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RURAL BARRIERS TO ACCESSING DOMESTIC ABUSE SERVICES IN OXFORD COUNTY

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RURAL BARRIERS TO ACCESSING DOMESTIC ABUSE SERVICES IN OXFORD COUNTY

EXECUTIVE SUMMARY

The experience of women in rural areas accessing domestic abuse services can present unique strengths and weaknesses based on the dynamics of the communities and the services available. According to recent police reported statistics, the prevalence of violence against women and girls is notably higher in rural areas compared to urban centres (Statistics Canada, 2018). In February 2020, Domestic Abuse Services Oxford (DASO) hired Social Planning Council Oxford (SPCO) to complete background research on rural barriers to accessing domestic abuse services.

Through investigation, the project was ultimately trying to answer the question:

> **What are the barriers rural women face when accessing domestic abuse services in Oxford County?**

In order to answer this question, it was necessary to understand the issue more broadly through a review of existing literature and also to understand the local context through qualitative stakeholder interviews with organizations providing services and women accessing services in Oxford County.

Literature Review

Determining what was the rural experience in accessing domestic abuse services led to an intersectional approach to the literature review. It was discovered that geography, rural ethics and character (tied to traditional gender roles), community complacency, limited access to services and information, lack of anonymity and safety issues linked to geographical location were obstacles to accessing services.

Stakeholder Interviews

Themes that arose from 17 interviews with 26 stakeholders in Oxford County were separated into strengths and barriers.

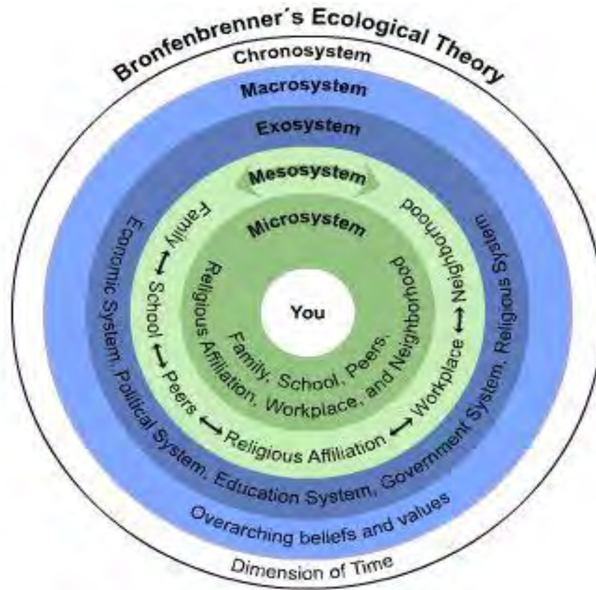
A number of strengths were noted and the women who were interviewed perceived the existing services as valuable. One woman who had an extremely positive experience noted:

> ***Didn't experience any barriers-positivity…welcomed with open arms, cared for and believed right away-magical experience…… I was free to speak about what happened, she didn't judge me, didn't have to explain a thousand times, I was just heard-it was monumental, life changing. [woman with lived experience]***

The **STRENGTHS** identified in the interviews were:

- Formal and Informal Collaboration Between Services
- Perceived Support and Helpfulness of Services
- Variety of Services and Options
- Establishment of Trusting Relationships with the Community and Outreach Efforts
- Creative Solutions and Advocacy Efforts

The **BARRIERS** were organized into individual, community and system level categories using Bronfenbrenner's ecological system theory dividing our environment into levels of influence.



It should be noted that there are barriers to seeking help, while seeking help and after seeking help. The theory reminds us that each level of our environment impacts the other, all levels affect the individual and the barriers are interconnected and confounding and rurality can compound the other barriers that would exist for any woman seeking support. Although there are definite themes that emerged, each woman has a unique story, pathway and set of barriers.

Individual Level Barriers	Community Level Barriers	System Level Barriers
• Influences of Cultural Factors • Access to Transportation • Perceptions of Domestic Abuse and Knowledge of Available Services • Fears/ Concerns • Ties to Home/Community • Financial Barriers • Language Barriers • Shame/Internalized Stigma	• Concerns Regarding Confidentiality/ Anonymity • Stigma • Influence of Family and Community • Isolation • Access to Internet/ Phone	• Limited Availability of Services • Gaps in System Design and Funding • Lack of Housing/ Shelter • Justice System • Lack of Communication Between Services/ Silos • Gaps in Provider Education/ Training

Participants noted a number of barriers, however, the most frequently cited individual level barrier was cultural factors, described as rural culture. At the community level confidentiality/anonymity was noted as one of the most significant barriers and at the system level, limited availability of services, was highlighted most frequently. This was tied to funding as well as system concerns when working with people with intersecting vulnerabilities such as mental health or substance use issues. Referring to limited options for shelters and long waitlists, one participant stated that the current situation is ***"setting up [women] for failure or death*" [service provider].** Another noted that ***"women don't come in pretty packages they are set up to be…substance use, anger, trauma" [service provider].***

Rural Barriers to Accessing Domestic Abuse Services in Oxford County

During the stakeholder interviews, a question was asked to determine if any groups living in rural communities may be experiencing unique barriers to accessing services. These unique groups were:

- Cultural/ Religious groups: Low German-speaking Mennonite women, Newcomers to Canada/ women with language barriers, Indigenous people and religious groups such as Amish, Christian Reform and the Muslim community
- Persons with concurrent/ complex vulnerabilities: women with mental health challenges and substance use, experiencing complex vulnerabilities and may not be eligible to access shelter
- Other groups that were named by stakeholders were: youth, persons experiencing homelessness, persons involved in the justice system, LGBTQ identified persons, the farming community, survivors of human trafficking and persons without access to transportation

Recommendations for Moving Forward

The following eight recommendations for a community response to the barriers rural women are facing when accessing domestic abuse services are key elements or directions highlighted from the literature review, stakeholders and process learnings from the researchers and are for DASO and the community's consideration. Specific considerations and sub-recommendations are contained within the report.

1. **Increase funding to address barriers including beds, staffing and specialized services**

2. **Strengthen partnerships and increase collaboration between services**
   - Areas to consider and assess for improvement include coordinated care between agencies for the individual, partnerships that are broken between agencies, and working collaboratively to address systemic issues.
   - The 5 conditions of the Collective impact model were suggested to support this recommendation: 1) common agenda, 2) shared measurement, 3) mutually reinforcing activities, 4) continuous communication and 5) backbone organizations

3. **Work together to address systemic access issues**
   - Such as the housing crisis and the possible development of a crisis centre for Oxford

4. **Introduce further awareness, education and training**
   - For service providers and for the community in general

5. **Changes to language/messaging of organizations (empowerment, non-judgmental, etc.)**
   - Agreement on uniform person centred terminology/ language

6. **Changes to service delivery including process of communication**
   - Regularly seek feedback from service users, review policies/practices related to confidentiality

7. **Practice cultural humility/open-mindedness**

8. **Explore current police domestic abuse services and practices**

Next Steps

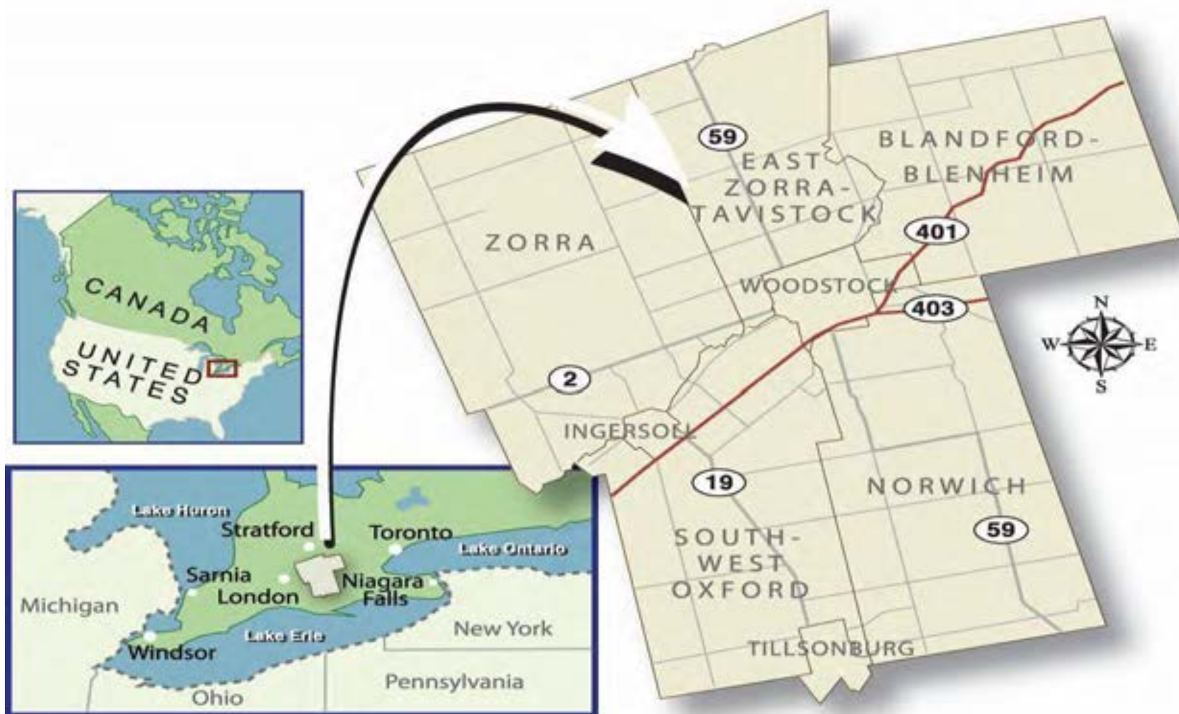
This background research is a starting point for conversation of how to move forward to address domestic abuse system issues. Some recommendations are doable without funding and agencies can look at their own practices and implement such as review of confidentiality and formalized feedback from participants. Other recommendations require further funds which may be accessible as new funds flow from the provincial and federal governments. Others address larger system issues that require collective impact efforts with commitment and ownership from all partners. The hope is that the great work being done can be built upon to further address the rural barriers that exist.

