdhpi.ca. You can reach me at [email] and/or [phone].

I look forward to talking with you,
Sincerely,

Appendix D: Letter of InformationLetter of Information

Title of project: Canadian Domestic Homicide Prevention Initiative With Vulnerable Populations (CDHPiVP)

Dear,

You are invited to participate in a research project that will collect information on risk assessment, risk management, and safety planning for four populations identified as experiencing increased vulnerability for domestic homicide: Indigenous people, immigrants and refugees, rural, remote, and northern populations, and children exposed to domestic violence.

The purpose of the CDHPiVP is to conduct research on domestic homicides in Canada, identify protocols and strategies that will reduce risk for lethal domestic violence, and to share this knowledge with the wider community. We are looking to interview community-based service providers, legal professionals, and other key stakeholders who work in the risk assessment, risk management, and safety planning fields to gain understanding of potentially unique risk factors, barriers to effective risk management and safety planning, and strategies currently being used with these vulnerable groups and the communities in which they live.

If you agree to participate in this research, you will be asked to participate in an interview by phone, Skype, or in person where possible. The interview will be approximately 30 minutes but can be longer or shorter if you wish. You will be audio recorded for purposes of transcription if you give permission for us to do so. Being recorded is not a requirement for participating in this study. Published information from interviews, including quotations, will have any identifying information (name, agency, organization, province/territory) removed.

Your participation in this research has the potential to provide several benefits for those experiencing domestic violence, the community of individuals and sectors who provide services and resources to these individuals, to scientific community, and society in general. In short, it will begin to provide a mechanism through which we can more clearly understand unique risk factors and the types of risk management, and safety planning available to vulnerable populations.

To participate in an interview, please contact Anna-Lee Straatman by email [REDACTED] or by phone [REDACTED]

If you have any questions or concerns pertaining to this research project, feel free to contact us via email or telephone, using the coordinates at the bottom of this letter.

This research has received ethics clearance through University of Guelph Research Ethics Board, Western University Research Ethics Board, and [Local institution] Research Ethics Board. If you have any questions regarding the use and safety of human subjects in this research project you may contact S. Auld, Director, Research Ethics, [redacted], The Office of Human Research Ethics [redacted], email: [redacted].

Thank you for your time and it is hoped that your experiences can assist in research and furthering understanding of this issue.

Sincerely,

P. Jaffe

Director, Centre for Research & Education on Violence Against Women & Children
Western University
London, Ontario N6G 1G7

Tel: [redacted]

Email: [redacted]

M. Dawson

Canada Research Chair in Public Policy in Criminal Justice
Professor, Department of Sociology & Anthropology
Director, Centre for the Study of Social and Legal Responses to Violence
University of Guelph
Guelph, Ontario N1G 2W1

Email: [redacted]

Tel: [redacted]

Definitions

Risk Assessment: an evaluation of the level of risk a victim of domestic violence may be facing including the likelihood of repeated or lethal violence. It may be based on a professional's judgment based on their experience in the field and/or a structured interview and/or an assessment tool/instrument that may include a checklist of risk factors.

Risk Management: strategies to reduce the risk presented by a perpetrator of domestic violence such as close monitoring or supervision and/or counselling to address the violence and/or related issues (e.g., mental health, addictions).

Safety Planning: finding strategies to protect the victim that may include such actions as educating victims about their level of risk, a change in residence, an alarm for a higher priority police response, a different work arrangement and/or readily accessible items needed to leave the home in an emergency including contact information about local domestic violence resources.

Appendix E: Consent Form**CONSENT TO PARTICIPATE IN RESEARCH****Date:**

Thank you for your interest in participating in the Canadian Domestic Homicide Prevention Initiative with Vulnerable Populations (CDHPIVP) Research Project (Project No.108312). This project is led by Dr. Myrna Dawson, Director of the Centre for Social and Legal Responses to Violence, University of Guelph and Dr. Peter Jaffe, Director of the Centre for Research and Education on Violence Against Women and Children, Western University, and is funded by the Social Sciences and Humanities Research Council of Canada.

