

Journal of Rural and Community Development

Regional Service Providers' Understandings of Rurality And Intimate Partner Violence

Authors: Meghan Wrathall & Rachel Herron

Citation:

Wrathall, M, & Herron, H. (2021). Regional service providers' understandings of rurality and intimate partner violence. *The Journal of Rural and Community Development*, 16(2), 138–156.

Publisher:

Rural Development Institute, Brandon University.

Editor:

Dr. Doug Ramsey

Open Access Policy:

This journal provides open access to all of its content on the principle that making research freely available to the public supports a greater global exchange of knowledge. Such access is associated with increased readership and increased citation of an author's work.



**BRANDON
UNIVERSITY**
Founded 1899



Regional Service Providers' Understandings Of Rurality and Intimate Partner Violence

Meghan Wrathall

University of Guelph
Guelph, Ontario, Canada
mwrathal@uoguelph.ca

Rachel Herron

Brandon University
Brandon, Manitoba, Canada
herronr@brandonu.ca

Abstract

Intimate partner violence (IPV) is more prevalent and chronic in rural areas in Canada and internationally. Social attitudes and understandings of IPV shape the extent to which communities tolerate violence, and the opportunities that perpetrators and victims have to end violence. This article examines service providers' understandings of rural attitudes toward IPV drawing on semi-structured interviews with expert service providers (N=15) in two Canadian rural regional service centres, Brandon, Manitoba and Sydney, Nova Scotia. The similarities among the case studies illustrate how cultural variations of traditional gender norms and family norms embedded in rural place significantly influence attitudes towards IPV through othering and the minimization and marginalization of experiences of IPV. This research is framed in a radical feminist and anti-essentialist conceptualization, which highlights how patriarchal systems inform attitudes and subsequently the rates and maintenance of IPV. The article concludes with a discussion of service provider recommendations and their implications for rural development.

Keywords: intimate partner violence; feminist theory; rural Canada; rural attitudes; service providers; regional service centres

1.0 Introduction

Intimate partner violence (IPV) is the most common crime committed against women. As such, IPV is a global social and health problem. Across the globe, approximately 30% of women have experienced physical and/or sexual IPV (World Health Organization, 2013). Violence against women is not a new phenomenon; however, it was not until the 1970s, and the second wave of feminism, that violence against women was brought to the public eye (Carrington et al., 2014; Lawson, 2012). Despite fifty years of work towards eliminating such violence through implementing stricter laws, punishments, and academic research, violence against women is still a prominent global social problem (DeKeserdey, 2011). Using data collected in the 2014 General Social Survey in Canada, where this study took place,

Burczycka (2016) estimated that 92,000 Canadians were victims of police-reported IPV in 2015 and about 72,000 of these victims were women. Moreover, Burczycka suggests that 70% of incidences of IPV go unreported in Canada. Between 2017 and 2018, police-reported IPV increased by 2%, with rates of IPV increasing by 3% for women and decreasing by 1% for men; this is the highest recorded rate since 2012 (Burczycka, 2019). IPV continues to be a significant threat to women's well-being (Moffitt et al., 2020; Sinha, 2013). Research on IPV has grown; however, most IPV research is urban-centric with few academic studies focusing on rural Canada (e.g., Brownridge, 2008; Mantler et al., 2018; Mantler et al., 2020a, 2020b; Moffitt et al., 2020; Northcott, 2011; Wuerch et al., 2016; Zorn et al., 2017).

Generally speaking, rural areas tend to be home to more older adults and children, and less working age individuals (Hart et al., 2005; Williams & Kulig, 2012). Rural Canadians, on average, have a lower socio-economic status than urban Canadians, due to lower levels of education and higher rates of underemployment and unemployment (Williams & Kulig, 2012). Other characteristics include longer distances and higher costs associated with accessing needed health services (Hart et al., 2005), as services are often centralized in larger population centres (Ryser & Halseth, 2012). Such features compound and result in a greater number of health disadvantages for rural communities (William & Kulig, 2012). In Canada, rural women experienced the highest rates of police-reported IPV in 2018; reported rates were 1.8 times higher in rural areas than in urban areas (Burczycka, 2019). Previous international research found the culture embedded in rural places influenced the prevalence of IPV (Edwards, 2015; Wendt, 2009). Additional barriers facing those experiencing IPV in rural areas surround health and social service provision (Mantler et al., 2020a). This is especially true for services with a mandate focusing on supporting people experiencing IPV (Peek-Asa et al. 2011). Formal services for women experiencing IPV are typically fewer in number, less accessible, and lack funding within rural communities across Canada (Mantler et al. 2020a; Moffitt et al. 2020; Zorn et al., 2017), as well as formal services for offender rehabilitation (Faller et al., 2021).

In accordance with Strand and Storey (2019), Edwards (2015), and Northcott (2011), this article is based on the foundation that rural areas are associated with higher and more chronic and severe rates of IPV, more negative outcomes for victims, less help and bystander interventions, and poorer community responses. We aim to provide insights into how place-specific culture can negatively affect women who experience IPV with a specific focus on the voices of service providers who are central to supporting these women. The objective of this study was to explore rural regional service providers' understandings of rural attitudes toward IPV and their recommendations for rural service development. We focused on service providers as key informants who engage with a broad range of rural service users because, as front-line workers, they have knowledge into the experiences of those who are victims-survivors of IPV, those who perpetrate IPV, and the community dynamics that surround these experiences. They may also be important drivers of cultural change through education, outreach, and other aspects of their job. In the sections that follow, we provide an overview of the literature on rurality and feminist theory that framed our research design and qualitative approach. Our findings highlight the role of patriarchal systems and othering in rural understandings of IPV as well as a need for education, more services for men, and strategic use of media as a tool in reaching rural communities. We argue these findings show clear disparities in power and the need for a complex and nuanced understanding of differing rural places.

2.0 Conceptualizing Rural Places and Intimate Partner Violence

Rurality is a complex and dynamic phenomenon (Cloke & Little, 1997), which lacks a universal definition (Hart et al., 2005; Hawley et al., 2016). According to Owen and Carrington (2015) rurality is commonly interlaced with romanticized images of a close-knit community. The concept of the rural idyll has been used to capture such romanticized ideas about rurality, including the belief that friendliness, honesty, and integrity are essential characteristics of rural places (Bell, 2006). Such idealizations of rurality contribute to the myth that crime, in general, and violence, specifically, are not a rural problem (Carrington et al., 2014). On the other hand, rurality is viewed as a space of hillbilly horror with monstrous potential (Bell, 2006). The cultural aspects of rural places, descriptive features, and local self-identification are critical to understanding the co-construction of rurality and gender when exploring IPV (Owen & Carrington, 2015).