BACKGROUND/CONTEXT

In February 2020, Domestic Abuse Services Oxford (DASO) hired Social Planning Council Oxford (SPCO) as an impartial third party to complete background research on rural barriers to accessing domestic abuse services. The Ministry of Children, Community and Social Services provided funds to DASO through the Rural and Remote Enhancement Fund, to improve access to crisis and community wraparound supports and long-term healing of women from rural and remote communities who are experiencing abuse. This can include an increase of community awareness and strengthening of cross-sectoral linkages and partnerships for improved and integrated services. It should be noted that although DASO commissioned this report, the other domestic abuse service providers in Oxford, Ingamo Homes and Family Violence Counselling Program (explained further below) were consulted to confirm this as an issue to pursue.

Oxford County, Ontario, has many strengths and existing services in the community that can be accessed that serve community members to meet their needs. The intention of this background research is to lay a foundation of understanding barriers that exist generally for rural women to access domestic abuse services. It also provides specific information on service access barriers for residents living in Oxford municipalities at a greater distance to Woodstock (physical location of DASO). DASO can use this background research to implement feasible recommendations within their scope of control and work with community partners to look at possible larger scale system change. The hope is that it also can be a starting point for conversation to determine if community partners want to work differently to address rural barriers for domestic abuse services and if interested work together to adopt a shared response through dialogues and education.

Map of Oxford County, Ontario (from tourismoxford.ca)



What is Domestic Abuse?

Across the field of research regarding violence against women, many terms are used to refer to a variety of situations. For the purposes of the current research project, the term domestic abuse will be used to indicate the best suited description of the experiences of women accessing services. Abuse can be defined as: "behaviour used to intimidate, harm, isolate, dominate, or control another person." Abusive behaviour includes: "actions, words, and neglect, and may be a pattern of occurrences or a single isolated incident. The abuse can be sexual, physical, verbal, spiritual, emotional, financial, neglectful or psychological in nature" (Centre for Research and Education on Violence Against Women and Children, 2020, p.7). Some definitions extend this to include it occurring in the context of coercive power and control.

Other research indicates terms such as intimate partner violence, domestic violence and family violence encompass similar experiences and survivors of such experiences require access to services. One future recommendation, from the perspective of education and advocacy, would be to create uniform language in addressing violence against women and services available (discussed in the recommendations section). This is understood as a complex relationship as many dimensions contribute to the field of knowledge surrounding the issue of violence against women.

Despite movement towards equality for women and tireless efforts from feminist organizations, the prevalence of domestic abuse continues and has not significantly changed for decades (Women's Shelters Canada, 2020). Researchers have noted that the rural setting compounds the detrimental health effects that result from the abuse which will be discussed further in the literature review and barrier themes from stakeholder interviews (Mantler & Wolfe, 2016). This is not a new issue but there is a need to continue to talk about it and uncover how to move forward so that women no longer have to suffer.

In a recent editorial expose, the CBC sought to draw attention to the current context of emergency shelters across Canada that regularly turn women away that are seeking refuge. The article noted that in a month, there are 19,000 women turned away from shelters across Canada (Carman, 2020). It is noted that estimate is likely low. In the 2019/20 fiscal year, DASO turned away 172 women due to capacity limitations and an additional 185 women could not access services because they were referred to services deemed more appropriate (reasons include from out of town, had an unsuccessful sheltering before, require a different type of service). In total in the last year, 357 women were turned away from DASO, the local emergency shelter and in spite of this, there has not been an addition of new shelter beds or funding for years (Maki, 2019). As well, it has been predicted that the economic impacts of COVID-19 will see private charitable donations down, detrimental to organizations like DASO and other domestic abuse services that rely on these funds to operate.

This current context alludes to the fact that although many strengths exist in the community, there are systemic barriers that prevent women from accessing the services they need. Therefore, the researchers approached this work with the assumption that there are barriers to accessing services that exist. Barriers were defined as something that "makes it difficult or impossible for something to happen or be achieved" (Collins Dictionary), something that gets in the way or prevents access. Barriers can be classified as modifiable and non-modifiable, and as we will present, occurring at the individual, community and structural levels (Carrillo et al., 2011). The researchers also note that there are not only barriers to seeking help, but barriers that occur while seeking support and after. Different supports are needed based on the timing and individual's needs but overarching principles, approaches, and policies can be put in place to guide the supports.

Research Question

Through investigation, the project was ultimately trying to answer the question: **What are the barriers rural women face when accessing domestic abuse services in Oxford County?**

In order to answer this question, it was necessary to understand the issue more broadly in terms of a review of existing literature but also to understand the local context, both the strengths, barriers and recommendations through qualitative stakeholder interviews with agencies and women with experience accessing the services (see Methodology section below).

Limitations

When framing the issue and research project, it became evident that there are many different definitions of domestic abuse and many different meanings for the concept "rural". This made it very difficult to determine the scope and parameters of this research. The term rural and scope of rural barriers could apply to the County in its entirety, communities outside of Woodstock (small town) or not to Oxford at all (see map on page 4). This became evident in the literature when many studies focused on northern or remote communities which may have entirely different barriers or exacerbated barriers. Additionally, barriers that arose when speaking with stakeholders could be barriers that exist in general for both urban and rural populations and are not unique to rural populations but still exist and attempting to tease this out was difficult.

As the project progressed, the COVID 19 pandemic came into the forefront which led to shifting how interviews were completed but also the time partners had available to participate. Some key players did not participate in the interview process due to this, therefore, some key concerns or areas may not be represented. It is a recommendation to invite those that were unable to be a part of the research process to participate in conversations moving forward. COVID 19 restrictions also led to change in timelines and not as many lower tier municipal specific organizations being interviewed as originally planned. Other sample limitations include the inability to recruit women that have not accessed services. The five women that participated have had connection to existing services. Themes definitely emerged from all of the stakeholder interviews but it is unclear if saturation was reached.

As is noted below in the methodology section, the literature did not contain extensive evidence on stark contrasts to indicators of rural domestic abuse compared to urban counterparts. The literature review did help to set the context for the geographical impact on victims of domestic abuse and the evidence demonstrating unique barriers to accessing services for rural women.

At the conclusion of this research, a number of questions still remain, such as how to address the barriers identified, as the literature review was not focused on determining interventions. The recommendations noted are a starting point to work together to address and possibly further investigate options for making changes. In addition, it was unclear from the stakeholder conversations if the barriers differ across the County and if specific interventions are needed for specific communities with the exception of the groups identified in the Intersectionality section on page 27.

METHODOLOGY

Literature Review

A literature review was conducted to identify the existing conversations related to barriers for rural women accessing domestic abuse services in Canada and to set context for the issue. The research question originally used for the literature was: what barriers to access do rural women in Canada seeking intimate partner violence or domestic abuse services face? This evolved slightly through the process with the recognition that rurality is considered an intersecting variable. The literature review provided opportunities to investigate how language and intersectional analysis uncovered potential gaps in the research on domestic abuse as a whole. Rurality can be considered an important facet in differentiating the experiences of women who have been victims of domestic abuse. This review also identified gaps in the existing literature and the data collection from this project attempted to address those gaps.

Stakeholder Interviews

In total, 17 interviews with 26 people were conducted in March and April 2020. A range of agencies across the County were included and attempts were made to get a variety of agencies that represent relevant groups within the County such as newcomers, Indigenous and Mennonite. Of these, 12 different community serving agencies participated and five women with lived experience. DASO identified key agency-based stakeholders in Oxford County that they felt may be connected first hand to the issue including those directly providing domestic abuse services and those in other fields such as health, mental health, justice, and employment that would be working with women experiencing domestic abuse and would actively partner or refer to domestic abuse serving organizations. In addition, stakeholders interviewed were asked to identify others relevant stakeholders (snow ball). This method was selected to get a sense of current strengths and barriers in our community, and recommendations to address the identified barriers. A 45 minute semi structured interview was conducted with the participants (see Appendix A for research questions). The assumptions implicit in the research and the questions were that barriers do exist.

The women with lived experience were identified by stakeholder agencies and asked to participate. They were provided a gift card to compensate them for their time. SPCO used an internal research ethics review to determine appropriate process for consent and confidentiality for all of those involved in the interviews.

EXISTING DOMESTIC ABUSE SERVICES IN OXFORD COUNTY

Domestic Abuse Services Oxford

Domestic Abuse Services Oxford (DASO) operates an emergency shelter that is a safe, comfortable space for women, children and teens impacted by domestic abuse and/or homelessness in a 21-bed high security shelter located in Woodstock, serving all of Oxford County. Programs and services include a 24-hour crisis/help/support line, community-based counselling; sexual abuse/ assault counselling; community outreach; specialized programming for children and adolescents exposed to abuse; violence education/prevention. All services are free of charge, confidential and accessible.

Ingamo Homes

Ingamo Homes is a non-profit organization that provides safe housing, counselling and support for women and their children who have left violence. The counselling that is provided is specific to the women in the program, which may be one on one therapeutic support and trauma informed group work. Children and youth are offered emotional support, life skills and recreational activities and assistance in connection and transitioning to a new home.

Family Violence Counselling Program

The Family Violence Counselling Program at the Children's Aid Society of Oxford County works in cooperation with the family, the community and other service providers to identify and address issues of violence within the family system. The program works actively with victims of abuse by focusing on safety, recognizing the difference of abuse and healthy relationships to assist in making decisions that will allow people to live violence free in the future. The use of both voluntary and non-voluntary services demands a varied continuum of service, which has necessitated effective partnerships with service partners.

FINDINGS: THEMES FROM STAKEHOLDER INTERVIEWS

The following themes emerged from 17 stakeholder interviews relating to the current strengths in the services available in Oxford County for rural persons experiencing domestic abuse, from the perspective of both service providers and women with experience accessing services. This section will be followed by the literature review on barriers for rural women wanting to access services and then the findings from the stakeholder interviews on barriers.

Strengths

FORMAL AND INFORMAL COLLABORATION BETWEEN SERVICES

The most frequently identified strength, highlighted by most respondents, was the formal and informal collaboration between services in the community. This included informal collaboration such as consultation between agencies, sharing of resources, as well as more formal collaboration such as the 'situation table'.