If you have any questions or concerns about the research, please feel free to contact Dr. Dawson at [REDACTED] or [REDACTED] or Dr. Jaffe at [REDACTED] or [REDACTED].

This project involves asking about your knowledge and use of risk assessment, risk management, and safety planning strategies and tools, focusing on four populations identified as experiencing increased vulnerability for domestic homicide: Indigenous people, immigrants and refugees, rural, remote, and northern populations, and children exposed to domestic violence. We will be asking you about potentially unique risk factors, barriers to effective risk management and safety planning, and strategies currently being used with these vulnerable groups and the communities in which they live.

POTENTIAL RISKS AND DISCOMFORTS

Confidentiality: Information gathered from this interview may be used in report summaries and future publications. This may include quotations from interviews, with any identifying information (name, agency, organization, province/territory) removed. No individual, agency, or organization that participates in an interview will be named in any reports or applications unless permission is received beforehand to do so, and every effort will be made to exclude identifying information about an individual, agency, or organization in report summaries and future publications. Therefore, the risk of participating in this interview is minimal.

Emotional distress: While you are not likely to encounter any additional risks participating in this study than you would in the context of your day-to-day work, it is important to note that certain topics or questions may be upsetting or stressful to different people, and we will be asking you about domestic violence and domestic homicide cases of which you may be aware. We will make every effort to have appropriate resources and supports on hand or easily accessible. Upon request participants may be given a list of general interview questions ahead of time so they will be prepared for the nature and scope of questions that we will be asking.

POTENTIAL BENEFITS TO PARTICIPANTS AND/OR TO SOCIETY

Your participation in this research has the potential to provide several benefits for those experiencing domestic violence, the community of individuals and sectors who provide services and resources to these individuals, to scientific community, and society in general. In short, it will begin to provide a mechanism through which we can more clearly understand the types of risk assessment, risk management, and safety planning available populations identified as experiencing increased risk of domestic homicide.

PAYMENT FOR PARTICIPATION

Individual participants will not be compensated for the time it takes to complete this survey.

CONFIDENTIALITY

Every effort will be made to ensure confidentiality of any identifying information that is obtained in connection with this study.

Information from interviews will be presented without names, organizations, or other identifying information in final reports and future publications. Only research assistants and their supervisors will have access to your identified interview data, and they will be required to sign a confidentiality agreement. Research assistant supervisors include faculty from Western University, University of Guelph, Saint Mary's University, Université du Québec à Montréal, University of Manitoba, Native Women's Association of Canada, University of Regina, University of Calgary, and Simon Fraser University. Interview recordings and transcripts will be retained until six months after completion of the project (June 30, 2021) and after that will be destroyed.

PARTICIPATION AND WITHDRAWAL

You can choose whether to be in this study or not. **You will be audio recorded only if you give permission for us to do so.** If you volunteer to be in this study, you may withdraw at any time without consequences of any kind before or during the interview without explanation. You also have the right to withdraw your participation at any point before the end of the data collection on August 31, 2017. You may also refuse to answer any questions you do not want to answer and still remain in the study. The investigator may withdraw you from this research if circumstances arise that warrant doing so.

Should you withdraw your participation entirely you may decide at that time if we may use any of the information you have provided. If you do not want us to use the interview material, we will destroy the notes and/or any audio recording material and they will not be used in the final research report or future publications.

