

Service Use Patterns in Canadian Rural, Urban, and Northern Survivors of Intimate Partner Violence

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Overview

- Introduction
- Method and Participants
- Results and Discussions

Background

- Intimate partner violence (IPV) refers to acts of physical, sexual, psychological or economic violence used against a woman by a current or former intimate partner (Ellsberg, 2006).
- Majority of survivors of intimate partner violence (IPV) use a variety of health, legal and community services (Shannon et al., 2006).

Service Use in Rural Areas and Northern Communities

- Northern and rural women have reported experiencing similar challenges seeking services for the following reasons (Shepherd, 2001; Shannon et al., 2006; Martz & colleagues, 2001, 2002)
 - Geographic isolation
 - Lack of anonymity
 - Employment and access to financial resources
 - Legal concerns
 - Cultural barriers (conservative rural attitudes for rural women)
- Researchers have suggested women in northern communities may be vulnerable to intimate partner violence (Shepherd, 2001)
- Prevalence of IPV appears to be comparable in urban and rural women (Brownridge, 2001)

The Current Study

- The purpose of the current study is to explore patterns of community, health, and legal service use in a sample of 438 women who have experienced IPV in Saskatchewan and Manitoba

Participants and Method

- The Healing Journey Project (SSHRC/CURA, PAF)
 - PI is Dr. Jane Ursel
- Participants recruited with help of community partners in Sk and Mb
- First and second waves of the study
- Women divided into urban, rural, and northern groups
 - 405 urban, 20 rural and 13 northern participants

Participants

- Median age: 34 years
- 438 female participants were recruited through social services.
 - 405 urban women, 20 rural women, 13 northern women
- Aboriginal ancestry
 - 58.4 % urban, 40 % rural, 84.6% northern
- Non-Aboriginal ancestry
 - 41.5 % urban, 60 % rural, 15.4 % northern

Access to Shelters

- Ever stayed at shelter
 - 223 (58.3%) of urban women (4 times)
 - 8 (40.0%) of rural women (3 times)
 - 10 (76.9%) of northern women (5 times)
- Ever stayed at second stage shelter
 - 65 (16.7%) of urban women (1 time)
 - 1 (3%) of rural and northern women (1 time)

Access to Community Services

- Crisis line
 - 183 (46.4%) urban (11 times)
 - 8 (40.0%) rural (3 times)
 - 5 (38.5%) northern (1 time)
- Education or job training
 - 248 (62.2%) of urban women
 - 10 (50.0%) of rural women
 - 7 (53.8%) of northern women
- Applied for social assistance
 - 329 (82.7%) of urban women
 - 13 (65.0%) of rural women
 - 12 (92.3%) of northern women
- Applied for social housing
 - 225 (56.5%) of urban women
 - 4 (20.0%) of rural women
 - 8 (61.5%) of northern women

*Frequency for education, social assistance, and social housing all 1

Access to Legal Services

- Never involved in the legal system
 - 65 (16.0%) of urban women
 - 6 (30.0%) of rural women
 - 3 (23.1%) of northern women
- Difficulty accessing legal representation
 - 67 of 313 urban women (21.4%)
 - 7 of 14 rural women (50.0%)
 - 4 of 10 northern women (40.0%)
- Have a lawyer or legal assistance to help
 - 150 (37.0%) of urban women (25.9% legal aid, 11.1% private counsel)
 - 5 (25.0%) of rural women (private counsel)
 - 3 (23.1%) of northern women (legal aid)

Access to Legal Services

- Called police due to IPV
 - 273 (70.0%) of urban women
 - 14 (70.0%) of rural women
 - 9 (69.2%) of northern women
- Others called police due to IPV
 - 188 (48.6%) of urban women
 - 8 (40.0%) of rural women
 - 5 (38.5%) of northern women
- Orders preventing contact
 - 221 (54.6%) of urban women
 - 8 (40.0%) of rural women
 - 9 (69.2%) of northern women

Access to Health Services

- Walk in clinic
 - 203 (58.0%) of urban women (5 times)
 - 10 (50.0%) of rural women (2 times)
 - 2 (16.7%) of northern women (1 time)
- Physical or check-up
 - 206 (58.0%) of urban women (3 times)
 - 9 (45.0%) of rural women (3 times)
 - 4 (30.8%) of northern women (1 time)
- Appointment with doctor or nurse other than check-up
 - 192 (55.8%) of urban women (6 times)
 - 15 (75.0%) of rural women (5 times)
 - 3 (25.0%) of northern women (18 times)

Access to Health Services

- Hospital stay overnight or longer
 - 87 (24.7%) of urban women (2 times)
 - 5 (25.0%) of rural women (1 time)
 - 2 (16.7%) of northern women (1 time)
- Emergency room
 - 158 (45.5%) of urban women (1 time)
 - 11 (55.0%) of rural women (2 times)
 - 6 (50.0%) of northern women (2 times)

Access to Health Services

- **Dental treatment**
 - 211 (59.8%) urban (2 times)
 - 11 (55.0%) rural (2 times)
 - 8 (66.7%) northern (1 time)
- **Breast self-examination or mammogram**
 - 156 (44.7%) urban (9 times)
 - 10 (52.6%) rural (5 times)
 - 6 (50.0%) northern (6 times)
- **Specialist**
 - 130 (36.9%) urban (5 times)
 - 9 (45.0%) rural (2 times)
 - 2 (16.7%) northern (2 times)
- **Alternative treatment**
 - 107 (30.3%) urban (11 times)
 - 4 (12.5%) of rural and northern (3 times)

Access to Health Services

- ▶ Indigenous traditional healer
 - 79 (22.9%) urban (12 times)
 - 6 (30.0%) rural (2 times)
 - 3 (27.3%) northern (2 times)
- ▶ Elder, priest, or minister
 - 142 (40.5%) urban (12 times)
 - 9 (45.0%) rural (18 times)
 - 4 (33.3%) northern (27 times)
- ▶ Home care services
 - 20 (5.8%) urban (21 times)
 - 3 (9.4%) rural and northern (25 times)
- ▶ Health related self-help group
 - 100 (28.8%) urban (17 times)
 - 5 (25.0%) rural (18 times)
 - 2 (16.7%) northern (3 times)

Access to Mental Health Services

- ▶ Ever received counselling
 - 333 (83.5%) of urban women
 - 16 (80.0%) of rural women
 - 11 (84.6%) of northern women
- ▶ Received counselling in past year
 - 208 (59.6%) of urban women
 - Average of 18 times in past year
 - 11 (55.0%) of rural women
 - Average of 14.2 times in past year
 - 6 (50.0%) of northern women
 - Average of 5 time in past year

Summary of findings

- ▶ Shelter and second stage shelter use
- ▶ Crisis line use
- ▶ Education
- ▶ Social assistance and housing
- ▶ Legal services
- ▶ Health services
- ▶ Mental health services

General Discussion

- ▶ All of the participants from this study were recruited from community services, which may lead to greater reported service use
- ▶ Women living in rural and northern communities may benefit from services where anonymity is preserved and the barriers and challenges that rural survivors face is acknowledged and integrated (McCallum and Lauzon, 2005)
- ▶ However, factors of anonymity and fear of negative perceptions of the community may not always predict lower service use in our sample
- ▶ Service use may depend on types of services available in that community
- ▶ Poverty may be a theme and an underlining factor in struggles of intimate partner violence victims.

Limitations and Future Directions

▶ Limitations

- Sample size
- Did not examine the influence of cultural background on service-use

▶ Future directions

- More research needed about service use in the Prairie Provinces
- Rates of re-victimization
- Role of informal supports

Thank-you!

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