Informal collaborations identified by participants as helpful included sharing of resources and information, service providers knowing each other, and the willingness of other services to help when needed. Some participants attributed the success of those partnerships to the unique content that service providers in rural communities work in, often causing shared challenges such as lack of funds and staffing limitations. Additionally, geographical proximity of services in the rural community often leads to co-location and having mutual clients, which contributes to collaboration. This is demonstrated in the following response:

> ***Strengths in rural-work better together; more supportive than larger urban centre. The culture is not as rushed, partnerships can be easier to develop due to challenges. We share services due to lack of funds. We do well in Oxford. We have mutual clients, colocation, client centres. We consult with other organizations. Easier than urban where it can be more competitive. [service provider]***

Multiple respondents highlighted the strengths of the 'situation table' model as helpful with referrals, check-ins, and increased communication between agencies, planning, and coordination of care. One respondent, referring to their experience with the situation table, stated: ***"The situation table is a big strength, good outcomes from it. At the table I make a lot of referrals and check-ins. We create a plan for now, safe and managed and basic needs met; timely wrap around care" [service provider].***

It is important to highlight that while collaboration between services was noted as a strength by most service providers and one of the women interviewed, it was also identified as a barrier and a recommended area for improvement by some service providers and many of the women interviewed. This shows that while efforts for collaborative practice are well underway, these efforts must continue, and that perceptions of service users may differ from those of service providers.

PERCEIVED SUPPORT AND HELPFULNESS OF SERVICES

All five women with lived experience of accessing domestic abuse services in Oxford County, who participated in the interviews, identified the support and helpfulness of services as a major strength. Participants stated that they felt believed and cared for by their service providers; they felt welcomed and safe, and they perceived the services that they accessed to be non-judgmental. A few respondents mentioned the timely access to services and ease of transition between services. One respondent described their positive experience accessing services:

> ***Didn't experience any barriers-positivity…welcomed with open arms, cared for and believed right away-magical experience…… I was free to speak about what happened, she didn't judge me, didn't have to explain a thousand times, I was just heard-it was monumental, life changing. [woman with lived experience]***

Another respondent described the role that community services played in helping to decrease their sense of isolation: ***"facilitators/staff-open, welcoming, not judgmental…connect with women going through similar things. I felt isolated, interacting was helpful" [woman with lived experience].*** Overall, all of the women who participated in the interviews perceived existing services as valuable, as demonstrated in this participant's response: ***"if it wasn't for people like that, people would be stuck" [woman with lived experience].***

VARIETY OF SERVICES AND OPTIONS

Another strength that was discussed by both the women and service providers, who participated in the interviews, was the large variety and options of services offered. Numerous participants discussed the large number and scope of services in the community, as stated by this respondent: ***"lots of resources/connections. Lots of groups for example offered by family violence program" [woman with lived experience]***. Other participants discussed the flexibility of services and the variety of options offered, such as services providing transportation supports and services provided in multiple locations. One participant discussed how the variety of options and flexibility can be helpful in meeting the client where they are at: ***"Flexibility to work with clients where they are at- to discuss options" [service provider]***. Overall, respondents identified that the availability of various options and services within the community is helpful in providing client-centred care and increasing access to services.

ESTABLISHMENT OF TRUSTING RELATIONSHIPS WITH THE COMMUNITY AND OUTREACH EFFORTS

Another strength identified by multiple respondents was the establishment of trusting relationships with the community and outreach efforts of agencies. Multiple respondents discussed the importance of building trust with the community as the foundation for developing meaningful relationships with the community and increasing access to service and information. This was identified as particularly important in smaller, closer-knit groups, such as the Indigenous communities, the Mennonite Community, and smaller rural communities. Participants discussed that outreach efforts have been most successful when the service provider working in the community was a consistent person, who was trusted and well-known to the community, as discussed by this provider: ***"Ontario Works worker speaks Low German, knows community and trusted person" [service provider]***. This could be particularly helpful as community members could see themselves in the service provider and relate to them, which can help to establish trust in the service. Additionally, one participant noted the importance of community perceptions about an agency, which is particularly important in a tight-knit community: ***"if women have a negative experience, they will tell everyone-word of mouth. Not saying our shelter is bad. Importance of perceptions (rumours or real)-scared of services/avoid" [service provider]***. Another participant spoke to how successful outreach within a community can lead to positive outcomes for the community, which has been a strength in current relationship-building efforts:

> ***Slowly getting Low German community to take up roles in healthcare, public health, Family Education and Support Project of Aylmer [outside of Oxford]….Makes women aware of resources and seek outside help to better themselves…Younger generation-learn how to be better i.e. men and women roles and positive and healthy relationships. [service provider]***

CREATIVE SOLUTIONS AND ADVOCACY EFFORTS

Multiple service providers discussed the use of creative solutions and advocacy efforts in the community as a strength of existing services. Solutions discussed include the use of technology to increase access to services, advocacy efforts, and the use of alternative solutions for system-level issues (e.g. funding cuts).

Numerous participants provided examples of technological solutions such as the use of online video chat to increase access to services that people may not otherwise qualify for or be able to access, as

noted by this participant: ***"Free legal clinic- available through video chat people that don't qualify for legal aid can access contact with lawyer. Family violence and Ingamo work well together use of tech ZOOM" [service provider].*** Other technological solutions mentioned were the use of the Low German Radio station for information sharing within the Mennonite community, the existence of a 24-hour phone line, and the use of a business card with a barcode phone number: ***"DASO cool business card- barcode with number; anonymous; good at creating confidential spaces" [service provider].*** The existence of such solutions has been identified as helpful for increasing access to services in the community in a way that is timely and safe for service users.

Multiple participants discussed that organizational challenges such as limited funds may lead them to create solutions through conversations and advocacy. One participant, referring to examples of creative solutions, stated: ***"Try to support individual….Creative solutions, until housing available. [Provide] clothing, shelter, food. Conversation happening to try to solve issues" [service provider].*** Another participant stated that our conversation through the interview, referring to collaborative work and advocacy, is a strength within itself: ***"that this conversation is happening- trying to move forward, getting creative, doing without funds as no one is adequately funded yet still trying" [service provider].***

Literature review

The following is a literature review identifying the conversations regarding rural barriers for accessing domestic abuse supports.

The final report for the Ontario Rural Women Abuse Study (ORWAS), a Department of Justice Canada collaborative project with the Community Abuse Program of Rural Ontario, was completed in 2000. Using this report as a launching pad, updates to the literature and lived experiences of rural women in Canada are needed. Recent police-reported statistics indicate the prevalence of violence against girls and young women is notably higher in rural areas than urban areas (Statistics Canada, 2018). Nearly two decades later, addressing the barriers to accessing domestic abuse services for rural communities persists as an issue.

Intersectionality

The initial review of literature revealed barriers to accessing resources that were difficult to discern between rural and urban settings. There were indicators in field research to demonstrate the unique position of rurality, however, the general search of barriers to access generalized geographical space to assume all service provision access could be linked to urban spaces. As cited by Sandberg (2013), within the field of domestic violence research, there appears to be an "urban norm" which demonstrates space and place are not considered in many analyses. As well, urban research is "assumed to be generalizable to cases outside of urban areas" (Sandberg, 2013 p. 351).

The realization of a lack of divide between urban and rural research, led to the inclusion of rurality as an intersection in the lived experience of those impacted by domestic abuse. Using rural space as a key

search term coupled with intersectionality opened an entirely new field of research specific to the experiences of rural communities.

Interviews and focus groups with participating survivors of abuse in the Ontario Rural Women Abuse Study (2000) revealed key findings of the barriers to access faced by rural women. Six key findings came from this data collection indicating issues faced by rural women. These included geography, limited access to both services and information, lack of anonymity, safety issues linked to geographical location, rural culture (tied to traditional gender roles) and community complacency. An update to this information would be necessary, at the level of lived experience, to determine whether these issues are still relevant, however, since many of the issues are linked to rurality specifically and rural shelters are uncommon, these issues can be assumed presently relevant.

Geography (Including Access to Housing)

One of the clearest obstacles and notable differences between urban and rural access to services can be linked to geographical space. Canada's geographical classification system highlights definitions distinguishing urban versus rural areas. Population centres are defined as areas with "a population of at least 1,000 and a population density of at least 400 persons or more per square kilometre" (Statistics Canada, 2018). Categorizations of populations over 1,000 fit within the definition of urban spaces. Rural spaces are then defined as territory outside of a population centre or with a population less than 1,000. According to 2011 Census data, 18.9 per cent or 6.3 million Canadians lived in rural areas. For the purpose of this investment, the Ministry of Children, Community and Social Services define rural and remote communities as "those communities that have limited local services, are far from urban centres, and/or are without year-round road access. In addition, rural and remote communities tend to exist in geographic areas where there is relatively low population density or limited access to services."

One of the initiating factors for the ORWAS (2000) research project was limitations in accessing statistical data on family violence in rural areas, though more recently, statistics provided by police indicate higher levels of reported abuse in rural areas. Updated national census data collects and differentiates the reported experience of abuse for urban versus rural populations which is a noted improvement from previous literature, however, literature is limited on the provision of services to rural areas, which underlines other components of the ORWAS (2000) report.

Schiff, Schiff and Turner (2016) draw on another complexity related to domestic abuse and rurality. Research in Western Canada surrounding homelessness indicated that victims of domestic violence are among the populations of people most impacted by homelessness. The research indicates that family issues and domestic violence "precipitate rural homelessness" linked to barriers in accessing services located mainly in urban centres (Schiff, Schiff & Turner, 2016, p. 77). This link has also been recognized by a recent announcement for a National Housing Fund (NHF) as cited by Maki (2017) aiming to address "critical housing issues and prioritize support for vulnerable citizens, including…survivors fleeing situations of domestic violence" (p. 4).

Maki (2017) also continues on the issue of homelessness disproportionately impacting women in domestic abuse situations by stating that housing is one of the most prominent obstacles for women leaving abuse. One link to women's homelessness perhaps being left out of policy or generalized with other vulnerable groups is that "women's homelessness is vastly underestimated and often hidden" and that domestic abuse survivors are not often considered a part of the homeless demographic (Maki, 2017, p.5). Rurality compounds the issue of homelessness linked to domestic abuse in terms of access to services that presents as an issue for urban counterparts as well.

Limited Access to Services and Information

Physically accessing service providers that are more centrally located poses a problem for women. ORWAS (2000) highlighted both distance and access to transportation as barriers to service provision for rural women. This can be seen in relation to anonymity and community support, as involving others in the process to access services by needing a ride to an urban area or healthcare facilities, leaves women vulnerable to their situation being broadcasted through the small communities. The response from women then becomes not reporting acts of abuse or facing consequences for reporting/seeking help.