RIGHTS OF RESEARCH PARTICIPANTS

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. This study has been reviewed and received ethics clearance through the University of Guelph Research Ethics Board, the Western University Research Ethics Board. If you have questions regarding your rights as a research participant, contact:

Director, Research Ethics
 University of Guelph
 437 University Centre
 Guelph, ON N1G 2W1

Telephone: [REDACTED]
 E-mail: [REDACTED]
 Fax: [REDACTED]

OR

Director, Research Ethics
 Western University
 Room 5150
 Support Services Building
 London, ON N6G 1G9

Telephone: 519) 661-3036
 E-mail: [REDACTED]
 Fax: 519) 850-2466

Having read and understood the above letter, and being satisfied with the answers to any questions I have asked, I consent to participate in this research study:

Name: _____ Date: _____

I consent to being audio recorded during this interview:

Name: _____ Date: _____

I consent to having portions of my responses included as quotations in the final research report and future publications, with identifying information removed:

Name: _____ Date: _____

Witness: _____ Date: _____

Appendix F: Interview Protocol



Key Informant Interview Protocol

This Protocol was developed to support Research Assistants of the Canadian Domestic Homicide Prevention Initiative with Vulnerable Populations (CDHPVP) in conducting research interviews with key informants.

The objective of the interview phase of the CDHPVP research is to ask key informants about their knowledge and use of risk assessment, risk management and safety planning strategies and tools with clients experiencing domestic violence. A focus of the interview is to identify unique risk factors, barriers to effective risk management and safety planning, and strategies currently being used with four populations identified as experiencing increased vulnerability for domestic homicide: Indigenous people; rural, remote and northern communities; immigrants and refugees; and children exposed to domestic violence.

Prior to Interview

1) *Scheduling the Interview:*

- a) You will be provided with the contact information of a participant who has agreed to be interviewed.
- b) Call the participant, identify yourself, briefly describe the purpose of the study (see Letter of Information), and schedule a date and time to conduct the interview. We encourage that all interviews be conducted using a mainline phone however Skype is an option if the participant so desires.
- c) Inform the participant that you will email them the Letter of Information and the Informed Consent to review. You will inform the participant that after they have reviewed the Letter of Information and agree to participate, they will need to provide their electronic signature on the Informed Consent and email it to the CDHPVP Project Manager, Anna-Lee Straatman (██████████), before the interview. If the participant is unable to provide an electronic signature, they can send an email that explicitly states that they have read the letter of information and agree to participate in the interview/study.
- d) Email the participant the Letter of Information and the Informed Consent, and the one-page document that contains the CDHPVP definitions of risk assessment,

risk management, and safety planning. Please ask the participant to review these definitions prior to the interview and any questions regarding the definitions can be discussed during the interview.

- e) Be sure to familiarize yourself with all the documents provided to the participant prior to the interview to be able to address any questions or concerns.

2) Informed Consent:

Prior to the interview, confirm with Anna-Lee that the participant has emailed a signed Informed Consent form. If the participant has not emailed a signed form, you will need to go through the Informed Consent process and get their verbal consent before you begin the interview.

- a) The verbal consent should explicitly state that they have read the Letter of Information and agree to participate in the interview/study.
- b) Ask the participant to also send an electronically signed Informed Consent or an email explicitly stating their consent to Anna-Lee in conjunction with their verbal consent.

This is addressed in the interview guide but you should be aware of what has been provided in terms of Informed Consent before the interview takes place and what needs to be done during the interview in order to ensure you obtain consent.

3) Equipment:

Before conducting any interviews, familiarize yourself with the equipment.

Phone Interviews

- check speaker mode of mainline phone
- ensure background noise is minimal
- know all the functions of the audio digital recorder
- conduct a test of audio digital recorder
- ensure audio digital recorder is at the right place to begin recording
- know how to dial out using mainline phone on speaker mode
- be sure to have extra batteries on hand for the digital recorder

Skype Interviews

- only use audio call feature
- make sure the computer microphone and speakers are working
- ensure background noise is minimal
- know all the functions of the audio digital recorder
- be sure to have extra batteries on hand for the digital recorder
- conduct a test of audio digital recorder
- ensure audio digital recorder is at the right place to begin recording

