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CULTIVATING COURAGE:

The Needs and Concerns of Rural Women
Who are Abused by Their Partners

by

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November 16, 1992.

Cultivating Courage was selected as the title because it reflects the process we witnessed while participating in rural women's support groups. The rural environment has traditionally been idealized as peaceful, family-oriented and safe. The women who shared their experiences as part of this study had the courage to speak out about woman abuse in rural communities. These women had to find transportation, travel long distances, arrange childcare, risk further abuse and social stigma, in order to gain support from other women. Yet, in doing so, they were making change happen within their own lives and within their communities.

The experiences articulated by these women reminded us once again how we are all vulnerable to abuse in a society that tolerates violence against women. At the same time, we knew that we could never understand each woman's individual pain and terror. These accounts made us angry at the men, the professionals, the legal system, and at a society that gives us very little recourse for finding safety. The strength of these women inspired us with the hope that this report will have an impact; that the intolerable conditions of violence and terrorism in which women are forced to live will no longer be considered acceptable by our communities; and that government, institutions and communities will place priority on providing women with more options for safety. For their courage to attempt to cultivate personal and societal change we gratefully acknowledge the contributions made by the women who participated in this research.

For those service providers, shelter staff and police across the four counties who found the time in their busy schedules to organize focus groups, participate in interviews and fill out questionnaires, we thank them for their efforts and their valuable insights.

This study would never have materialized without the commitment of Deborah Chansonnueve to issues facing rural women. We are grateful for her guidance, support and faith throughout this project. We would also like to thank the staff of Ingamo Family Homes for their assistance and encouragement. The contributions of Regina Homeniuk, Val Goodbrand, and Linda Reith were also greatly appreciated. We gratefully acknowledge the Ministry of the Solicitor General and the Ontario Women's Directorate for their financial support of this research.

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INTRODUCTION

The feminist movement has long struggled for public recognition of the prevalence and seriousness of violence against women and children rooted in Western society's belief system of male power and privilege within the family. During the 1980's, the issue of woman abuse moved from being solely the concern of feminist grassroots activists into the sphere of public policy. Reforms within the criminal justice system have resulted in the treatment of woman abuse as a criminal offence, rather than a private family matter (MacLeod, 1987). Governments at federal and provincial levels have developed policies and committed resources to ending violence against women.

While initial government response to woman abuse focused on providing crisis intervention such as emergency shelters, the need to provide women with social supports to leave abusive situations and more options to ensure their safety is increasingly being recognized (Greaves and Wylie, 1988). Within Ontario, communities of service providers from shelters, social service agencies, hospitals, courts, and police forces have been encouraged to develop coordinated responses to the issue of woman abuse. While resources constantly fall behind demands for service, most major centres in Ontario are able to offer some program options to women who are abused, men who perpetrate abuse, and children who witness violence in the home.

The diversity of needs of women in Ontario based on geographic location, race, language, immigration status, disability and sexual preference has meant that increased public resources for dealing with violence against women has not necessarily benefited all women equally. For rural women who are abused by their primary partner, particularly those who have a disability, are native, or a member of a cultural or religious community, the greater availability of services in larger centres may have little impact. Counselling programs are of no help to someone who cannot reach the service because of lack of transportation or childcare. An emergency shelter sixty miles away or more may not provide viable option for safety. Accessing second stage housing means being uprooted from one's community and way of life.

Because of the tendency to idealize the rural lifestyle, the extent and pervasiveness of social problems in rural areas tends to be ignored by policy-makers and researchers (Abramovitch, 1987; Little, 1987). Research into the prevalence of woman abuse in rural life is limited. Of five major studies on incidence of woman abuse in Canada, only one in Alberta included both metropolitan and non-metropolitan areas (DesKeredy and Hinch, 1991). The Alberta study reported a lower level of incidence of abuse in rural than in urban settings, with an incidence of 8.3% in rural areas compared to 12.8% in urban areas (Kennedy and Dutton, 1988).

In a separate study Kennedy and Dutton offer two explanations for finding a lower incidence of woman abuse in rural areas 1) rural women are more reluctant to report to researchers that they are victims of abuse, and 2) rural women have access to a more intricate network of support from friends and family who become involved with the issue thus lowering its incidence. (Kennedy et al., 1991) These same researchers found that rural residents are 2.4 times more likely to be aware of an incident or incidents of abuse in their community. They argue that greater knowledge has meant greater community involvement in the issue leading to more public censure of abusers and consequently a lower incidence (Kennedy et al., 1991).