Isolation – emotional, social and physical - is often considered an issue experienced by many victims of domestic abuse, both in urban and rural settings. Geographical isolation compounds other forms of isolation felt by those in urban settings to indicate that rural spaces differentiates itself from the urban setting (Sandberg, 2013). Research indicates time and again that geographical isolation is the “most fundamental difficulty facing rural battered women” (Grama 2000 as cited by Sandberg, 2013, p. 354).

Lack of Anonymity

Mantler and Wolfe (2017) study intimate partner violence in rural Ontario and similarly identified lack of anonymity due to the size of rural communities as well as a general lack of access to services as recurring barriers. This understanding of a lack of anonymity juxtaposes the aforementioned issues of isolation. While being isolated from accessing services and support networks, small communities feel even smaller where everyone knows who you are. Sandberg (2013) indicates that women from rural communities are more likely to be in contact with someone they know while accessing social services, when contacting the local police service or seeking necessary healthcare services at the closest service centre.

Wendt (2016) also recognizes privacy as a concern citing geographical isolation as a key factor in building “formal helping networks” which presents a problem to women requiring anonymity and identity protection in leaving dangerous situations.

ORWAS (2000) recognized a lack of anonymity as a key finding from their discussions with women in rural communities. This barrier was linked to fear of abusers finding victims after they leave the abusive situation which ultimately led to a fear of seeking help from professionals.

Safety Issues

While safety is a concern throughout the discussion of accessing services and representing other barriers that exist, safety related to the involvement of law enforcement in domestic abuse situations is cited as a key barrier in accessing services. ORWAS (2000) indicated that the safety issues lie in the response time of emergency responders to rural locations and in instances where life is in the balance, time is a necessary component of safety.

There is also a direct link between safety issues and the relationship to police services canvassing rural areas. Huey and Ricciardelli (2017) present research surrounding “the role that factors associated with the nature of rural and remote policing play in potentially increasing risks to both officers’ and victims’

safety" (p. 199). This research also connects to the community attitude mentioned below where bystanders or those with knowledge of domestic abuse situations in rural communities are more likely to report incidences of violence "when the violence becomes escalated and most pronounced" (Huey & Ricciardelli, 2017, p. 211).

Rural Culture

ORWAS (2000) represents rural culture as the ethics and character of rural life. Although present in all domestic abuse, the component of rural culture most connected to domestic abuse is the adherence to traditional gender roles. The key findings from the ORWAS (2000) report state "women are reluctant to ask for help partly because of traditional values about male and female roles" (p. 50). Wendt and Hornosty (2010) indicate that financial stability, lines of inheritance, family closeness and unity as well as traditional gender roles are characteristic of rural family units.

In relation to traditional gender roles, women are responsible for maintaining social relationships in rural communities. This part of rural culture can be referred to as the maintenance of social capital. Social capital is defined as "relationships between relatives, close friends and social groups" linked to "trust, reciprocity and shared values and norms, altruism, shared beliefs, tolerance and a sense of belonging to communities, self-reliance and self-help" (Wendt & Hornosty, 2010, p. 53). Social capital has also been recognized as an important component of community cohesion in rural communities. Women are often linked to the strength of community social networks and therefore recognize that threats to community ties, such as reports of domestic abuse, impact not only the victimized women but also the community as a whole. Wendt and Hornosty (2010) claim "family violence erodes investment in social capital" due to the major impact on women's mental and physical health (p. 54).

Community Complacency

While there can be a focus on the domestic relationship in understanding the barriers that exist for rural women, the attitudes of the community also play a role in whether or not women seek help. Edwards (2015) states attitudes about intimate partner violence vary between urban and rural spaces, with rural communities less likely to support government involvement in issues such as violence against women. Some studies have indicated that rural individuals are more apt to blame victims of intimate partner violence than their urban counterparts (Edwards, 2015). This attitude could also impact the response by legislators, law enforcement and trauma centre service providers of the rural community. Edwards (2015) cites these professions "report more concern about IPV as a problem for their communities than individuals in similar positions in urban locales" (p. 367).

Central Hub Service Provision

Although the literature review did not specifically seek recommendations or solutions to address barriers to accessing domestic abuse service in a rural community, central hub provision appeared a number of times and will be discussed briefly here and in recommendation number 6. Beyer et. al. (2013) compares rural and urban settings in relation to domestic abuse and finds that multilevel service provision needs to be crafted specifically for challenging geographical locations. This suggests looking outside the model of service provision that applies to urban settings and creating a new model of service access specifically for rural areas. This would aim to address access barriers linked to

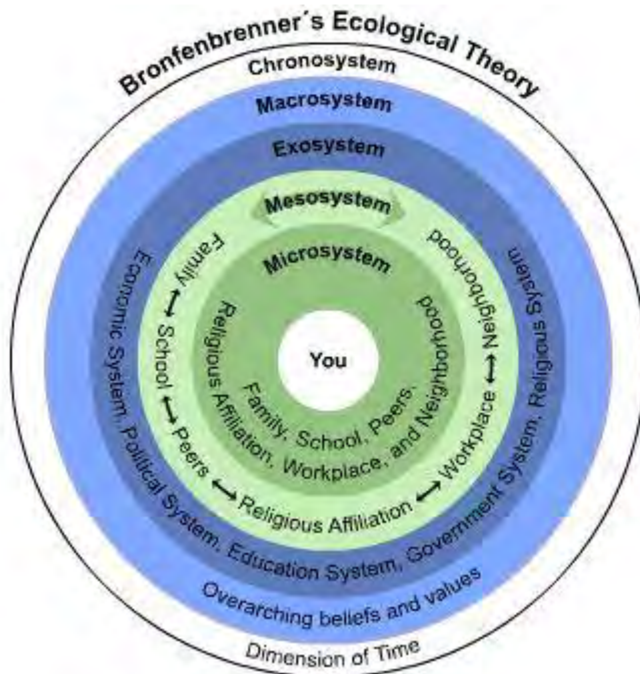
transportation but could potentially still see issues with anonymity and sociocultural factors. It cannot be argued however that anonymity and sociocultural values are specific or unique to rural settings as opposed to urban settings. This suggestion by Beyer et al. (2013) of rural-specific services is supported by Mantler and Wolfe (2017) in that their research stems from experiences of survivors accessing services at a rural shelter in need of service transformation.

Addressing the barriers to access, Mantler and Wolfe (2017) found that shelters in rural areas should be able to fill the gaps in accessing services by expanding the scope of services provided. In an essence, providing one location rurally that allowed access to a variety of needed services – shelter, healthcare, legal aid, psychological supports- could address the issue of rural access. Language such as shelter-based organizations being "service hubs" encompassed a "no wrong door" approach to accessing support.

Findings: Themes from Stakeholder interviews

Barriers

Questions related to barriers to accessing services in rural communities in Oxford County were asked of participants. The barriers discussed in the interviews were categorized into three main groups: individual-level barriers, community-level barriers, and system-level barriers.



These themes were organized using Bronfenbrenner's ecological system theory dividing our environment into levels of influence. The theory reminds us that each level of our environment impacts the other, all levels affect the individual and the barriers are interconnected and confounding. Although there are definite themes that emerged, each woman has a unique story, pathway and set of barriers. It should be noted that some barriers arose in the stakeholder interviews that did not appear in the literature.

Individual-Level Barriers

INFLUENCES OF CULTURAL FACTORS

The majority of respondents identified influences of cultural factors as a barrier to accessing domestic abuse services in the community. Cultural factors included both the client's ethnic culture which may shape their beliefs and views, as well as "rural culture", which was described by a few respondents as a unique set of beliefs and views regarding family and marriage that is specific to a rural context. Respondents identified that cultural factors influence two categories of views and beliefs: views regarding the integrity of marriage and family, and views of relationships and gender roles. Multiple respondents discussed the view that the integrity of marriage and family are a central value in rural communities, meaning that leaving the family or seeking support for domestic abuse would be perceived negatively by the community and serves as a barrier for seeking support. Additionally, multiple respondents spoke to the internalization of this value by persons experiencing domestic abuse, who may feel shame "breaking up the family" or may fear consequences from the community, as stated by this participant***: "Culture-they don't want to leave, don't want to be doomed by culture" [service provider]***. A few respondents explained that the value of family integrity serves a functional purpose in the rural context in that the family unit is required to maintain a stable source of income (e.g. such as through farming), and the family is seen to have a responsibility to the entire community: ***"Core value of Mennonite community regarding family unit work together…family unit work on farm; source of income; huge responsibility to employer" [service provider].***

The second way in which respondents described cultural influences serving as a barrier to accessing services is in how culture influences views of relationships and gender roles, which oftentimes serve to normalize domestic abuse. Those views may contribute to the person experiencing domestic abuse accepting their experience as 'normal', by virtue of how they view their role in the relationship and their expected treatment from their partner. Multiple participants spoke to the prevalence of a clear division of male and female gender roles within the family, particularly within a rural culture context. One participant spoke to the normalization of certain behaviours, which serves as a barrier to seeking help: ***"it is acceptable for a man to ask how you are spending your money; when is dinner going to be on the table etc.? 'I can do what I want' (culture/male dominant role)" [service provider].***

ACCESS TO TRANSPORTATION

The second individual-level barrier identified by most respondents is limited access to personal transportation. This barrier is intensified in a rural context, where access to public transportation is limited and distance to services can be quite large, indicating that it is also a system-level barrier. Additionally, a few respondents posed that access to transportation can be related to more traditional gender roles in the rural context, whereby women may not drive and may not have access to a vehicle since it is used by the partner, as stated by these respondents***: "some women don't drive" [service provider]*** and ***"rural environment partner takes vehicle women stuck at home" [woman with lived experience].*** Another respondent discussed that transportation in the rural context, particularly without access to public transportation, may be unsafe, meaning that accessing services may pose a safety risk for the person: ***"if want to access services out of home community- transportation challenge- not safe" [service provider].***

PERCEPTIONS OF DOMESTIC ABUSE AND KNOWLEDGE OF AVAILABLE SERVICES

A few service providers and most of the women with lived experiences of accessing domestic abuse services interviewed, identified that perceptions of domestic abuse and knowledge of available services were major barriers to accessing services. A few of the respondents stated that domestic abuse is often perceived as only physical violence, while other types of abuse such as verbal or emotional are not seen as falling under the definition of "domestic violence". It was stated that this perception may cause persons to accept the abuse and minimize their experience, thus preventing them from seeking help. This is demonstrated in the following responses: ***"he didn't beat me, emotional and psychological abuse (not known or widely recognized). Before this I didn't think this type of abuse existed" [woman with lived experience].***

Another theme that was discussed by a few of the women who participated in the interviews was personal perceptions of "healthy relationships" and being able to recognize that what they may be experiencing is abuse. One respondent stated that persons may not view abuse as "wrong", leading them to accept the abuse and thus not feel that they need to seek support***: "Am I in an abusive relationship? Some women don't know. Knowledge of (healthy relationship). Is it wrong? 'It's not that bad.' Provide support/education to know that 'no, enough, we deserve more' " [woman with lived experience].***

Lastly, lack of knowledge of available domestic abuse services and resources was identified by both the service providers and the women interviewed as a major barrier to accessing services, as stated by one participant: ***"[she] would not seek shelter assistance- wouldn't know where to go" [service provider]***.