- | | |
|----------------------|---|
| In-Person Interviews | <ul style="list-style-type: none"> - make sure the audio digital recorder is positioned by the computer speakers so to pick up the responses of the participant - do a test call with a colleague - know all the functions of the audio digital recorder - conduct a test of audio digital recorder - ensure audio digital recorder is at the right place to begin recording - make sure the audio digital recorder is positioned appropriately to pick up the responses of the participant - be sure to have extra batteries on hand for the digital recorder |
| Encrypted Computer | <ul style="list-style-type: none"> - Ensure that the encrypted computer is functioning - Ensure you are familiar with how to transfer the recording from the audio digital recorder to the computer - Create a file folder, or know the location of the created file folder, for all audio recordings. Each interview should have an individual folder within the main folder |

The Interview

1) *Location:*

The Co-Investigator will provide you with a location to conduct the interview. Make sure the location has minimal distractions and you will be uninterrupted. Post a sign to indicate to others in the office that an interview is taking place and you should not be disturbed.

2) *Documents:*

During the interview, you should have the following documents on hand to refer to when/if needed:

- -Letter of Information
- -Informed Consent Form
- -CDHPVP Definitions of Risk Assessment, Risk Management, and Safety Planning (included in Letter of Information)
- -Interview Guide

You should also have a notepad and pen available to jot down important notes, follow-up questions or areas for clarification during the interview

3) *Beginning the Interview:*

Section A

Section A of the interview guide addresses:

- introducing the interview,
- ensuring participant has debriefing support,
- obtaining informed consent,
- discussing audio recording of the interview,
- time it will take to complete the interview.

Introducing the Interview

When introducing the interview, you will identify the Co-Directors of the CDHPVIP, Drs. Myrna Dawson and Peter Jaffe, and the local Co-Investigator for the specific region that the participant is located. Most likely the Co-Investigator will be your supervisor. Co-Investigators on the project are:

- Dr. Diane Crocker (Saint Mary's University)
- Dr. Myriam Dubé (Université du Québec à Montréal)
- Dr. Mary Hampton (University of Regina)
- Dr. Kate Rossiter (Simon Fraser University)
- Dr. Nicole Letourneau (University of Calgary)
- Dr. Jane Ursel (University of Manitoba)

Ensuring Debriefing Support

You will inform the participant that you will be asking questions that may have them focus on specific domestic violence cases they dealt with in their work and that this may trigger emotional responses. You need to ensure that the participant has someone (i.e., supervisor or colleague) that they can debrief with after the interview if they are triggered. You will also need to assess the participant's emotional affect during the interview to determine if the questions are causing distress. If you perceive the participant as distressed, you will need to check in with them to see if they want to continue the interview and you need to confirm that they have someone they can debrief with after the interview has ended.

Informed Consent

You must obtain informed consent from the participant before conducting the interview. As mentioned above, they may have already sent their signed informed consent form to Anna-Lee. If they have not signed and returned an informed consent form, you will need to review the consent form with the participant, get their verbal consent, and ask them to email their consent to Anna-Lee immediately following the interview. The email should explicitly state that they have read the Letter of Information and agree to participate in the research interview.

Audio Recording

The interview guide asks the participant for permission to audio record the interview for transcription purposes. Affirm with the participants that recordings and transcripts will be stored for the duration of the project on encrypted password-protected computers in a secure location with authorized access only. All recordings and transcripts will be retained until six months after completion of the CDHPVIP project and thereafter will be destroyed.

**Be sure to have extra batteries on hand for the audio digital recorder*

Inform the participant that, while the interview will be audio recorded, you may also take occasional notes. These notes will be added to an interview summary that will be stored on an encrypted computer. Once the notes have been typed and saved on the encrypted computer, the paper notes will be shredded.

If the participant does not give their permission to be audio recorded, you must reschedule the interview. Inform the participant that two people are required to be present for interviews that are not recorded, with one person conducting the interview and another person taking notes, to ensure accuracy.