Such a conclusion does not necessarily reflect the reality of rural communities. In a study of their views and experiences, rural women reported that they believe woman abuse to be as common in rural as in urban areas. While people may be knowledgeable that abuse exists, talking about the problem openly is not necessarily accepted within communities (Canadian Advisory Council on the Status of Women, 1987). For instance, a survey of the response of family doctors to women who experience abuse revealed that family doctors in rural areas are less likely to offer counselling and information to the victim (Trute et al., 1988).

While health and social service providers working in rural areas in the U.S. report awareness that woman abuse is a problem in their community (Petersen and Weissert, 1983), the majority have little training on how to meet the needs of abused women. In other research, services for abused women located in urban centres have been shown to be inadequate in accommodating the needs of rural women (Bogal-Allbritten and Daughaday, 1990). In their study of both rural and urban areas, Bogal-Albritten and Daughaday (1990, p. 9) found:

Programs appear to be, for the most part, limiting their services to individuals residing within close physical proximity to the program. The result of this limitation might produce, for example, situations in which services theoretically available to county residents might, in reality, be limited to city residents.

Thus, rural women who are abused have no support systems within or outside of their community that fully understand their needs.

Service providers working out of urban centres face three major obstacles in reaching out to abused women in rural communities. First of all, this population is geographically spread out and abused women are often isolated by their partner. Secondly, rural areas and small communities have few centralized media and information sources through which to conduct public education programs and to inform people that support is available (Abramovitch, 1987). Third, people in rural areas are reported to have negative attitudes towards using social services (Bogal-Allbritten and Daughaday, 1990). While members of rural communities share a diversity of attitudes, these communities are often viewed as more conservative and more resistant to change. According to Abramovitch (1987, p. 7),

Commonly identified "rural values" include the following themes: emphasis on hard work, mastery of the environment, the importance of family and community ties, conformity to group norms, traditional moral standards and more conservative political views. It has also been argued that rural populations are more religious, isolationist, and fatalistic.

Rural residents are also seen as valuing self-help and survival skill, reinforcing the sense that support services are not needed in their communities in the same way as in urban areas.

Part of the value system in rural areas involves traditional views about the roles of women and men. According to a feminist geographer, "As well as the familiar pictures of the rural landscape and 'community', the rural idyll also incorporates highly specific ideas on the relative roles of men and women." (Little, 1987) Thus, for women to seek support in dealing with abuse in their lives may mean breaking with community norms.

Researchers studying the areas of childcare and services for seniors in rural areas argue that social planners and service professionals need to be more sensitive to the attitudes and values of people in rural areas. (Abramovitch, 1987; Ontario Advisory Council on Senior Citizens, 1992; MacIntosh, 1988; Jones and Smith, 1988) As described by Abramovitch (1987, p. 5), "for the most part urban concepts and concerns have dominated the planning and delivery

of services in both urban and rural areas. Programs have been designed with little or no attempt to define the particular lifestyles, needs, situations or goals of rural clients."

Providing support to rural women, particularly rural women who are members of a religious or cultural community, women who are disabled and native women, requires an approach to service delivery which is responsive to their unique needs and experiences. Yet, little is known about how rural women experience woman abuse within their home and their community, and how their experience differs from that of women in urban areas. The purpose of this study is to provide an information base on woman abuse in the rural environment upon which recommendations for government policy and future programming could be based.

This study will also investigate the positive aspects of the rural environment which would assist with more effective service delivery to abused women. Residents of rural communities have been described as having easier access to informal support networks (Abramovitch, 1987; Ontario Advisory Council on Senior Citizens, 1992). Programs which do exist in rural areas have a high visibility. The ability to link in with existing resources and collaborate with community leaders facilitates establishing services in rural areas (Abramovitch, 1987). Rural communities, which are seen as more cohesive, would provide a climate for getting citizens involved in planning and implementing new services. The smaller scale of rural programs makes coordination and follow-up more manageable (Abramovitch, 1987).

Rural women have a right to live free of violence within their own communities. While the barriers to providing support and safety for women in rural areas seem formidable, the first step to overcoming these barriers is to understand the needs and concerns of rural women and how they interact with their community. In this study, rural women who have experienced abuse, staff in social service and health fields, shelter staff, and police provide insight into options for addressing woman abuse which are sensitive to the unique nature of the rural environment.