FEARS/CONCERNS

Respondents discussed the various fears that persons may have about seeking help, which may prevent them from accessing services. There was a large variety of responses, with multiple aspects of fears and concerns mentioned. Firstly, respondents discussed fears regarding services themselves, consequences from accessing services, and a lack of trust in services. One respondent noted that persons may fear that accessing services would have negative consequences for their future, including having their kids taken away, or having their permanent residency revoked:

> ***Fear of services-will they believe her? Husband is Canadian. Afraid going to take away permanent residency. I have to assure women that they will not take residency away; men threaten this. [Another] huge barrier is the fear that Children's Aid Society will take the kids away, so afraid. [service provider]***

As stated by this participant, fears may be rooted from uncertainty regarding what the experience of accessing services might look like and whether they will be believed. Additionally, these fears may be instilled by the abusive partner as a way of holding power over the partner experiencing the abuse and to prevent them from seeking support, which may serve as a barrier for connecting with services. One participant noted that there might be lack of trust or fear of specific systems of services (e.g. police) which may stem from negative past experiences: ***"fear of cops" [woman with lived experience].***

Another fear commonly discussed by respondents was the fear of negative consequences from the community/family. One participant discussed the view that breaking up the family may "sabotage" the community: ***"Afraid of: Sabotaging, culture/ church community to seek help" [service provider]***. Another participant noted the fear of being alone, which they highlighted is a particularly prevalent fear

in a rural context since leaving an abusive situation can impact the financial security and lifestyle of the person: ***"fear of being alone…more prevalent in rural area. Harder in smaller rural area to be alone- more responsibilities" [woman with lived experience]****.* Financial security will be discussed further below. Another participant discussed fears regarding the safety of the women they work with, particularly highlighting the fear that women will be found by their abusive partner due to the lack of anonymity in a small town: ***"he is going to find me because this is Woodstock" [service provider].*** Lastly, a number of respondents stated that fears of the unknown and uncertainty may prevent persons from seeking services for domestic abuse and leaving an abusive relationship. Numerous participants identified not knowing what to expect when accessing services as well as not knowing where they would go and what the future might hold if they were to leave their abusive partner as a barrier for accessing services. This fear identified by numerous respondents related to the sense of predictability and security which may tie persons to their home and community, and is further discussed in the following section.

TIES TO HOME/COMMUNITY

Just as fears of the unknown may prevent a person from leaving an abusive situation, respondents identified that ties to the home and the community may serve as an important additional barrier to considering leaving an abusive situation and accessing services. A number of respondents spoke to the predictability/sense of security that may prevent a person from fleeing an abusive relationship, including financial security. One respondent stated: ***"Why give up farm life with family then go to unknown- devil you know versus devil you don't know" [woman with lived experience]****.* Another respondent discussed the importance of tradition and social security as a factor that may prevent a person from leaving their partner. One participant also mentioned existing contacts/support networks as a barrier to leaving: ***"Leave area- leave everything - all contacts, not able to make… informal supports" [service provider].***

Another commonly mentioned tie to home was children. Respondents discussed that a person might not want to leave the home out of concern for their children, not wanting to "uproot" the children's ties to the home and the community, or not wanting to involve children in accessing services. Similarly, numerous respondents identified having pets as another barrier for accessing services. Participants stated that shelters often do not accept pets and persons may not be able to afford boarding costs. Another participant noted that a person may not want to leave their pets behind, thus preventing them from seeking help: ***"No where to put pets, that was a big thing, a barrier…don't want to leave pets behind, can't take to shelter, can't board them (huge bill to board)" [woman with lived experience].***

FINANCIAL BARRIERS

As previously discussed, the rural culture may often create more traditional gender roles and responsibilities within the home, often leaving women with less financial power and reduced access to resources than men. As discussed in the transportation section, this distribution of resources can often put women at a disadvantage, creating additional barriers to accessing services such as lack of access to transportation. Respondents identified finances as a major barrier, which includes being able to afford a phone, housing, or have access to financial opportunities. As indicated by multiple respondents, in the rural context, persons may experience a lack of opportunities and lack of employment, often causing financial isolation or dependence on the family business (e.g. a farm). Finances, then, are both a present and an anticipatory barrier for accessing services. Finances may be a present barrier when it

prevents access to a service (e.g. not having a phone to call for help, not being able to move away due to financial dependence, etc.). Additionally, finances may be an anticipatory barrier in that one may fear financial insecurity and inability to become financially independent or find employment if they leave the abusive relationship due to dependence on the partner, as stated by this respondent: ***"for me, I couldn't afford a place on my own. I didn't have a job because I was on maternity leave. Relied on my ex to provide for us" [woman with lived experience].***

LANGUAGE BARRIERS

Multiple respondents identified language as a barrier to accessing services. This factor may also further contribute to social isolation and dependence on one's partner. One participant discussed how this challenge may serve as a barrier for screening for domestic abuse or connecting to services: ***"husband speaks on her behalf, she doesn't speak" [service provider].*** Although this barrier is an individual level barrier, it is primarily a system-level barrier, in that services may not be available in other languages.

SHAME/INTERNALIZED STIGMA

Stigma and shame were identified by multiple respondents as a barrier to seeking services. While stigma is rooted externally to the person, stemming from societal stigma, it can also be an individual level barrier in that it is often internalized. A few participants spoke about internalized stigma, leading to feeling shame or self-blame for experiencing abuse as well as feeling shame for accessing services. This was highlighted as an important barrier that may prevent one from accessing services, as stated by this respondent: ***"stigma: don't want to be seen at shelter; don't want family to see they are in a domestic violence experience. 'We let it happen to us'- need growth programs to change our beliefs" [woman with lived experience].***

Community-Level Barriers

CONCERNS REGARDING CONFIDENTIALITY/ANONYMITY

All respondents highlighted concerns regarding confidentiality as one of the most significant barriers to accessing domestic abuse services in Oxford County. Specifically, respondents highlighted the lack of anonymity associated with living in a rural community as the primary reason for concerns regarding confidentiality, whether this is perceived or reality. Participants stated that it is common for "everyone to know everyone" in tight-knit communities such as those in small towns and reserves. Others discussed concerns specifically regarding service providers being a part of the same community, expressing that there might be concerns that information might be shared within the community, or that the service provider might be a neighbour, as stated by this participant: ***"difficult for a person to identify. Worker may be neighbour as there is social network and people know people so it is hard to be anonymous" [service provider].*** This was discussed by another respondent who stated that there might be concerns that the service provider may be a friend of the perpetrator, thus introducing potential safety risks and fears of consequences for the person accessing services. One respondent also highlighted that one's social location (e.g. racial or ethnic background) might add additional concerns regarding confidentiality, since the rural community is predominantly white: ***"Very white community- anything different about you- you stand out" [service provider]***. Respondents also highlighted that

the physical location of agencies may be a possible barrier due to it being "obvious" that a person is accessing a service or people having concerns that they will be seen at the agency. This finding was contrary to what was indicated in the literature, whereby a hub model was identified as helpful. Here, respondents expressed concerns regarding co-location of services as a model that may pose challenges to confidentiality and peoples' real and perceived safety in accessing services.

STIGMA

Similarly to internalized stigma and shame discussed as an individual level barrier, many participants brought up stigma and community judgment as a major barrier to accessing services. Participants stated that social stigma is prevalent when it comes to domestic abuse, often causing "shaming" of persons accessing services or experiencing abuse. One respondent discussed that society holds a negative outlook for asking for help in general, and particularly when it comes to violence in the family: ***"negative outlook for asking for help-admitting there is a problem, societal" [woman with lived experience].*** Another participant similarly stated that it may be safer for a client to identify as having a mental health concern than admit to experiencing abuse. One respondent also discussed the impact of intersectionality in increasing stigma that one might experience, for example, when in addition to domestic abuse, a person might be experiencing poverty or substance use. Other respondents also stated that in addition to stigma from the community, service providers might perpetuate stigma and shaming due to a lack of understanding of the complexities of domestic abuse: ***"Shaming…services do not understand that it is not a choice" [service provider].*** Referring to societal stigma, a couple of respondents mentioned that there is a lack of understanding of domestic abuse leading to normalization of abuse: ***"Society- its ok to be bullied by partner" [woman with lived experience]***. Societal stigma, shame, and lack of understanding of abuse and one's experiences may then serve as a barrier to accessing services as well as to trusting services, particularly if a person has experienced the system negatively in the past.

INFLUENCE OF FAMILY AND COMMUNITY

Numerous participants identified that influence of community leaders and family pressures may be a barrier for accessing services. Unlike views and beliefs that are internalized, these influences are external, from the family, community, and cultural/religious leaders, thus being a community-level barrier. A few participants stated that a person might feel pressure from their community, religious leaders, or extended family, to stay in the relationship/community, or to not seek out services outside of the church authority or the closed community. One respondent stated that if one were to choose to leave and access services, they might risk being isolated and ostracized from their community: ***"Social community…..Leave relationship-religion leader pressuring to stay in community….If leave ostracized" [service provider].***

ISOLATION

Many respondents highlighted isolation as an important barrier to accessing services. Respondents discussed multiple facets of isolation, including social isolation that may not be specific to the rural geography, as well as geographic isolation and the consequential social isolation that is prevalent in rural communities. Participants discussed social isolation rooted in culture/language barriers as well as other factors such as lack of friends/family support or having a small network. Other respondents

highlighted the isolation associated with large geographic distances between families living in rural communities and between one community to another, which creates a separation: ***"Communities are isolated or working within community" [service provider].*** In such a way, rural geography can further exacerbate social isolation, thus posing a barrier to accessing formal and informal supports and information. This concern of isolation is further compounded during the time of COVID-19, due to social and physical distancing, thus leading to increased barriers to accessing services. Lack of in person contact with domestic abuse services during COVID-19 is an additional barrier, especially for those without safe and easy access to phone or internet.