Timing

The interview guide states that the interview will take about 30 minutes to complete. This is just an estimate and the participant is welcome to go beyond the scheduled 30 minutes. However, as the interviewer you need to ensure that the participant does not go on long tangents where you are unable to have all the interview questions answered within a reasonable amount of time. Be sure to schedule enough time to prepare for,

conduct, and conclude the interview, taking into account the potential for the participant to go beyond the scheduled 30 minutes.

4) Asking the Questions:

Section B

Section B of the interview guide contains the specific interview questions. It is important that you ask all the questions. You may need to probe for clarification or to bring the conversation back on topic. Each interview is unique and probing should be based on the information that is given by the individual. You do not want to probe too much to ensure that you get through all the questions in the interview. You must always be respectful of the participant's time!

Examples of Probing Questions

- Can you tell me more about that?
- Can you give me more detail?
- You mentioned earlier...what did you mean by that?
- Can you be more specific?
- Can you elaborate/expand on that?

Tips for Conducting a Successful Phone Interview:

- Clarify what was said especially if confusing (e.g., "It sounds like you are saying.... Is that a fair summary?" "So you are saying...")
- Speak loud and clear
- Don't talk too much
- Be motivating because people tend to be less willing to become engaged in conversation over the phone
- Be friendly, courteous, and unbiased
- Do not be suggestive
- Throughout the interview, be sure to check that the recorder is working

Notetaking - Throughout the interview, you may write some notes to capture major highlights, important themes, new initiatives mentioned, etc. However, do not get so occupied in taking notes that you stall the interview or become less attentive to what the participant is saying. You should not be writing down everything that is said in the interview. Notes are meant to capture only the operative words and phrases that help you to remember key highlights or themes, or make note of something you did not understand that you need to remember to ask the interviewee to clarify.

After the Interview

1) Audio Recording:

After the interview is complete, transfer the recording from the digital audio recorder to the encrypted computer and save it in the designated folder. Each recording will be given a code that corresponds to the name of the participant. Use this code to title the recording when saving it. The file code will include the following information:

Day/Month/Time of Call/Time Zone/InterviewerID# - Audiorecording [e.g., 05/01/14:30/EST/4 – Audiorecording].

You will be given an Interviewer ID number before you begin to conduct interviews that will be used in the code.

Create a master list on the encrypted computer that has the name of the participant and the corresponding code. This list should be saved on the encrypted computer and be continuously updated with each interview. Once you have completed all interviews, send this master list via the secure messaging system to Marcie Campbell at the Centre for Research & Education on Violence Against Women & Children (CREVAWC).



Time Zones

Newfoundland Standard Time – NST

Atlantic Standard Time – AST

Eastern Standard Time – EST

Central Standard Time – CST

Mountain Standard Time – MST

Pacific Standard Time – PST

*note that Saskatchewan will be CST until Spring when it will be MST as there is no daylight savings time

Once the recording is saved on the computer, send the recording to Marcie Campbell ([REDACTED]) at CREVAWC via the secure messaging system. Marcie will confirm with you that she received the recording. Once you have received confirmation that the recording was received, electronically shred the recording off the encrypted computer.

Do not delete the recording off the digital audio recorder as you will need to use it to transcribe the interview. You will delete the recording only after you have completed the transcribing, send the transcript to CREVAWC, and get confirmation of receipt from Marcie.

If for some reason the recording did not work, you will need to immediately write down the answers to each question as you remember them in a Word document. Save this document in the designated folder with the corresponding code, however indicate in the code that it is a word document and not an audiorecording (e.g., 05/01/3:30/EST/4 – Word Document). Send the document to Marcie Campbell via the secure messaging system and, once you receive confirmation that the document was received, electronically shred the document off the computer.

2) Summary Notes:

After you have sent the recording to CREVAWC, write a summary of the interview that provides a brief snapshot of the information obtained. The snapshot should include impressions of the interview or anything unique that you feel should be highlighted (e.g., new initiatives identified by the participant, specific issues that are not captured in the interview questions).

A Summary Template is provided in Appendix A. The summary will be written on the encrypted computer and saved, using the designated code, [Day/Month/Time of Call/Time Zone/Interviewer# - Summary], in the appropriate folder that will also include the interview recording and transcript.