Rural community culture can influence the rates of perpetration (Mantler et al., 2020b), victimization, and responses toward IPV (Hess et al., 2011; Waltermaurer 2012). For example, women typically disclose informally prior to disclosing formally (Sandberg, 2013) and women living in rural areas may have fewer geographically proximate friends and family. In addition, if informal supports doubt or minimize the problem, the relationship may change, and the victim's support system may become even smaller. Structurally, rural communities generally lack access to shelters and other support services such as counselling (Mantler, et al., 2018). This is further exacerbated by growing diversity within rural communities and the need for culturally sensitive and safe services (Ford-Gilboe et al., 2018; Patel et al., 2019; Rizkalla et al., 2020; Sandberg 2013). Institutionally, victim blaming and patriarchal male peer support within the criminal justice system can also act as barriers to gaining support for women in urban and rural areas (DeKeseredy, 1990; DeKeseredy et al., 2007). However, rural areas have smaller populations, which can increase potential conflict and bias in outcomes and deter women from reporting violence formally because of close relationships, fear that no arrest will occur, or disbelief (DeKeseredy, 2015; Wendt & Hornosty, 2010). In this context, IPV is sometimes minimized to a private family problem. Discourses of 'you made your own bed, now you must lie in it' can prevail in rural areas without support structures outside the nuclear family (Hess et al., 2011).

The system which houses services to support those experiencing IPV is fragmented and fractured (Burnett et al., 2016; Mantler et al., 2020a). For example, women's shelters often operate more beds than funded by the government, rely on voluntarism and fundraising, and stretch mandates to provide services to women based on their needs (Mantler, et al., 2020a, 2020b; Mantler et al., 2018). Such fragmentation can be more problematic in rural places as rural communities may have worse physical and psychosocial health due to the lack of services and challenges in accessing those available, which are frequently less comprehensive and underfunded in comparison to urban areas (Edwards 2015; Mantler et al., 2020a). This is especially true for services with a mandate focusing on supporting people experiencing IPV (Peek-Asa et al., 2011).

According to Edwards, (2015) formal services for women experiencing IPV are typically fewer in number, less accessible, and lack funding within rural communities across North America, as well as formal services for offender rehabilitation (Faller et al., 2021). Professionals or volunteers—which are especially common in rural community support services—may not have the skill sets and training to successfully give support, counselling, and referrals to victims (Evans &

Feder, 2016). Geographical barriers and challenges to experiences of IPV are significant. Distance to services, weather and road conditions, limited access to public transportation, lower socio-economic status, and lack of social or economic supports are barriers to victims of IPV living in rural areas (Mantler et al., 2020b). Distance can also be a barrier to service provision because it can increase response times (Wuerch et al., 2016). Previous research has identified recommendations for developing rural service provision including education (Copp et al., 2019; Mantler et al., 2018; Wuerch et al. 2016), collaboration (Burnett et al., 2016; Mantler et al., 2020a, 2020b; Mantler et al., 2018; Wuerch et al., 2016); technology (Mantler et al., 2018), social and cultural understandings (Dyck et al., 2012; Faller et al., 2021; Holtmann & Rickards, 2018; Wuerch et al., 2016; Zorn et al., 2017), and funding and training initiatives (Annan, 2011; Faller et al., 2021). In sum, rurality is associated with geographic-specific barriers for those experiencing IPV and those who work to support and end IPV.

Conceptually, existing research on IPV often draws on feminist theories; however, feminist theories have generally been developed from and explained by urban phenomenon, including IPV (Pini et al., 2015). More recently, Little (2016) set out a research agenda for violence in rural places where she argued that there is a need to move beyond the traditional and radical feminist theories to include more contemporary feminist perspectives that extend beyond patriarchal explanations. However, Little (2016) noted that there are a few areas where radical feminist theories are still relevant, one of which is IPV. As such, this article builds off Pruitt's (2007) radical feminist and anti-essentialist theory, while recognizing Little's (2016) argument that feminist theory needs to include contemporary perspectives. Pruitt (2007) argued,

Radical feminism's focus on power disparities is useful for conceptualizing how rural women's difference—not only from men but also from urban women—operate to their disadvantage. Anti-essentialism scholarship acknowledges the complexity of each woman's identity and circumstances. It can and should also attend to the role of place in women's lives (p. 438).

This framework focuses on the gendered nature of IPV while leaving space for possible intersecting or divergent experiences between rural women. Finally, this theoretical perspective also makes space to acknowledge the increasing diversity of women in rural areas in Canada and elsewhere, specifically racialized women with diverse cultural heritage. Against the backdrop of such rural change and diversity, rural attitudes can congeal or shift.

3.0 Methods

Using a comparative case study approach, we recruited service providers from two regional service centres, Brandon, Manitoba and Sydney, Nova Scotia for participation in semi-structured qualitative interviews. A comparative case study approach was chosen because comparison of different places can provide unique knowledge, as well as controlling for researcher bias (Eisenhardt, 1989). Such an approach is ideal for understanding how and why IPV occurs in particular contexts and the role of place-based culture in community attitudes and responses. Specifically, comparisons of both cases (hereafter referred to as regions) will explore

the similarities and differences between contexts of place and generate robust knowledge about IPV in rural areas.

We chose Brandon and Sydney as locations because they are both regional service centres that serve surrounding rural communities in addition to small city centres. We chose regional service centres because services for rural people are generally centralized in areas with larger populations (Ryser & Halseth, 2012). These centres provide an important entry point for the study of rural IPV as they serve a large and diverse rural catchment area. Brandon has a population of 48,859 (Statistics Canada, 2017a) and there is a population of 29,904 in Sydney (Statistics Canada, 2017b). However, Brandon's population is growing, and Sydney's population is declining. In Brandon, there was an increase of 5.8% between the 2011 and 2016 census (Statistics Canada, 2017a). In the previous census, the area grew by more than 10%, twice the national average. The province has attracted a growing number of immigrants, 20% of which have settled in rural areas (Bollman & Ashton, 2014) while the population in Sydney has declined by 0.9% from 2011 (Statistics Canada, 2017b). In addition, Brandon is an agricultural hub, while Sydney developed around fisheries and industrial coal and steel production. Sydney is now predominantly supported by its tourism economy. Both Brandon and Sydney are the second largest cities in each respective province, have post-secondary education options, and are service centres for a large rural area. For this study, it is fitting to adopt a self-ascribed rural classification, as Brandon and Sydney are both statistically defined as cities but have a rural character as evidenced by the way service providers talk about their region.