ACCESS TO INTERNET/PHONE

As previously discussed, individual financial factors may serve as a barrier for obtaining access to the internet/phone. However, as highlighted by multiple participants, lack of access to internet/phone may often be a community-level barrier that is particularly prevalent in the rural geography. This barrier also contributes to the aforementioned barrier of isolation from services and supports. Respondents highlighted that connection to the internet and "dead zones" are common in certain rural areas and reserves. This prevents one from being able to call for help or connect with formal and informal supports, services and information, thus increasing one's isolation and decreasing one's access to services.

System-Level Barriers

LIMITED AVAILABILITY OF SERVICES

All of the participating service providers identified limited availability and variety of services as one of the most significant barriers in the current domestic abuse services system. Interestingly, variety of service options was also noted as a strength. This theme included seven main subthemes that respondents highlighted, including:

- limited availability of services in general
- limited availability of specialized services
- limited legal services
- limited options for services in other languages
- lack of culturally-sensitive services
- lack of trauma-informed care
- limited after hours/crisis services

Many participants commented on the lack of services in Oxford County as compared to other urban centres such as Toronto, attributing the limited services to funding structures, as stated by this participant: ***"Smattering of services available; and funded to provide narrow services" [service provider].*** Numerous participants also discussed the limited availability of specialized services; examples included: lack of services such as a sexual assault support centre, supports for men experiencing domestic abuse, supports for perpetrators of abuse, and the reduction of dedicated police officers to domestic abuse. As numerous respondents stated, this limited availability of specialized services can cause challenges in accessing necessary services and meeting needs of individuals, particularly those who may have multiple intersecting vulnerabilities.

A third major category of services discussed by numerous participants was legal services. Respondents discussed the lack of lawyers and legal aid support, attributing the gaps to cuts in funding and resources. One participant spoke to this gap in services and added that there is a lack of lawyers experienced specifically in matters related to domestic abuse: ***"Lack of lawyers, legal aid, legal support due to funding cuts. Resources are limited: 3-4 lawyers available in Oxford County area; in Tillsonburg only one with domestic violence experience" [service provider].*** Another respondent discussed challenges such as scheduling conflicts when an agency wants to accompany an individual to their appointment with the lawyer, which may often not be accommodated due to limited scheduling options given by legal services.

As seen in the individual-level barriers, language and sometimes cultural barriers often create challenges in accessing services, and this seems to prevail across the system. Numerous participants identified limited options for services in other languages and lack of interpreter services as a major barrier for accessing services such as counselling, domestic abuse supports, and other community services. Specifically, a number of participants identified language as a barrier for the Low German Mennonite Community. Additionally, numerous service providers stated that there is a lack of culturally sensitive services across the system. One respondent discussed challenges with understanding cultures, highlighting the importance of being aware of cultural and religious diversity in the County and offering services that are culturally-appropriate: ***"staff at women's shelter-they can't offer multicultural staff (maybe one or two multi-cultural staff would help). We cannot understand all cultures, but should have awareness of cultures/religions in County" [service provider].***

Other gaps in existing services that were highlighted by a couple of respondents were a lack of trauma-informed care and limited after-hours/crisis services. One participant shared their experience of accessing police services and having to re-tell their story multiple times: ***"had to relive the story to police (emotionally and psychologically traumatized)" [woman with lived experience].*** Another participant noted that while some services may use a trauma-informed lens to understand a client's experience, long-term services that go beyond crisis intervention and are meant to treat trauma, are significantly lacking. This participant also added that there are gaps in services that can adequately support persons with intersecting vulnerabilities:

> ***We are trauma-informed but there is a lack of trauma support; can only understand trauma or use that lens but can't treat (no one treats the trauma), therefore, lack of health process. There is not a place for complex women, get popped around (look at all options)-go to different services, tell story 5 times (services not trauma informed). Not trauma services: there is walk-in but then people bring out longer term demons that can't be dealt with because of short term counsellor mandate-may be more harm to share. [service provider]***

The same participant discussed the lack of after-hours/crisis services that can support more complex cases, stating: ***"after hours issues: not many 24 hour services … Crisis services not available - don't have a crisis centre for complex cases" [service provider].*** Service options available during business hours are different than those offered in the middle of the night.

GAPS IN SYSTEM DESIGN AND FUNDING

In addition to a limited availability of services, almost all participants identified challenges with how the system is designed, including a lack of funding and gaps in how funding is distributed, causing inadequate resources and staffing, long wait times for services, and rigid access/eligibility requirements. Participants provided numerous examples of funding cuts or ongoing underfunding of services which significantly limit access to needed services. Some examples of such services include concerns regarding continuing to be able to offer transportation services due to funding cuts, reduced programming in rural areas, underfunding of shelters, and competition for resources between agencies. One participant, referring to cuts in funding, stated: ***"Not having enough services to provide to women due to funding cuts……half a community counsellor for whole county….one transitional worker for whole county. Need presence in smaller community….Erosion of funding" [service provider].*** This theme of insufficient staffing to meet the needs of women was echoed by numerous other participants, who discussed understaffing in services such as short- and long-term counselling, shelter support staff, and legal services. Others highlighted that in addition to short staffing, some services may only have staff members available one day a week, or only at one location, thus serving as a barrier for accessing services in a timely and adequate manner.

Funding cuts and inadequate distribution of funds, lead to consequential shortages in staffing and resources, resulting in long waitlists and wait times for services. Multiple participants, including service providers and women who have accessed domestic abuse services, have highlighted the long waitlists for accessing services as a major barrier for receiving support. Participants referred to challenges accessing timely care, when it is needed most, and the possible negative consequences to those challenges, as stated by one respondent: ***"Wait list…access: get service right when needed; get when ready; can lose nerve/ can be life or death" [service provider].***

Another consequence of limited funding is the design of rigid access/ eligibility requirements, creating barriers to access for women, particularly those with multiple intersecting vulnerabilities. Participants spoke to numerous examples of such limitations to access. Multiple participants discussed how persons experiencing mental health, trauma, and substance use challenges may not be eligible for accessing a particular service (e.g. shelter) due to their concurrent challenges (e.g. active substance use), thus preventing them from accessing required services or leading to them being asked to leave. One participant, referring to how persons can be excluded from services due to challenges, such as presentation at the time of accessing services, stated: ***"women don't come in pretty packages they are set up to be… substance use, anger, trauma" [service provider].*** In their responses, participants discussed how such rigid limitations can cause persons experiencing intersecting vulnerabilities to "fall through the cracks" in the system, preventing them from receiving adequate support. In this way, funding limitations may cause rigid organizational mandates, often leading to a limited scope of services, increasing barriers and inequity in access to services. One participant also spoke to rigid policies regarding age of consent and agency requirements for both parents of a child to consent for a child's treatment, which may not be possible in many cases, thus putting in place barriers for accessing support:

> ***Custody and access (biggest barriers) requirements needed to be met to access services. Policies regarding how we get permission for consent with children under 12. Consent unavailable during domestic violence or times when family is struggling- cannot work with families. Consent is needed from both parents in order to work with child under 12 when court is involved- biggest barriers. [service provider]***

LACK OF HOUSING/SHELTER

Almost all respondents noted that a lack of affordable and safe housing/shelter options serves as a major barrier to accessing services and leaving an abusive situation. Respondents highlighted gaps in short-term crisis housing (e.g. shelters), transitional housing, and long-term housing options such as rent-geared-to-income options. Numerous participants stated that there are limited spaces at shelters, long waitlists for transitional housing, and the lack of options for shelter (e.g. no shelters accepting pets, no options to choose from if they had a bad experience at a certain shelter). One participant spoke of their experience of waiting for transitional housing: ***"Ingamo-there are so many women who need it…waited over a year to get into Ingamo (stayed at shelter 2-3 months and then went to mom's while waited)" [woman with lived experience].*** Another participant spoke to the limited availability of safe options for shelter, and their concerns regarding having to move their children away from their home community and not having supports for persons with mental health and addictions:

> ***Safe options for shelter…child focus. If from Brownsville/ Tillsonburg, if come to shelter, children would have to change schools. No room (Salvation Army, DASO, London Stratford). Homeless needing shelter now more. Less room for people; less room for people with mental health and addictions. Underfunding of shelters: understaffed to support people needing support and safety. Ingamo has no space. [service provider]***

Referring to limited options for shelters and long waitlists, one participant stated that the current situation is ***"setting up [women] for failure or death" [service provider].*** The housing crisis may cause people to have to stay longer in shelter causing a backlog: "***availability at DASO limited as people are staying longer due to housing crisis" [service provider].***

Similar challenges were identified by participants when discussing long-term permanent housing options. Participants identified long waitlists, often as long as four years, and limited options for affordable and safe housing, referring to the general housing crisis that is prevalent across the country and Oxford County. A few respondents also spoke about the choice between having to move away from their home community or staying in the abusive relationship, due to limited housing options. One participant spoke to their experience of waiting for housing:

> ***Housing crisis-might not be possible for some. For me, I couldn't afford a place on my own. I didn't have a job because I was on maternity leave: relied on my ex to provide for us. Housing crisis is the main barrier…a reason why people might go back (can't stay in geared to income forever). [woman with lived experience]***

Another respondent also highlighted the added challenges experienced by transgender people to find long-term housing that is safe, necessitating them to stay in shelters for a long period of time: ***"Longer term plan- due to housing crisis, unable to find safe housing/ transgender folks regarding housing concerns" [service provider].***

JUSTICE SYSTEM

A number of respondents identified challenges within the justice system, including police and the court system, as a barrier to accessing services. Participants, including service providers and women with lived experience, spoke to past negative experiences with police as possible barriers to accessing police supports. Some of the examples that participants provided were experiences of racism from

police, poor treatment, lack of follow up/communication from police, and feeling judged or blamed. This participant, referring to a client's experience of accessing police services, stated: ***"Well I called the police, felt I was being blamed, not believed, an equal contributor; police officer aligned to abusive man (this [police response] is discretionary dependent on the officer)" [service provider].*** Other participants spoke to negative consequences incurred by the person calling police, including a call to Children Aid Society and getting charged or arrested, as highlighted in these responses: ***"Inconsistency in police……Woman arrested because fight back or arrest him- ask him if arrest her"*** and ***"He has to return home to farm therefore she has to go. Response time [a concern] [service provider]."*** Another participant also identified fear/lack of trust of police as a possible barrier to accessing services.