The notes that you took during the interview should help to inform and write the interview summary. Once you have completed the written summary and saved it on the encrypted computer, you must shred your handwritten notes. The summary must be sent along with the transcript to Marcie at CREVAWC through the secure messaging system.

3) Transcription:

Use the digital audio recorder to transcribe the interview on the encrypted computer.

Save the transcription in the appropriate folder using the designated code: [Day/Month/Time of Call/Time Zone/Interviewer# - Transcription].

Once the transcription is complete, you will send it to Marcie at CREVAWC along with the interview summary via the secure messaging system. Marcie will send a confirmation that the transcript was received.

Please complete the transcription as soon as possible.

4) Disposal of Data:

Audio recording: Once you have completed the transcribing of the interview and you have received confirmation from Marcie that CREVAWC received the recording through the secure messaging system, you must delete the recording off the digital audio recorder.

The copy of the recording that was saved to the encrypted computer that was sent to Marcie at CREVAWC will be deleted once you get confirmation of receipt.

Summary Notes and Transcription: Once you have received confirmation from Marcie at CREVAWC of receipt and review of the summary notes and transcription, you must electronically shred the files on the encrypted computer.

Appendix G: Interview Guide



CDHPiVP Interview Guide

Name of interviewer: _____

Name of person being interviewed _____

Date of interview: _____

Section A.

Hello. My name is _____.

Thank you for agreeing to participate in this research interview regarding domestic violence risk assessment, risk management and safety planning. This interview is being conducted as part of the Canadian Domestic Homicide Prevention Initiative with Vulnerable Populations. The Co-Directors are Dr. Peter Jaffe and Dr. Myrna Dawson, and the local Co-Investigator is _____ (e.g. Dr. Mary Hampton for Saskatchewan).

This interview asks about your knowledge and use of risk assessment, risk management, and safety planning strategies and tools, focusing on four populations identified as experiencing increased vulnerability for domestic homicide: Indigenous, immigrants and refugees, rural, remote, and northern populations, and children exposed to domestic violence. I will be asking you about risk factors, barriers to effective risk management and safety planning, and strategies currently being used with these vulnerable groups and the communities in which they live. Some questions I will ask may have you focus on specific cases you have dealt with in your work and may trigger emotional responses. Do you have a colleague or supervisor that you can debrief with if this does occur?

Before we begin, I want to make sure we've walked through the informed consent and that you have had an opportunity to have any questions addressed.

Have you received and read the Information Letter and Consent form for Interview? (Circle Response) YES NO

If yes, have you signed and returned the consent form to Anna-Lee Straatman?

Do you have any questions at this time?

If no,

I would like to take a moment to review the consent form with you.

Prompt: Review the consent to participate in research form.

If you are in agreement with this, please send an email to ([REDACTED]) which states “I have read and understood the letter of information and agree to participate in this interview”.

Along with the informed consent, we sent you our definitions of risk assessment, risk management, and safety planning to review. Do you happen to have the definitions in front of you as we will ask for feedback later in the interview? YES NO

If yes, go to obtaining permission to audio record the interview.

If no, I can email the definitions to you again but I will also read out the definition when we get to the corresponding questions in order to get your feedback.

With your permission, I am going to audio record this interview for transcription purposes only.

The audio recording will be destroyed at the end of the study.

Do I have your permission to record this interview? YES NO.

If yes, turn on recorder. Thank you.

If no, will it be possible to reschedule this interview? If the interview is not recorded, we require two research assistants to be present so one person can conduct the interview and the other person can take notes to ensure accuracy. YES NO

This interview will take about 30 minutes to complete. You are free to withdraw from the interview at any time. If we run out of time, and you wish to complete the interview, do I have your permission to contact you at a later date to complete the interview?

(Circle response) YES NO

Thank you.

Section B.

Now I would like to ask you a few questions about where you work and the kind of work you do.