Following institutional ethics approval, we first identified all services in Brandon and Sydney that had professional involvement with IPV, then narrowed the list to include those organizations that had professional involvement with IPV and community involvement providing education and awareness. Over a six-month period, participants were recruited through a purposeful sampling strategy, which included 15 service providers, nine in Brandon and six in Sydney. This sample represents most services in each region that reached our inclusion criteria. Of the 15 participants, all but one participant identified as female, which reflects the mostly female composition of those who work in such support services (Burnette et al., 2016). The length of time each service provider had been working within their agency ranged from nine months—at the time of interview—to 24 years. The agencies included four shelters for women, three resource centres for women—one of which closed down after one year of operation because of funding cuts—two rehabilitation centres for men, two family resource centres, and two victim services departments. The services provided by these agencies include (a) overnight accommodations for women and children; (b) individual and group counselling services; (c) victim-offender mediation and crisis couples counselling; (d) aftercare supports; and (e) community education including public presentation, outreach, and events. In addition, the family resource centres also operated programs for Indigenous women, who experience the highest rates on IPV (Brownridge, 2008; Weurch et al., 2016).

With written informed consent from participants, interviews took place in the service providers' offices. The service providers were contacted by making initial contact with the executive director to attain interest and permission for the project. Executive directors then agreed to participate themselves in an interview or identified another frontline worker to participate. The interviews lasted approximately one hour following a semi-structured guide. The guide began with a series of contextual questions—for example, position, length of time at organization,

available services, who uses services—followed by questions about rural community understandings of IPV and how these are constructed. Each interview concluded with a series of questions about future strategies towards community understandings and rates of IPV.

The digitally recorded interviews were transcribed word-for-word to confirm participant accounts and ensure the credibility, confirmability, and rigour in data analysis (Tracy, 2010). The transcripts were coded through an inductive constant comparison analysis approach (Charmaz, 2014). We conducted an initial round of line-by-line coding comparing common framings of IPV and contextual influences across interviews, then we developed more focused codes based on the research questions to group emergent themes. For example, the quote “I mean really? They must be drinking or are from a lower social economic, cultural thing” was initially coded as ‘linking violence to drinking, class, and/or culture’ then grouped into the broader overarching category of ‘othering’. Our inductive process focuses first on what the participant said and grouped into codes based on the research questions. To maintain confidentiality, all participants selected their own pseudonyms. In the findings that follow, we focused on four main understandings service providers report in rural areas as well as their recommendations and challenges in relation to addressing these issues in rural areas.

4.0 Findings

This research resulted in three main emergent themes. Patriarchal systems and intergenerational learning in rural places addressed the ways in which lived experiences traditional gender roles and rural work can lead to minimization and normalization of IPV in rural places. Othering is discussed in terms of how ordinary community members frame IPV as something that only occurs to vulnerable and marginalized people. The third main theme, service provider recommendations include several sub-themes. Culturally appropriate services refer to the need for services capable of supporting growing diversity and the high rates of IPV in Indigenous communities. Services for men highlighted an increased need for services for men who experience IPV and those who perpetrate IPV. Youth education and upward intergenerational learning was discussed as a means of passing knowledge to parents and older adults through their children, as older adults in rural areas may be harder to reach. Lastly, media as a tool refers to the potential and barriers of using media to educate surrounding communities and reach those experiencing IPV in rural communities.

4.1 Patriarchal Systems and Intergenerational Learning in Rural Places

The rural idyll, traditional gender roles, and rural work were central to service providers’ explanations of how IPV is minimized and normalized in rural places. Grace (Brandon) poignantly explained the importance of the rural idyll,

When you come from a smaller community or even a rural community, I think that we live in our own little worlds, we live in a bubble. I grew up where I help my neighbour, where my neighbour helps me and nothing bad happened in the world.

Other service providers suggested that “communities don’t want to believe” (Katherine, Brandon) and “we’re a pretty conservative community” (Lexy, Brandon). They identified the need to silence discussion of IPV to maintain the rural idyll. Service providers linked idyllic conceptions of rural places to particular gender norms. As Lexy (Brandon) explained, “being a conservative community we typically, people rurally and here in Brandon adhere to traditional gender roles, ya [*sic*] know you go out on the farm, who’s working the farm and who’s working the kitchen”. Lexy highlighted the significance of masculinity in rural culture and work, specifically men’s control and domination of nature. Patriarchal attitudes shaped work and life in the rural communities in the study, which in turn shaped the attitudes towards IPV. Similarly, a service provider from Sydney explained,

I think what feeds into it is that strong traditional view of family is man, woman, 2.5 kids, white picket fence, we’re farmers, we’re fishermen, we’re labourers, where the men are tough, the women do this, the men do that.

Although some of these examples could be found in urban places, in these instances, they were linked to traditional views of the family and gender roles in support of rural economies and lifestyles.

In connection to this, service providers suggested that intergenerational passing down of knowledge is common in rural environments that are both places of work and places of family. Patriarchal norms are important because they shape how people learn and the challenges that service providers faced in their education initiatives. Grace (Brandon) explained,

If you’re a farmer’s son or ya [*sic*] know you continue along in your dad’s footsteps, like farming is very much a generational thing so I think that a lot of times that generational thing, the beliefs come down as well.

In some cases, service providers identified intergenerational views about the appropriateness of violence as a means of keeping women in place. Other service providers suggested that an equally important intergenerational belief was the belief that IPV simply does not exist in rural communities. Tara (Sydney) commented, “in the greater community, often if people have never been touched by intimate violence, either themselves or a family member, then they aren’t as likely to be aware of support services, or even that there is such a problem”. Service providers, who work with rural people, observed over their careers that rural people display a desire to preserve their idyllic culture, gender roles, and intergenerational learning to maintain their sense of place and community; however, this sometimes obscured the realities of IPV in rural places.

4.2 Othering: Ethnicity, Race, and Disability

Service providers from every participating organization discussed how othering was a common perception they encountered in their work. For example:

I think that when people think of domestic violence they see, they always see the other right, it can’t be me, it’s got to be like oh those should be issues that

aren't ya [*sic*] know dealt with type thing so there's still quite a bit of stigma in place on domestic violence unfortunately (Julie, Brandon).