METHODOLOGY

Description of the four counties

This study was conducted over a four county area in Southwestern Ontario. The four

counties included Brant, the Regional Municipality of Haldimand-Norfolk, Oxford and Wellington. Although Haldimand-Norfolk is a regional municipality and not a county, for simplicity, the area is referred to as a county throughout this report. Two definitions of the term rural generally applied in research are: any area with a population of less than 1000; and any area where the dominant economic activity is agricultural. Essentially, the focus of this study was on areas within a county that were outside of urban centres where most of the services are located. This definition included both rural areas and small communities.

All four counties had a higher percentage of rural residents than the entire Ontario population. Ontario has an 18% rural population according to the 1986 Census. Haldimand-Norfolk is a primarily rural region with 58% of the population living in areas defined as rural by Statistics Canada. Oxford County has a 40% rural component in the county's population, Wellington has 28%, and Brant has the smallest rural representation at 20% of all county residents. Agriculture is an important economic activity in all of these areas. Wellington and Oxford produce primarily beef, dairy, and poultry while tobacco farming and other cash crops predominate in Haldimand-Norfolk and Brant counties.

Oxford, Brantford, and Wellington had a city as their largest centre though the largest centre in Oxford (Woodstock) had a population of only 26 000 compared to over 70 000 for both Wellington (Guelph) and Brant (Brantford). The largest centre in Haldimand-Norfolk is the Town of Simcoe with a population of 13 000. Some of the women included in the study were living in areas such as Woodstock and Simcoe, but in most cases these women had previously lived in a rural area or smaller community.

Haldimand-Norfolk was unique in that while Simcoe was the largest centre, social and health services are located in communities throughout the region. Residents of this region access services in diverse locations including going out of the county to Hamilton and Welland. In Oxford most services are located in Woodstock, with some available in Tillsonburg and Ingersoll. Brant County residents must travel to either Brantford, or in some cases out of the county to Hamilton, for health and social services, although the community of Paris does have a hospital serving primarily rural residents. In Wellington County, the history of Guelph as an agricultural centre has meant a greater focus on service to rural areas. While most services are centred in Guelph, some agencies, such as the Guelph-Wellington Women in Crisis, have

outreach programs throughout the county. Thus, the size, population distribution, and agricultural focus seem to have an impact on service delivery across counties.

Research design

The design of this study included gathering information from three sources: rural women who have been abused by their primary partner, service providers across the four counties, and police. Data collection techniques included administration of surveys, key informant interviews with service providers, and focus group discussions with women from rural areas.

A diverse methodological approach was employed to develop an understanding of the relatively unexplored area of woman abuse in the rural environment. In order to be comprehensive and produce results that are generalizable, efforts towards triangulation were made with respect to the use of multiple sources of data, multiple cases and informants, as well as multiple data gathering techniques.

Sampling for questionnaire distribution

Rural women participated in this research through a non-random sampling method. Both time and financial constraints made self-selected participation the most viable method of obtaining the sample of respondents. Shelters and support groups for women who have experienced abuse were contacted and asked if they wished to participate in the project. In addition, notices about the study were distributed to service providers across the four counties who were asked either to post these or to inform clients about the project. Advertisements were placed in community newspapers in each area to further solicit participants.

The questionnaire was designed for a reading level of Grade 6 or above. A total of 40 questionnaires were filled out by women during their support group sessions which were facilitated by a shelter or other service. A total of 20 questionnaires were requested by phone from women who had seen a notice or advertisement, and 2 questionnaires were completed by phone interview. A further 14 questionnaires were given to service providers for distribution to clients. In total, 61 completed questionnaires were used in the sample of rural women. In some cases, the questionnaire was filled out through a cultural interpreter.

A more systematic method was employed for the sample of service providers. A list of

social service agencies, cultural clubs, and disabled services was obtained through the yellow pages for each geographic area. All of these services were contacted and asked to participate in the research. A sample of family doctors and psychiatrists was selected from listings in the yellow pages using an interval of 3. In total, 69 services or clubs, and 82 family doctors or psychiatrists were sent questionnaires. The response rate was 38% for service providers and 15% for family doctors and psychiatrists.

A list of the 19 Ontario Provincial Police and municipal police departments covering the four counties was compiled. Each police force or O.P.P. detachment was sent an average of 5 copies of a questionnaire. The mailing of questionnaires to O.P.P. detachments was coordinated through the O.P.P. Research Branch. In total, 95 copies were sent out and 30 completed questionnaires were returned. The response rate is, therefore, 32%.