1. What province or territory of Canada do you work in?

2. Which sector do you work in? (e.g., VAW, family law, police, victim services, health, education, settlement services) _____
3. What is the name of the agency or organization that you work for?

4. Where is your agency/organization located? [Please note your agency will not be named in any reports].

5. What is your job title? _____
6. What does your role as [job title] entail? _____
7. How long have you been doing work related to domestic violence? _____

Risk Assessment

I'm now going to ask you some questions about risk assessment. We define risk assessment as involving an evaluation of the level of risk a victim of domestic violence may be facing including the likelihood of repeated or lethal violence. It may be based on a professional's judgment based on their experience in the field and/or a structured interview and/or an assessment tool/instrument that may include a checklist of risk factors.

8. Do you have any feedback on our definition of risk assessment? For example, is this a definition that you would use in the context of your work?
9. In your role at (see response to Q#3) _____, do you conduct risk assessments as we described? YES NO
If no, who does (e.g., referral to another organization, frontline professionals in the organization)? _____

If yes...

- a) Do you use your professional judgment in risk assessment? YES NO
Please explain. _____
- b) Do you use a structured interview? YES NO
If yes, please describe the structured interview. _____
- c) Do you use a structured tool/instrument? YES NO
If yes, what tool(s) do you use? _____
- d) Did you receive training on this tool(s)? YES NO
If yes, who conducted the training? _____
How many trainings did you receive? (e.g., refresher training)

10. Is conducting a risk assessment mandatory or optional in your organization/role? (e.g. only done when charges are laid)

11. If someone is deemed to be high risk, what happens next in terms of information sharing and interventions?

12. Are there any written documents/directives (e.g., policies, protocols) that guide risk assessment within your organization? YES NO
Please elaborate: _____
13. Are the victim's perceptions of safety considered in the risk assessment? YES NO
Please elaborate: _____

14. If children are present, is there an automatic referral to child protection? (do they get involved or just file report) YES NO

Please elaborate: _____

15. Are children included in the risk assessment? YES NO

Please elaborate: _____

16. Do you collaborate with other organizations when assessing risk? YES NO

If yes, which ones? _____

Risk Management

I'm now going to ask you some questions about risk management. Our definition of risk management refers to strategies to reduce the risk presented by a perpetrator of domestic violence such as close monitoring or supervision and/or counselling to address the violence and/or related issues (e.g., mental health, addictions).

17. Do you have any feedback on our definition of risk management? For example, is this a definition that you would use in the context of your work?

18. In your role at (see response to Q#3) _____, do you engage in risk management strategies? YES NO

If no, who does (e.g., referral to another person in agency or another agency)?

If yes...

- a) What are the strategies you use? _____

- b) Did you receive training in risk management? YES NO

If yes, who conducted the training? _____

If yes, how many trainings did you receive? (e.g., refresher training)

19. Are there any written documents/directives (e.g., policies, protocols) that guide risk management within your organization? YES NO

Please elaborate: _____

20. Do you collaborate with other organizations regarding risk management? YES NO

If yes, which ones? _____

Safety Planning

I'm now going to ask you some questions about safety planning. We define safety planning as finding strategies to protect the victim that may include such actions as educating victims about their level of risk, a change in residence, an alarm for a higher priority police response, a different work arrangement and/or readily accessible items needed to leave the home in an emergency including contact information about local domestic violence resources.

21. Do you have any feedback on our definition of safety planning? For example, is this a definition that you would use in the context of your work?