A dominant community understanding was that IPV occurs to those who have underlying issues that they do not attend to and overcome. Within this framing, othering was described in relation to mental health and addictions, socioeconomic status, and ethnicity, surrounding both an abusive man and an abused woman. As a more specific example, abusive partners were framed as drunks or addicts:

They [men] must be drinking or they must be and they label it as a lower social economical cultural thing, from people that are...that they consider wouldn't be average, white middle class citizens, whatever you want to call it, I don't know, but ya [*sic*] know what, it happens to those other people whatever that looks like (Grace, Brandon).

The othering of abusive men creates an essentialized perpetrator of violence that can be set aside as he does not fit within the notion of rural idyll.

Othering in relation to socioeconomic status was discussed in relation to women who stay in abusive relationships. They were viewed either as uneducated, unable to see the violence as abnormal, or too poor to leave. Frequently these occurred simultaneously in community framings. The “women who have no money and women who are poorly educated” (Katherine, Brandon), become victims of IPV. Again, this framing provides an essentialized portrait of the victim of violence.

Additionally, Brandon service providers identified a common perception that high rates of IPV were linked to the growing number of racialized immigrant groups in the community:

In this area I see a bias towards new immigrants, often if they don't have the same laws as Canada, it's difficult to navigate what our laws are, it's difficult for women to trust the police in some cases or it's difficult for men to understand what constitutes domestic violence in Canada if they are brand new here (Julie, Brandon).

Julie suggested that othering immigrants may have its roots in different implicit (e.g., everyday behaviours) and explicit (e.g., laws) norms around violence. While she recognized that there are broader societal racisms toward immigrants, she also normalized assumptions people may have about the immigrant other.

Katherine (Brandon) explained that it is not uncommon for people to assume Indigenous women are the only women who experience IPV: “that's one that the public thinks and I hear this all the time ‘oh well you're dealing all with Indigenous women’”. Service providers encountered perceptions that IPV was only a problem within Indigenous communities. The othering of Indigenous and immigrant women in this context allowed the non-Indigenous and non-immigrant people to disassociate from the issue of IPV.

Another dimension of othering identified by service providers was the assumptions that women living with IPV also lived with mental health problems, particularly those who stayed in the relationship, returned to the relationship, or continually dated new abusive partners. Joy (Brandon) described how, in the surrounding communities, people think that women are staying in abusive relationships because the abuse manifested itself in some form of mental illness that prevented her from leaving,

The big thing I'm seeing while doing presentations is the community connects domestic violence into mental health issues so if the woman is talking about that she's been in an abusive relationship then sooner or later they will connect the issue to mental health like you're depressed.

Women who experienced IPV were viewed as having a mental illness; such attitudes minimized experiences of IPV. Othering experiences of IPV as a by-product of mental illness shifted the blame and guilt from the perpetrator, and placed emphasis on the woman's illness and inability to leave. The response ultimately redirected attention away from the need for perpetrator supports and interventions.

4.3 Service Provider Recommendations for Development

4.3.1 Culturally appropriate services. Service providers in Brandon recommended more culturally appropriate services to address the increasing cultural diversity in Brandon and the rural surrounding areas and the pressure it places on an already strained system:

I think that, ya [*sic*] know, just in addition to, ya [*sic*] know, the challenges that we have is not having enough staff to provide the services for women and their children so that is a huge barrier I mean we need three of me, three of our child and youth counsellor, our Spanish counsellor is not full time so it's really a lot around funding right so I'm hoping our new government will do something about that but I don't know (Katherine, Brandon).

Consistent with previous research (Patel et al., 2019), language barriers were identified as challenges for both locating and accessing the required service and for providing appropriate service. This barrier to service was complicated by gender, demonstrating an intersectionality between gender and ethnicity (Patel et al., 2019). It is one thing for support to be available in the language of the woman seeking support; it is another thing to understand the cultural norms and values that she is negotiating as she seeks support. Geographical distance to services available in one's first language can present another barrier to accessing support. Service providers explained that lack of funding and staffing has a direct impact of organizations' abilities to meet the demands of rural areas, while this has been identified in previous studies, it is exacerbated by changing cultural and linguistic dynamics in some rural places, which demand more staff with different skills.

4.3.2 Services for men. Another recommendation identified by service providers was more services for men. This was discussed in relation to both services for men as victims and perpetrators. As Katherine (Brandon) and Jenny (Sydney) pointed

out, “there is no resource centre for men in Brandon, and there isn’t a lot of services for men, I think that there is kind of a lack of resources there”. Moreover, rehabilitation programs for perpetrators of IPV is another key step in reducing rates. In the case of a woman being abused by her husband, Grace (Brandon) says that, “the other piece that I think that is the missing component is that women don’t necessarily want to leave forever, they are in love with him, they have children with him.” Given the relational nature of IPV, service providers identified lack of support for men as a significant weakness. It is possible that this lack of support was exacerbated by rural cultures of masculinity that assume men will not accept support.

4.3.3 Youth education and upward intergenerational learning. According to service providers in Brandon and Sydney, educating youth on healthy relationships was a core preventative activity. Debbie (Brandon) suggested that this was part of the strategy to address misinformation passed down intergenerationally:

Education, right from the grass roots agency to the schools. Like in the health classes which start in grade 7 or 8. If discussed in school, it is likely to be discussed in the home as well, as a knowledge exchange from children to parents, a healthy discussion (Debbie, Brandon).

Jenny (Sydney) shared a story of a perpetrator’s experience of a youth workshop enforcing the efficacy of this approach:

...he said it was the most informative program that he had ever taken and he got so much good useful information from it and he said that he didn’t realise that what he was doing was violent at all and they went through a check list of just behaviours that are problematic, like DV behaviors and he didn’t realise that he was doing these things, like controlling and things like that and he just said that he wished that it didn’t come to that, like he wished that it didn’t have to come to him being charged with DV for him to kind of learn about healthy relationships.

More education is a common recommendation for development. However, what is unique here is that service providers viewed education as a critical component to rural culture change through intergenerational learning.

4.3.4 Media as a tool. In both regions, there was a strong consensus that the media is a platform that informs understandings of IPV in the general public, but there was disagreement in its function. Some service providers viewed the media as playing a negative role. “The media also tends to cultivate negative stereotypes that must be squashed from an early age” (Tara, Sydney). “Probably just the sensationalized cases that they hear about in the media...that do not present the facts” (Julie, Brandon).