A number of participants also identified the court system as a barrier. Participants stated that sentencing was often inconsistent and lenient, that the process was long, and that they often experienced a lack of follow-up and communication. One of the women interviewed, shared her experience of the court process, stating that sentencing of her perpetrator was lenient, and he has since re-offended:

> ***Court system: a bit ridiculous for domestic violence (not harsh enough); he had [multiple] charges but the sentencing wasn't harsh. He has done it to three girls since… disappointing. I emailed the Prime Minister's office about a harsher sentence. [woman with lived experience]***

LACK OF COMMUNICATION BETWEEN SERVICES/SILOES

While communication and collaboration between services was highlighted by both service providers and women with lived experience as a strength, it was also identified as one of the barriers, highlighting a need to continue efforts for increased collaboration. Numerous participants spoke to the existence of siloes in the system, stating that services in the County such as domestic abuse services, addictions, mental health services, and police, often work in isolation from each other. One of the women stated that she felt like she was ***"getting passed around" [woman with lived experience]*** and felt that she had to call and advocate for herself to access services. Another participant discussed how this siloeing may pose an even greater challenge for persons who are experiencing intersecting vulnerabilities, in that they may not be accessing the supports that are required to adequately address their concurrent needs: ***"Oxford can be siloed: domestic violence services, addictions, mental health (can't separate people that are experiencing all three)" [service provider].*** One participant shared their experience giving a statement in the police station, stating that they felt their safety was at risk due to a lack of care coordination between services:

> ***Priority: [need] someone with victim at police station…you are terrified. It was like they take your statement and then say 'have a nice day'. You are then responsible to get yourself to a safe place (should be that Victim Services drives you to make statement and help you with safety planning before you leave the station). Safety planning was not discussed with me (they said I had to place a call to Victim Services). [woman with lived experience]***

GAPS IN PROVIDER EDUCATION/TRAINING

Numerous participants identified gaps in provider education/training as a barrier to accessing services. In their responses, participants referred to three main gaps in training/knowledge:

- knowledge of domestic abuse in general
- knowledge of how to identify and screen for domestic abuse
- knowledge of domestic abuse services and programs in the community

Participants provided examples of service providers they felt had gaps in domestic abuse training, including lawyers, police, and healthcare providers. One participant stated that service providers may not know how to screen for domestic abuse or how to recognize the signs. Additionally, this participant noted that it is not uncommon for the partner or another family member to be present with the client during appointments, which makes it difficult to safely screen for domestic abuse. Another participant noted that such gaps in training may lead to inconsistencies in practices and how workers respond to situations***: "Children's Aid Society (CAS) vulnerabilities. How workers respond to domestic violence situation. CAS system: victim of domestic violence, file opened on them, (not on abuser), differential response to men and women in CAS" [service provider].*** One participant also stated that providers may not see women as experts, significantly impacting the individual's experience of accessing the service, as noted in this response: ***"lawyers are not educated in violence against women, power and control. […]. First contact is the family law centre…..lawyer doesn't want to hear, women are not seen as experts in their own lives" [service provider].***

Intersectionality: Groups That May Be Experiencing Increased Barriers to Access of Services

This question was specifically asked of participants in order to identify groups living in rural communities that may be experiencing unique barriers to accessing services. All of the respondents identified that specific cultural/religious groups may experience unique barriers to accessing services, including Low German-speaking Mennonite women, newcomers to Canada/women with language barriers, Indigenous persons, and religious groups such as Amish, Christian Reform, and the Muslim community. This barrier was attributed to a specific set of rules/beliefs within the community, lack of trust in services, as well as challenges with outreach to those groups (e.g. not having phones), as demonstrated by these participant responses: ***"Amish/ Mennonite can be more difficult to reach; own set of rules/ laws, don't have phones"*** and ***"Religious groups (e.g.: Amish, Christian Reform, Mexican Mennonite)- walking away from church/family/social; patriarchal. More consequences for accessing services outside of church" [service provider].***

The second group identified by multiple respondents as experiencing increased barriers to accessing services is persons with concurrent/complex vulnerabilities such as mental health challenges and substance use. Persons experiencing complex vulnerabilities may not be eligible for services such as shelter, and existing services are often unprepared to address concurrent challenges, thus creating additional barriers for this group to access appropriate services. This is echoed in this participant's response:

> ***Concurrent disorders (mental health and addictions); ready to make change-it's quick, need to capitalize on it. People that are in silos: e.g.: too complex; message received that I am not worth saving or I can't be saved. DASO doesn't have room, no other place to go; only one staff person on at a time. This can lead to discrimination towards people with complex needs because they [providers] don't have time to manage. [service provider]***

Another group identified by multiple participants as experiencing challenges to accessing services is youth. Challenges for youth to access services include eligibility criteria for services (e.g. age of consent) as identified by this participant: ***"Youth are underserved (14-17 under age of consent for counsellor services for domestic violence or sexual assault. Feel it is rural specific as larger urban centres have lower age of consent to work with youth as young as 12)" [service provider].*** Additional factors include the lack of availability of youth-specific and youth-appropriate services, as stated by this participant: ***"teens (no places to go); no youth shelter, transitional (end up couch surfing, not ready for home; young women become too young to attend groups (with mothers say) and too old to attend groups (youth specific)" [service provider].***

A few additional groups were identified by some participants as experiencing unique barriers to accessing services, including persons experiencing homelessness, persons involved in the justice system, LGBTQ-identified persons, the farming community, survivors of human trafficking, and persons without access to transportation.

RECOMMENDATIONS FOR MOVING FORWARD

The information provided in the literature review, stakeholder interviews conducted with Oxford County service providers and women with lived experience and process learnings from the researchers, outline recommendations that are for DASO and the community's consideration. Increased funding and services, enhanced collaboration between service providers, education/ training, improved language, awareness and communication strategies are essential to remove barriers for women accessing domestic abuse services. Recommendations from key stakeholders also mirrored what was found in the literature with the exception of a few recommendations that arose from the interviews that were not seen in the literature. It should also be noted that in some situations the recommendations from the service providers differed from the women accessing services. A number of the recommendations are already in place and continuation or enhancement of services or processes are recommended. Other recommendations are new for consideration and may or may not require additional funds. Although funding may be tight in light of COVID 19 concerns, it is imperative that partners continue to work together to deliver their much needed services and attempt to address the barriers identified.

1. Increase funding to address barriers including beds, staffing and specialized services

Funding

It was quickly evident from the participants in the study that more funding would be required to achieve the majority of the recommendations made, as existing services are not meeting the demand in Oxford County, including, not enough resources such as emergency shelter beds. Dependence on government funding is always a challenge and continued advocacy is critical to ensure that Oxford can obtain necessary permanent funding to meet the needs in the community. Community collaboration can generate creative solutions to make the most of the resources currently available while jointly advocating for these funding increases from all levels of government. Organizations will also need to continue their pursuit of other funding avenues such as grants, fundraising events, and donations to provide these essential services.

Considerations:

- Continue to advocate with partners such as Women's Shelters Canada, for the Canadian government to deliver on their commitment of a $1.5 million investment, to help end violence against women, and write and implement a National Action Plan on Violence Against Women and Gender-Based Violence, that includes provision of "the required financial resources that will ensure that levels of services and protection are not dependent on one's postal code" (Women's Shelters Canada, 2020, p.1).
- Advocate for increased funding to continue to address specific barriers for women seeking help such as:
    - Childcare, for example, when women seek counselling services
    - Legal fees for women who do not qualify for legal aid
    - Transportation for women accessing domestic abuse services and expansion into funding for more service providers, for example, justice system appointments
    - Shelter/ foster care for pets

Increased staffing and specialized services

In addition to the specific barriers noted above, in general, it was noted that additional funds are needed to increase staffing levels for both safety and sheer volume of need. For example one participant noted: ***"Increase community based services…at least double counselling supports [for women experiencing domestic abuse]" [service provider].***

More specialized services including:

- Sexual assault coordinator
- Treatment for people experiencing trauma not simply a trauma informed lens
- Services for men for victims of abuse and those using abuse in their relationships
- Services for women with more complex needs such as active substance use, mental health challenges and behaviours that are not conducive to communal living (see addressing systemic issues recommendation). Learnings from the Women's College Hospital's Making Connections could be applied.
- Expanding crisis services to include system navigation/wrap around services
- Support groups for women-to help develop informal and formal connections
    - community of women could provide support for each other, opportunity to share and develop skills and build a sense of empowerment
    - ***"Have more support groups for women…create a sense of community, for example activities/skills sharing; connect with women"*** [woman with lived experience].

2. Strengthen partnerships and increase collaboration between services

Collaboration was discussed broadly during the interviews as both a barrier, a strength and a recommendation. Collaboration is a complex and diverse process which was noted as working in some instances in Oxford County and in other areas there is still room for improvement. Comments were made that speak to 1) coordinated care between agencies for the individual woman while she accesses support and after; 2) partnerships that are broken between agencies; and, 3) working collaboratively and cohesively to address the systemic issues.

Integrated coordinated care considerations:

- Continue informal teamwork across organizations so transitions and supports are seamless for women seeking help and continue the use of formal structures such as the Situation Table, and DART as opportunities for working together.
- Some participants noted that although these informal connections and formal structures are in place, sometimes women are bounced or "popped" from one organization to the next. To address improvements in coordinated care case studies could be reviewed.
- Examine existing partnerships between organizations by checking in, acknowledging challenges and historical impasses and work to build trust and invest energy to strengthen these relationships.
- Consider best practices and models from other communities where services are cohesive and seamless such as the system navigation recommendations outlined in Mantler and Wolfe (2016).

To address systemic issues like the identified barriers and prevention of domestic abuse, collective impact could be considered. Collective impact is a model for cross sector leaders to utilize a common agenda to solve a specific social problem (Kania & Kramer, 2011). This approach to community change can be effective if the five conditions are met:

- common agenda: or shared vision for change and a common understanding of the problem
- shared measurement: through data collection and measuring results consistently
- mutually reinforcing activities: where each partner has differentiated roles that reinforce the same action plan
- continuous communication: ongoing and open communication to build trust and ensure objectives and motivation are aligned
- backbone organizations: requires a separate organization to serve as the backbone for the initiative and coordinate participating organizations
(Kania & Kramer, 2011)

3. Work together to address systemic access issues

Housing Crisis

The housing crisis that many communities are facing is impacting violence against women services as women are required to stay in shelter and second stage housing longer as they wait for social housing units or affordable market value units to be available.