22. In your role at [see response to Q#3], do you provide safety plans for victims? YES NO

Please elaborate: _____

If no, who does so (e.g., referral to another agency, frontline professionals in the organization)? _____

If yes...

a) What are the strategies you use? _____

b) Did you receive training on safety planning? YES NO

If yes, who conducted the training? _____

How many trainings did you receive? (e.g., refresher training)

23. Are there any written documents/directives (e.g., policies, protocols) that guide safety planning within your organization? YES NO

Please elaborate: _____

24. Are children included in the safety plan? YES NO

Please elaborate: _____

25. Do you collaborate with other organizations around safety planning? YES NO

a. If yes, which ones? _____

Unique Challenges for Vulnerable Populations

26. Do you work with individuals who fit into one or more of the following groups? (name them and check all that person says yes to)

- b. Indigenous people
- c. immigrants and refugees
- d. rural, northern and remote communities
- e. children exposed to domestic violence

i. If yes, how do you become involved with these clients? (e.g. referral; community outreach; voluntary; mandatory)

[Note to interviewer: For each vulnerable population identified in question 26 ask the following questions. If none identified, skip to question 28.]

27. You indicated that you work with (name all that apply):

- Indigenous people
- immigrants and refugees
- rural, northern and remote communities
- children exposed to domestic violence

[Note to interviewer – for each of the follow up questions, prompt participant to address the population(s) they have the most experience with and then address the others if there is more time – when discussing multiple populations some answers may overlap, some will be different.]

- a) What are the challenges dealing with domestic violence within these particular populations? _____
- b) What are some unique risk factors for lethality among these populations?

- c) What are some helpful promising practices? (Including specific risk assessment tools, risk management and safety planning strategies that address vulnerabilities.)

28. Do you know of any agency or government policies or guidelines and/or academic papers related to risk assessment, risk management and safety planning particularly among vulnerable populations?

YES NO

- a. If yes, what are they? _____

29. Without using names, do you know of any case illustrations (synopses) where interventions (risk assessment, risk management, and/or safety planning) may have saved a life?

YES NO

- a. If yes, can you tell me about this? _____

30. Has there been a domestic homicide from your region profiled in the media recently? Did the media coverage offer any insights to risk factors, or risk assessment, management or safety planning strategies that would be helpful for others to know about?

YES NO

- a. If so, can you tell me about it? Are you able to provide the names of the parties involved?

31. That is the end of the interview questions. Do you have any other comments you would like to make? If yes: _____

32. Thank you very much for participating in this interview. Your answers have been very helpful. More information about this research study is available on our website at

www.cdhpi.ca

If you have any questions about the study, please contact Dr. Jaffe or Dr. Dawson.

[NOTE: If the participant asks how the results from this study will be used, please inform the participant that findings from this study will be shared through brief reports available on our website www.cdhpi.ca; academic and scholarly publications; and at our upcoming conference in October (information on the conference is available on our website). Assure the participant that at no time will their name or identifying information be revealed.]

Curriculum Vitae

Nicole Youngson

EDUCATION

University of Western Ontario, London, ON **Sept. 2018 – June 2020**
M.A. in Counselling Psychology

*Brescia University College, University of Western Ontario,
 London, ON* **Sept. 2012 – June 2016**
B.A. Honours with Specialization in Psychology

AWARDS AND HONOURS

Internal Awards (Western University)
Graduate Student Assistantship **2017-2019**

Internal Awards (Brescia University College)
Brescia Entrance Scholarship for Academic Excellence **2012 - 2016**
Dean's Honor List **2013 - 2016**

WORK AND VOLUNTEER RELATED EXPERIENCE

*Family Service Thames Valley, Community Counselling Agency,
 London, ON* **Sept. 2019 - Present**
Student Intern

*Western University, Department of Education, Centre for Research &
 Education on Violence Against Women & Children, London, ON* **Sept. 2018 - Present**
Graduate Research Assistant

Western University, Department of Psychology, London, ON **Sept. 2014 - Present**
Research Assistant

*24/7 Support Line, Canadian Mental Health Association, London,
 ON* **Nov. 2016 – Apr. 2018**
Telephone Support

*The Wait List Clinic, Canadian Mental Health Association, London,
 ON* **Sept. 2014 - July 2015**
Sept. 2016 - June 2017
Student Counselor

London District Distress Centre, London, ON **May 2016 - Nov. 2016**
Telephone Support