Both service providers demonstrated concerns over the trustworthiness of the media, arguing that incidences of IPV were presented as distant from the ‘average’ person, thus reinforcing othering processes discussed earlier.

On the other hand, Grace (Brandon) viewed the media as a tool for creating awareness and educating the youth, “the youth are becoming more aware I think because of social media because of all the ads that are on TV”. However, she recognized that media platforms might not reach all the rural community, particularly those in industries such as farming:

So I think there is more social media, I think there is more an awareness if you're tech savvy or you're watching TV and I think that the more awareness that is bought into our youth and their generation. The other piece about that is, is you're a farmer and in some communities, and I'm talking about a farming community particularly, is that you're up at 6am in the morning and you're working all day and you don't have time to be on the TV or the computer (Grace, Brandon).

As this study and previous research found, there are rural specific barriers to accessing services that support women who have–are experiencing IPV. While some rural lifestyles may not be conducive to some media approaches, Lexy (Brandon) shared how they have implemented media approaches in reaching their rural clients:

We've done a lot more media stuff which is good for the rural people. So we have a couple rural people who kind of follow us pretty well and I mean we are always posting things, like throughout the day we post numerous articles or tip sheets or things like that and obviously going and doing presentations.

Social media can be a tool used to address barriers created by geographic location such as locating services and protecting anonymity if it is implemented with consideration of the intended community audience. For example, Tara (Sydney) argued that the media was a tool that needed to be used more strategically to promote services:

We need more media support in addressing these issues. More features on programs available in the community, after all most agencies struggle with funding issues so we can't always afford expensive ad campaigns or high profile posters and print material.

Although there were conflicting views on the use of the media and the approaches taken by the media towards IPV, participants saw potential for the media to be used in specific ways to meaningfully reach rural populations.

5.0 Discussion

The purpose of this paper was to examine regional service providers' understanding of rural peoples' attitudes toward IPV and recommendations for rural capacity building in two regions of Canada. There is little literature examining the perspectives encountered by rural service providers and recommendations for more effective service provision (e.g., Eastman & Bunch, 2007; Hess et al., 2011; Mantler et al., 2018). This article presents a radical feminist and anti-essentialist (Pruitt,

2007) theoretical approach to IPV, drawing attention to power disparities, complex identities, and the role of place.

Within the study regions, IPV was commonly conceptualized by community members as a problem associated with lower socioeconomic status, mental health, immigration, and Indigenous ancestry. Existing literature has drawn attention to the role of othering and stigmatization toward victims of IPV, as well as in relation to those who commit IPV (Rizkalla et al., 2020; Sandberg, 2013). However, othering of immigrants was a distinct theme, which emerged in the Brandon region. The prevalence of this frame may be attributed to the growing number of immigrants in the region and assumptions about differences in cultural values. Indigenous people were also viewed as the primary service users in the region. Attitudes portraying IPV as a racialized issue underline how whiteness, patriarchy, and rurality are intertwined (Panelli et al., 2009; Rizkalla et al. 2020). Rural idyllic images normalize the notion that white identity is the standard to which all other racialized identities are marked as the other (Panelli et al., 2009). The findings highlight the need to explore further, how forms of discrimination and stigma impact different racialized groups in different places.

Already facing marginalization in Western society, immigrants and Indigenous people were used as scapegoats, explaining away the perceived rates of IPV within communities. Although IPV can happen to anyone, some groups are at a greater risk because of systems of oppression and legacies of colonialism (Rizkalla et al., 2020). Being in a rural community, the practice of stigmatization that places people experiencing IPV on the outside may prevent these individuals from coming forward to seek help, as such violence may be normalized in a manner that deters disclosure. This helps to preserve IPV as an invisible issue.

While some of these processes of othering may occur in urban areas, they reflect the changing dynamics of rural places and the ways in which education about IPV may need to address more than just IPV. It is important to consider the multiple forms of othering at work in rural places. For example, attitudes presented in this study reflect the perceived superiority of white- and able-bodied individuals and assume that only others commit (e.g., racialized groups) or experience (e.g., disabled people) IPV. Power disparities are evident in the discussions of racialized othering of IPV in rural areas, which highlighted the difference between rural, the othered rural, and urban women by accentuating the complexity of circumstance. In accordance with previous research, whiteness and patriarchy create and maintain this hierarchy of rurality (Sandberg, 2013). These findings demonstrate power imbalances and neglect of the role of place. Such an attitude overlooks the disparities in power and how social identity and circumstance can be heightened by systematic and complex disadvantages (Holtmann & Rickards, 2018; Panelli et al., 2009; Rizkalla et al., 2020; Sandberg, 2013).

When othering was discussed regarding the victim of IPV, victims were thought to have some sort of mental illness. For example, she was not leaving the violent relationship, or she was returning because she was ‘mentally unstable’. Her experiences were then medicalized, preventing the seriousness of IPV from receiving the attention it is warranted. Rather, violence was replaced with illness. This also removes the blame from the perpetrator and places it onto the victim. This exclusion is based on the stigma associated with mental health, specifically the assumption that people experiencing mental and emotional distress are not capable

of making the right decisions for themselves. Othering women who experience IPV in this way highlights the oppressive gendered nature of IPV.

In both regions, the rural idyll presented an enduring influence of conservative and traditional ideas of social and family relations, gender, sexuality, and social identity (Little, 2016). Service providers used different names to identify these processes, but both patriarchal systems and traditional views were used to refer to hierarchical gender roles, power disparities, and oppression. Service providers in Brandon named patriarchal systems as a leading force constructing community attitudes. Sydney named traditional views as one of the forces constructing community attitudes, demonstrating a cultural belief where conservative and patriarchal ideologies are not seen as the root of the issue. This illustrates how traditional Cape Breton discourses shaped service provider discourses. Sydney participants did not view ‘patriarchy’ as the issue, but they saw a problem with traditional views. This demonstrates how the patriarch is viewed as a fundamental way of life.