> ***"Ingamo-there are so many women who need it…I waited over a year to get into Ingamo (stayed at a shelter 2-3 months and then went to mom's while I waited)" [woman with lived experience].***
>
> ***"Number of women being turned away from emergency shelter (risk leaving and then be turned away)" [service provider].***

This has created a backlog in the system where shelter and second stage housing are full and not able to assist new women looking for these services. Oxford County women would benefit from more housing inventory or creative housing solutions.

Considerations:

- Participate in Oxford Housing Action Collaborative to advocate for creative housing solutions in Oxford County such as the by name list and coordinated access as well as working with buildings/ landlords to advocate for affordable housing
- Continue to use the Special Priority Program and Portable Housing Benefit in concert with Oxford County Human Services Department. Assess if there are additional opportunities to decrease wait list for women needing permanent housing such as working with landlords.

A crisis centre for Oxford

Domestic Abuse Services Oxford and other emergency shelters in Oxford County are often not equipped with the resources to accommodate those with complex needs such as women with substance use issues. A crisis centre or stabilization beds is a model to consider.

Oxford needs a crisis centre. There are rural communities that have crisis centres (e.g.: Simcoe crisis stabilization beds: house with four to five bedrooms for stabilization, wellness, recovery). Respite for complex people that is safe with supportive staff. Things are not going well right now. These settings are not detox, not inpatient (when people can't or won't go there). This is a place for better coordinated care. [service provider]

4. Introduce further awareness, education and training

Provide education/training about domestic abuse and trauma-informed care

Education and training are critical to improve competency of service providers and was a recommendation many suggested to remove barriers for women accessing domestic abuse services in Oxford County. Recommendations were made for the community at large as well to increase awareness of healthy relationships and domestic abuse as well as the services available in the community.

For service providers

Many participants indicated a need for additional training for service providers to support women experiencing domestic abuse and specifically to understand the context of abuse and develop trauma informed practices. It is critical for systems to fully integrate this trauma informed training into "the way they do work" versus a training module they complete. For these skills and knowledge to be truly effective, it needs to be a "way of working" from the leadership to the front line workers. The justice system, including police, lawyers, judges, and the court system as a whole was prominent in the discussion of systems that could benefit from further education (policing specifically will be addressed further in recommendation number 8).

Considerations:

- trauma informed training as a lens or approach when working with women who have experienced domestic abuse

  "Education for police, court, lawyers, duty council, crown office, judges. Trauma informed training for all front line workers- what it looks like and not" [service provider].

  "Have to relive the story to police (emotionally and psychologically traumatized)" [woman with lived experience].

- strategies to assess for domestic abuse
  - develop awareness of the signs of domestic abuse for a broad variety of social service providers including the employment sector and interpreters
  - provide strategies for service providers that work with women who speak English as a second language and who bring their partner to meetings

For the community

Creating a proactive model to educate the community through the integration of life skills training such as healthy relationships was suggested as well as opening up access to existing successful

programming for the general public instead of a reactive model. As noted in the literature review and stakeholder interviews, rural culture was indicated as reinforcing traditional gender roles and potentially normalizing violence against women. Through education programs, rural communities could discover alternative options for gender roles that provide more equity and safety for everyone without jeopardizing the need for the family to work together, for example in a farming community.

Considerations:

- More programs providing information about healthy relationships
- Embed prevention education into existing training such as the English as a Second Language programs that Community Employment Services provides.
- It was also suggested to transform DASO into an education centre for women
    - to provide opportunities to develop skills and knowledge to maintain healthy relationships as well as to access needed services if domestic abuse occurs.

Increase awareness of available domestic abuse services/outreach

Perceptions of what services are available and the eligibility criteria for these services were powerful and participants indicated decisions to access services were made based on perceptions alone. To prevent women from not reaching out for services because of a perceived barrier requires a diverse approach.

Considerations:

- Creative awareness campaigns including outreach into remote areas
- ***"Info booth at Farmers market; put up a sign at Turner's"*** [woman with lived experience].
- Enhance the use of online platforms such as websites listing current services and social media to connect people to up-to-date information. ***"website- update with current services; what's available. Use of Facebook link to key information." [service provider]***

5. Changes to language/messaging of organizations (empowerment, non-judgmental, etc.)

Language was recognized as an area to make improvements from consensus on terms and definitions used between service providers, and how we use language with the community we are serving. Participants requested language to be consistent and clear, using language that is person-centered and easy for women to see what services they can access where. All partners agreeing to use uniform language would cut down on confusion for women who are accessing the system.

Considerations:

- Creating common definitions of important terms that determine funding and eligibility for services that are in language service users will easily understand such as:
    - Rural
    - Domestic violence/ Domestic abuse/Intimate partner violence
- Recommendations were made regarding language use that represent power and acceptance differences including:

- ***"Women versus girls. Choice of behaviour versus naming relationship as abusive. Tolerance not an acceptable level of providing service" [service provider].***
- A woman with lived experience suggested changing the message at DASO to a ***"women's education centre….change message from 'running from' to 'standing up' to empower yourself"*** [woman with lived experience].

6. Changes to service delivery including process of communication

Beyond awareness of services, changes to the process of communication and service delivery with individuals were discussed by many participants. In addition to the continuation of using a person-centred approach and trauma informed lens, participants and the literature review emphasized how important confidentiality and anonymity are for women seeking domestic abuse services in rural communities and how the perception of a lack of either of these components could prevent a woman from seeking help. The following are suggestions to continue to work to reduce these barriers to accessing services.

Considerations:

- Service providers regularly seek feedback from service users regarding practices to provide confidential and anonymous services through formal surveys/ interviews and informal feedback. It should be noted that there was discrepancies between service providers' views of barriers and women's view of barriers-this speaks to the need to connect with women about their experiences accessing services.
- Organizations review their own policies and procedures regarding confidentiality and anonymity, recognizing rural settings will require a different approach than larger urban settings to provide confidential and anonymous services.
- Assess design of organization's physical location and if necessary, enhance ways confidentiality and anonymity can be reassured such as:
    - Outline confidentiality and anonymity practices on website and promotional materials
    - At first contact or intake have discussion about organizational practices and encourage women to ask questions to ensure they feel comfortable accessing services
    - Include questions about confidentiality and anonymity in evaluation processes
- Explore hub models where all services could be provided in one location in smaller rural areas.
    - Although this was found as a key strategy in the literature, a number of participants indicated how this can affect or reduce anonymity and confidentiality in a rural setting. In some cases in Oxford County, domestic abuse services are co-located in a hub model. Due to this disconnect between the literature and the views of some participants, there is a need to further explore this, if considering new hubs or assessing current hub services.

Participants also indicated a preference for phone based communication over email and sometimes instead of in person contact. Some indicated challenges to sharing information in person and others indicated having emails with information that could be seen by others posed a risk.

7. Practice cultural humility/open-mindedness

Through interviews with participants from diverse cultural backgrounds including newcomer experiences, Mennonite community and Indigenous communities, recommendations were made for service providers to keep an open mind and be educated about the community and culture of those they work with such as reading the Truth and Reconciliation Commissioners Report and to attend local events such as pow wows and get to know the community members.

When working to implement these cultural specific recommendations, to remove barriers for rural women seeking domestic abuse services, it will require the commitment from the community to work together to implement recommendations and work towards common goals.

> ***Go to pow wows, training, events, learn about indigenous culture. Keep an open mind-work with us. Educate themselves on Truth and Reconciliation Commission-READ IT….do their research. [service provider]***

8. Explore current police domestic abuse services and practices

Stakeholder comments spoke generally about services providers' approach to working with women who have been abused but specific comments and recommendations arose related to policing. It is important to provide recommendations in response to these concerns specific to rural policing. The concerns that were raised are safety issues, response time and safety of police officers and these factors could influence a woman's decision to call the police for help if she feels she is in danger. The literature also mirrored this when speaking to rural policing.

Considerations:

- Review of response times and practices, and if necessary, advocacy and education with leadership in police services to support the need for staffing increases in rural locations to reduce initial response time as well as back up officer response time.
- Education such as trauma informed training as outlined above in the Awareness, education and training section can improve interaction with police when called by women experiencing domestic abuse resulting in women feeling safe to call police when needed.

> ***"[referring to a client …..] Well I called the police, felt I was being blamed, not believed, an equal contributor" [service provider].***

> ***"Police officer aligned to abusive man (this is discretionary and dependent on the officer)" [service provider].***

Next Steps

This background research is a starting point for conversation of how to move forward to address domestic abuse system issues. It is a hope that these recommendations can be a useful guide in this process. Some recommendations are doable without funding and agencies can look at their own practices and implement such as review of confidentiality and formalized feedback from participants. Other recommendations require further funds which may be accessible as new funds flow from the provincial and federal governments. Others address larger system issues that require collective impact efforts with commitment and ownership from all partners. The hope is that the great work being done can be built upon to further address the rural barriers that exist.

Domestic Abuse Services Oxford is committed to continuing the conversation and bringing partners together to discuss this critical issue and determine next steps. Existing tables such as DART can be a starting point for conversation about how to address some of the recommendations. Lastly, it is important to continue to explore some of the pieces that were not fully uncovered during this project. For example, looking to the literature for interventions to address the identified barriers and consider if barriers differ across the County.

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Appendix A- Interview Questions Asked

Women with lived experience were asked similar questions but with slight alterations in order.

1. **BARRIERS:**

a) When seeking domestic abuse services, what barriers do rural women in Oxford experience?

Probes: geography, transportation, confidentiality, faith in system (police), cultural values, inconsistent services (not all year long), access to services (not available)

b) Are there any barriers that you listed that really stand out?

c) Are there rural people/groups that you can think of that could be accessing services but are not?

d) Are there specific areas in Oxford with unique barriers?

2. **STRENGTHS/RECOMMENDATIONS:**

a) Anything that you want to share that is working well in the community for rural women experiencing domestic abuse?

b) Do you have any recommendations to address the barriers that you described?