Such a difference raises questions about the variations in rural attitudes. For example, the differences reflect the traditions and changes occurring in each of these regions. ‘Race’ is perceived as a growing ‘problem’ in Brandon, and so is mental health. This is reflected in the perceptions of othering, where immigrants and Indigenous peoples are perceived as increasing the rates of IPV and victims being seen as mentally ill. The mass exodus of youth and the need to hold the family and community together is much more pronounced in Atlantic Canada. Traditional gender constructions and traditional family constructions were identified as prominent forces shaping community attitudes. Consistent with other studies, the social construction of gender roles and the social construction of the home helped to hide IPV (Carrington & Scott, 2008; Little, 2016; Wendt & Hornosty, 2010). The data presented in this article demonstrates the utility of a radical feminist and anti-essential approach in understanding rural IPV, as power dynamics within culture embedded in place is a strong force behind the prevalence of IPV in rural areas.

Service providers identified several main areas for developing service provision and addressing rural attitudes. Agencies advocated for collaboration to address barriers created by growing cultural diversity within smaller communities. Although increasing collaboration without an increase in funding may not be sustainable. In general, rural health and social services rely heavily on voluntarism and this often reinforces unevenness and instability in services (Skinner, 2008); thus, collaboration must be supported by sustainable funding and staffing.

Educating youth was a common recommendation for social change. Notably, this recommendation was linked to addressing intergenerational learning or transfer of knowledge. The media was also identified as a potential platform for re-education, and a tool for reaching rural people with an emphasis on differing rural lifestyles—if used strategically. That is, in places where IPV is viewed as a private family issue, the media could be used to draw attention to the problem in the larger community. Rather than showcasing sensationalized cases or underreporting, the media could bring awareness to the fact that experiences of IPV are not isolated to a racialized problem, a socioeconomic problem, or the result of addiction or mental illness. Different media can be used as a tool to address these attitudes of stigmatization, which have significance in rural culture. Additionally, the media can be used to advertise available services or the closest available services. This could help as people are often unaware of support services until they have a firsthand experience or a close second-hand experience.

Lastly, we found a large gap in services for male victims and perpetrators. It is not uncommon for a victim to want to stay with their abusive partner, with the hope that the violence would end (Gracia, 2004). Rehabilitation programs, which educate and provide the tools for one to act and respond without the use of violence were suggested by service providers, rather than jail time. Implementing preventative measures are solutions that service providers argued were beneficial for the victim, perpetrator, and the community. This gap in services may be tied to notions of rural masculinities and assumptions that men do not want or need such supports (Little, 2016). These recommendations fit within a radical feminist and anti-essentialist framework because they call for systematic changes that address power disparities while advocating for a non-homogenous view of rural places.

Our study suggests that the traditional family structure, gender roles, and rural work provide an environment of intergenerational learning or a passing of knowledge. Learned behaviours of accepting violence within the home may extend from generation to generation if there are no outside forces working to develop these family attitudes, particularly in more isolated communities. Our findings support Pain's (2014) observations that violence must be challenged and condemned to alter future outcomes significantly and proceed to stop the cycle of abuse for present and future generations. They also point to the need to further study the links between masculinity and violence in rural places (Little, 2016), which may develop contemporary perspectives of IPV in rural areas.

5.1 Limitations

In this study, we sought to understand rural attitudes through the perspectives of service providers who take on the work of community education and interact with different attitudes in their daily work. We believe their quotations are important at least insofar as they illustrate some views that continue to impede ending IPV in rural areas. The small sample size may be viewed as a limitation. However, the number of service providers who work both with those who experience IPV and with the community, in a regional area, are few. In this study, the interview method allowed us to prompt and probe these attitudes to get a more in-depth understanding of how these attitudes manifest in rural places. We could then compare responses within and across case studies to examine how these attitudes are embedded in different rural places. We recognize that these findings are not generalizable outside the context of this study, but, as there is a great range of professional experience and knowledge—nine months to twenty-four years at the time of the interviews—their understandings are an accurate reflection of the community attitudes and rural cultures that they work with. Additionally, we did not collect demographic information beyond the gender of each participant as we were looking at their perspectives from positions of employment. Examining differences in experiences and perspectives in relation to diversity is an area requiring future research.

6.0 Conclusion

In this article, we examined perceptions of IPV in two rural regional areas through the eyes of service providers. Although Brandon and Sydney are two different rural regions, marginalization and minimization were persistent challenges voiced by service providers working in the rural communities and the regional service centres across both case studies. Differences between the two regions we explored reflect the traditions and changes occurring in each of these regions. Patriarchal beliefs

continue to influence rural attitudes toward IPV; however, these attitudes also appear to change as places change. Our research provides a more nuanced picture of how discourses around IPV change as rural places change emphasizing the value of feminist anti-essentialist perspectives in the study of IPV. Ethnicity, gender, disability, age, and rurality intersect which produces different experiences of IPV, disparities in power, and recommendations for interventions. This article contributes to the feminist theorization of how rurality, including rural change, influences attitudes towards IPV. According to the service providers in this study, more attention needs to be directed to creating tangible and innovative education opportunities for youth and the wider communities, as well as increasing services and service capacity, including resources for men.

References

- Annan, S. L. (2011) “It’s not just a job. This is where we live. This is our backyard”: The experiences of expert legal and advocate providers with sexually assaulted women in rural areas. *Journal of the American Psychiatric Nurses Association*, 17(2), 139–147. <https://doi.org/10.1177%2F1078390311401024>
- Bell, D. (2006). Variations on the rural idyll. In P. Cloke, T. Marsden, & P. Mooney (Eds.), *Handbook of rural studies*, (pp. 149–160). SAGE Publications.
- Bollman, R. D., & Ashton, W. (2014). *Immigrant arrivals. Brandon, Manitoba. Rural Development Institute*. Retrieved from <https://www.brandonu.ca/rdi/files/2014/09/Immigrant-Arrivals.pdf>
- Brownridge, D. A. (2008). Understanding the elevated risk of partner violence against Aboriginal women: A comparison of two nationally representative surveys of Canada. *Journal of Family Violence*, 23, 353–367. <https://doi.org/10.1007/s10896-008-9160-0>
- Burczycka, M. (2016). Trends in self-reported spousal violence in Canada, 2014. In *Family violence in Canada: A statistical profile, 2014, Juristat* (pp. 3–20). Statistics Canada, Catalogue no. 85-002 X
- Burczycka, M. (2019). Police-reported intimate partner violence in Canada, 2018. In *Family Violence in Canada: A Statistical Profile, 2018, Juristat* (pp. 24-44). Statistics Canada, Catalogue no. 85-002 X.
- Burnett, C., Ford-Gilboe, M., Berman, H., Wathen, N., & Ward-Griffin, C. (2016). The day-to-day reality of delivering shelter services to women exposed to intimate partner violence in the context of system and policy demands. *Journal of Social Service Research*, 42(4), 516–532. <https://doi.org/10.1080/01488376.2016.1153562>
- Carrington, K., Donnermeyer, J. F., & DeKeseredy, W. S. (2014). Intersectionality, rural criminology, and re-imaging the boundaries of critical criminology. *Critical Criminology*, 22, 463–477.
- Carrington, K., & Scott, J. (2008). Masculinity, rurality and violence. *The British Journal of Criminology*, 48(5), 641–666. <https://doi.org/10.1093/bjc/azn031>
- Charmaz, K. (2014). *Constructing grounded theory* (2nd ed). SAGE.
- Cloke, P., & Little, J. (Eds.) (1997). *Contested countryside cultures: Otherness, marginalisation and rurality*. Routledge.

- Copp, J. E., Giordano, P. C., Longmore, M. A., & Manning, W. D. (2019). The development of attitudes toward intimate partner violence: An examination of key correlates among a sample of young adults. *Journal of Interpersonal Violence, 34*(7), 1357–1387. <https://doi.org/10.1177/0886260516651311>
- DeKeseredy, W., Donnermeyer, J. F., Schwartz, M. D., Tunnell, K. D., & Hall, M. (2007). Thinking critically about rural gender relations: Toward a rural masculinity crisis/male peer support model of separation/divorce sexual assault. *Critical Criminology, 15*, 295–311. <https://doi.org/10.1007/s10612-007-9038-0>
- DeKeseredy, W. S. (1990). Male peer support and woman abuse: The current state of knowledge. *Sociological Focus, 23*(2), 129–139. <https://doi.org/10.1080/00380237.1992.10570559>
- DeKeseredy, W. S. (2011). Feminist contributions to understanding woman abuse: Myths, controversies, and realities. *Aggression and Violent Behavior, 16*(4), 297–302. <https://doi.org/10.1016/j.avb.2011.04.002>
- DeKeseredy, W. S. (2015). New directions in feminist understandings of rural crime. *Journal of Rural Studies, 39*, 180–187. <https://doi.org/10.1016/j.jrurstud.2014.11.002>
- Dyck, K. G., Stickle, K. L., & Hardy, C. L. (2012). Intimate partner violence: Understanding and responding to the unique needs of women in rural and northern communities. In B. D. Liepert, B. Leach, & W. E. Thurston (Eds.) *Rural women's health* (pp. 197–214). University of Toronto Press. <https://doi.org/10.3138/9781442662513-012>
- Eastman, B. J., & Bunch, S. G. (2007). Providing services to survivors of domestic violence: A comparison of rural and urban service provider perceptions. *Journal of Interpersonal Violence, 22*(4), 465–473. <https://doi.org/10.1177/0886260506296989>
- Edwards, K. M. (2015). Intimate partner violence and the rural-urban-suburban divide: Myth or reality? A critical review of the literature. *Trauma, Violence, & Abuse, 16*(3), 359–373. <https://doi.org/10.1177/1524838014557289>
- Eisenhardt, K. M. (1989). Building theories from case study research. *Academy of Management Review, 14*(4), 532–550. <https://doi.org/10.5465/amr.1989.4308385>
- Evans, M. A., & Feder, G. S. (2016). Help-seeking amongst women survivors of domestic violence: A qualitative study of pathways towards formal and informal support. *Health Expectations, 19*(1), 62–73. <https://doi.org/10.1111/hex.12330>
- Faller, Y. N., Wuerch, M. A., Hampton, M. R., Barton, S., Fraehlich, C., Juschka, D., Milford, K., Moffit, P., Ursel, J., & Zederayko, A. (2021). A web of disheartenment with hope on the horizon: Intimate partner violence in rural and northern communities. *Journal of Interpersonal Violence, 36*(9–10), 4058–4083. <https://doi.org/10.1177/0886260518789141>
- Ford-Gilboe, M., Wathen, C. N., Varcoe, C., Herbert, C., Jackson, B. E., Lavoie, J. G., Pauly, B., Perrin, N. A., Smye, V., Wallace, B., Wong, S. T., & Browne, A. J. (2018). How equity-oriented health care affects health: Key mechanisms and implications for primary health care practice and policy. *The Milbank Quarterly, 96*(4), 635–671. <https://doi.org/10.1111/1468-0009.12349>

- Gracia, E. (2004). Unreported cases of domestic violence against women: Towards an epidemiology of social silence, tolerance, and inhibition *Journal of Epidemiology & Community Health*, 58, 536–537. <http://dx.doi.org/10.1136/jech.2003.019604>
- Hart, L. G., Larson, E. H., & Lishner, D. M. (2005). Rural definitions for health policy and research. *American Journal of Public Health*, 95(7), 1149–1155. <https://doi.org/10.2105/AJPH.2004.042432>
- Hawley, L. R., Koziol, N. A., Bovaird, J. A., McCormick, C. M., Welch, G. W., Arthur, A. M., & Bash, K. (2016). Defining and describing rural: Implications for rural special education research and policy. *Rural Special Education Quarterly*, 35(3), 3–11. <https://doi.org/10.1177/875687051603500302>
- Hess, J. Z., Allen, N. E., & Todd, N. R. (2011). Interpreting community accountability: Citizen views of responding to domestic violence (or not). *Qualitative Report*, 16(4), 1096–1123.
- Holtmann, C., & Rickards, T. (2018). Domestic/intimate partner violence in the lives of immigrant women: A New Brunswick response. *Canadian Journal of Public Health*, 109, 294–302. <https://doi.org/10.17269/s41997-018-0056-3>
- Lawson, J. (2012). Sociological theories of intimate partner violence. *Journal of Human Behavior in the Social Environment*, 22(5), 572–590. <https://doi.org/10.1080/10911359.2011.598748>
- Little, J. (2016). Understanding domestic violence in rural places: A research agenda. *Progress in Human Geography*, 41(4) 472–488. <https://doi.org/10.1177/0309132516645960>
- Mantler, T., Jackson, K. T., & Ford-Gilboe, M. (2018). The CENTRAL hub model: Strategies and innovations used by rural women’s shelters in Canada to strengthen service delivery and support women. *Journal of Rural and Community Development*, 13(3) 115–132.
- Mantler, T., Jackson, K. T., & Walsh, E. J. (2020a). Integration of primary health-care services in women’s shelters: A scoping review. *Trauma, Violence, & Abuse*, 21(3), 610–623. <https://doi.org/10.1177/1524838018781105>
- Mantler, T., Jackson, K. T., Walsh, E. J., Tobah, S., Shillington, K., Jackson, B., & Soares, E. (2020b). Sharing personal experiences of accessibility and knowledge of violence: A qualitative study. *Journal of Interpersonal Violence*. <https://doi.org/10.1177/0886260520920867>
- Moffitt, P., Aujla, W., Giesbrecht, C. J., Grant, I., & Straatman, A. -L. (2020). Intimate partner violence and COVID-19 in rural, remote, and northern Canada: Relationship, Vulnerability and Risk. *Journal of Family Violence*. <https://doi.org/10.1007/s10896-020-00212-x>
- Northcott, M. (2011). Domestic violence in rural Canada. *Victims of Crime Research Digest*, 4, 9–13. <https://www.justice.gc.ca/eng/rp-pr/cj-jp/victim/rd4-rr4/rd4-rr4.pdf>
- Owen, S., & Carrington, K. (2015). Domestic violence (DV) service provision and the architecture of rural life: An Australian case study. *Journal of Rural Studies*, 39, 229–238. <https://doi.org/10.1016/j.jrurstud.2014.11.004>

- Pain, R. (2014). Seismologies of emotion: Fear and activism during domestic violence. *Social & Cultural Geography*, 15(2), 127–150. <https://doi.org/10.1080/14649365.2013.862846>
- Panelli R., Hubbard, P., Coombes, B., & Suchet-Pearson, S. (2009). De-centering white ruralities: Ethnic diversity, racialisation, and Indigenous countrysides. *Journal of Rural Studies*, 25(4): 355–364. <https://doi.org/10.1016/j.jrurstud.2009.05.002>
- Patel, A., Dean, J., Edge, S., Wilson, K., & Ghassemi, E. (2019). Double burden of rural migration in Canada? Considering the social determinants of health related to immigrant settlement outside the cosmopolis. *International Journal of Environmental Research and Public Health*, 16(5), 678. <https://doi.org/10.3390/ijerph16050678>
- Peek-Asa, C., Wallis, A., Harland, K., Beyer, K., Dickey, P., & Saftlas, A. (2011). Rural disparity in domestic violence prevalence and access to resources. *Journal of Women's Health*, 20(11), 1743–1749. <https://doi.org/10.1089/jwh.2011.2891>
- Pini, B, Brandth, B., & Little, J. (Eds.) (2015). *Feminisms and ruralities*. Lexington Books.
- Pruitt, L. (2007). Toward a feminist theory of the rural. *Utah L. Rev.*, 421.
- Rizkalla, K., Maar, M., Pilon, R., McGregor, L., & Reade, M. (2020). Improving the response of primary care providers to rural First Nation women who experience intimate partner violence: a qualitative study. *BMC women's health*, 20, Article 209. <https://doi.org/10.1186/s12905-020-01053-y>
- Ryser, L., & Halseth, G. (2012). Resolving mobility constraints impeding rural seniors' access to regionalized services. *Journal of Aging & Social Policy*, 24(3), 328–344. <https://doi.org/10.1080/08959420.2012.683329>
- Sandberg, L. (2013). Backward, dumb, and violent hillbillies? Rural geographies and intersectional studies on intimate partner violence. *Affilia*, 28(4), 350–365. <https://doi.org/10.1177/0886109913504153>
- Sinha, M. (Ed.) (2013). Measuring violence against women: Statistical trends. *Juristat*. Statistics Canada catalogue no. 85-002-X.
- Skinner, M. W. (2008). Voluntarism and long-term care in the countryside: The paradox of a threadbare sector. *The Canadian Geographer*, 52(2), 188–203. <https://doi.org/10.1111/j.1541-0064.2008.00208.x>
- Statistics Canada. (2017a). *Southwest* [Economic region], *Manitoba and Brandon* [Population centre], *Manitoba* (table). *Census Profile 2016*. Statistics Canada Catalogue no. 98-316-X2016001. Ottawa. Released, May 3, 2017. <http://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/index.cfm?Lang=E>
- Statistics Canada. (2017b). *Cape Breton-Sydney* [Population centre], *Nova Scotia and Cape Breton, RGM* [Census subdivision], *Nova Scotia* (table). *Census Profile 2016*. Statistics Canada Catalogue no. 98-316-X2016001. Ottawa. Released, May 3, 2017. <http://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/index.cfm?Lang=E>

- Strand, S. J. M., & Storey, J. E. (2019). Intimate partner violence in urban, rural, and remote areas: An investigation of offense severity and risk factors. *Violence Against Women*, 25(2), 188–207. <https://doi.org/10.1177/1077801218766611>
- Tracy, S. J. (2010). Qualitative quality: Eight “big-tent” criteria for excellent qualitative research. *Qualitative Inquiry*, 16(10), 837–851. <https://doi.org/10.1177/1077800410383121>
- Waltermaurer, E. (2012). Public justification of intimate partner violence: A review of the literature. *Trauma, Violence & Abuse*, 13(3), 167–175. <https://doi.org/10.1177/1524838012447699>
- Wendt, S. (2009). Constructions of local culture and impacts on domestic violence in an Australian rural community. *Journal of Rural Studies*, 25(2), 175–184. <https://doi.org/10.1016/j.jrurstud.2008.11.001>
- Wendt, S., & Hornosty, J. (2010). Understanding contexts of family violence in rural, farming communities: Implications for rural women's health. *Rural Society*, 20(1), 51–63. <https://doi.org/10.5172/rsj.20.1.51>
- Williams, A. M., & Kulig J. C. (2012) Health and place in rural Canada. In J. C. Kulig & A. M. Williams (Eds.) *Health in rural Canada* (pp. 1–23). UBC Press
- World Health Organization (2013). Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines.
- Wuerch, M. A., Zorn, K. G., Juschka, D., & Hampton, M. R. (2016). Responding to intimate partner violence Challenges faced among service providers in northern communities. *Journal of Interpersonal Violence*, 34(4) 691–711. <https://doi.org/10.1177/0886260516645573>
- Zorn, K. G., Wuerch, M. A., Faller, N., & Hampton, M. R. (2017). Perspectives on regional differences and intimate partner violence in Canada: A qualitative examination. *Journal of Family Violence*, 32, 633–644. <https://doi.org/10.1007/s10896-017-9911-x>