Interviews and focus groups

Key informants were selected for this study through referrals from contacts for the project in each of the four counties. Shelter staff in each area acted as key informants to this project, and suggested other appropriate contacts. The purpose of the key informant interviews was to gather indepth information from individuals who had particular insight into the needs of rural abused women, or who are knowledgeable about service delivery issues to county residents in their area. A total of 22 such interviews took place.

An unstructured interview format was employed. In the unstructured interview, appropriate and relevant questions emerge from the interaction between the key informant and the researcher. Given that key informants are viewed as the "experts", the content of the interview had to be guided by the interviewee's knowledge about the issue, rather than being restricted by what the interviewer knows to ask. These interviews were taped and the information analyzed using a qualitative approach.

Rural women were also invited to provide information through unstructured interviews or focus group discussions. A total of 6 focus group discussions were conducted with a total of 40 women participating in these sessions. Women who completed questionnaires within their support group also participated in a follow-up discussion which was audio-taped. Women were invited to describe their experiences from their own perspective so that their input into the

research was not limited by the content of the questionnaire. These on-going support groups were an environment in which women felt comfortable and safe describing their experiences and sharing their thoughts and feelings.

The underlying assumption of using key informant interviews and focus groups is that the perspectives expressed in an unstructured format fill a void in quantitative research methods. While survey research can identify trends, demographic information, and numerically substantiate certain findings, its scope is always limited by the knowledge and background of the researcher. It was obviously important that the research did not reflect an urban bias. Qualitative approaches were used to open up the research to a broader range of perspectives and provide greater depth and scope to the study.

PART ONE: RURAL WOMEN

I. SURVEY OF RURAL WOMEN

A total of 61 women responded to the survey. Twenty five from Oxford County, twelve from Wellington County, twenty from Haldimand Norfolk and four from Brant.

Profile of respondents

Age

The mean age of this sample of abused women is 38.6 years(ranging from 21 to 64 years).

Education

The average highest level of education is grade 11 (ranging from grade five to graduate degree). Sixty-four percent of respondents (39) had graduated from high school, and 27.8% (17) of these respondents also had a post-secondary degree.

Cultural background

Eighty-six percent of the women reported themselves as Canadian citizens, with the remaining 14% being landed immigrants or refugee claimants. Overall, 19 percent of respondents identified themselves as belonging to an ethnic community. People of diverse ethnic backgrounds comprise 18% of the population of rural Ontario according to the 1986 Census. The ethnic communities identified in this study included Chinese, Mennonite, Polish, Portuguese, German and Salvadorian. While many attempts were made to have native women represented in the sample , no native women completed the survey.

Disability

Nine (15.5%) respondents indicated that they had a disability. People with disabilities represent 16% of the Ontario population. No data is available on the representation of people with disabilities within rural areas. The disabilities identified included mobility impairment, hearing impairment and non-visible physical disabilities.

Residence

Figure 1 and 2 illustrate the distribution of women by place of residence and community size. Thirty-eight percent (23) lived either on a farm or in the area outside of a town or village. Sixty-two percent of the women (38) presently live within a town/village or city. Overall, Sixty-three percent of the women (59) lived in a rural community with a population of less than 10 000. None of the respondents resided in a city with a population larger than 27 000.

The high number of women living in towns, villages or cities reflects the fact that a substantial number of respondents were living at a women's shelter or in second stage housing when the survey was conducted. Eighteen percent of the women had lived in their present location less than 1 year. Some of these women would have lived in outlying areas at one time. The mean number of years of living in their present community is 14.7. About one-quarter of the women surveyed had lived in the same community for over 25 years.

Employment and income

Thirty percent (18) of the respondents identified that they (or their families) ran a farm or business. Of these women, seven (33%) work on the farm/business full time and 10 (48%) work part-time. In addition to the responsibilities on the farm/business, 60% (12) were additionally employed outside of the farm/business on either a part time (9) or full time (2) basis.

Of the 43 women who did not run a farm or business, 17 (39%) were employed either full time (38%) or part time (63%). The occupational categories of women, both those who did and did not operate a farm or business, were: labourer (7), professional (7), clerical (5), service (2), sales (2), and other (2). A total of twenty-seven (44%) of all the women in this sample indicated that they were not currently employed in the labour force or in a farm or business.

Figure 3 shows the income level of respondents. Twenty-eight (51%) of the women indicated a net annual income of under \$14,999.00. The majority (57%) of those women who reported an income of under \$14,999.00 had been separated or divorced less than one year. These findings, supplemented with qualitative data gathered from focus groups of rural

Figure 1: Residence

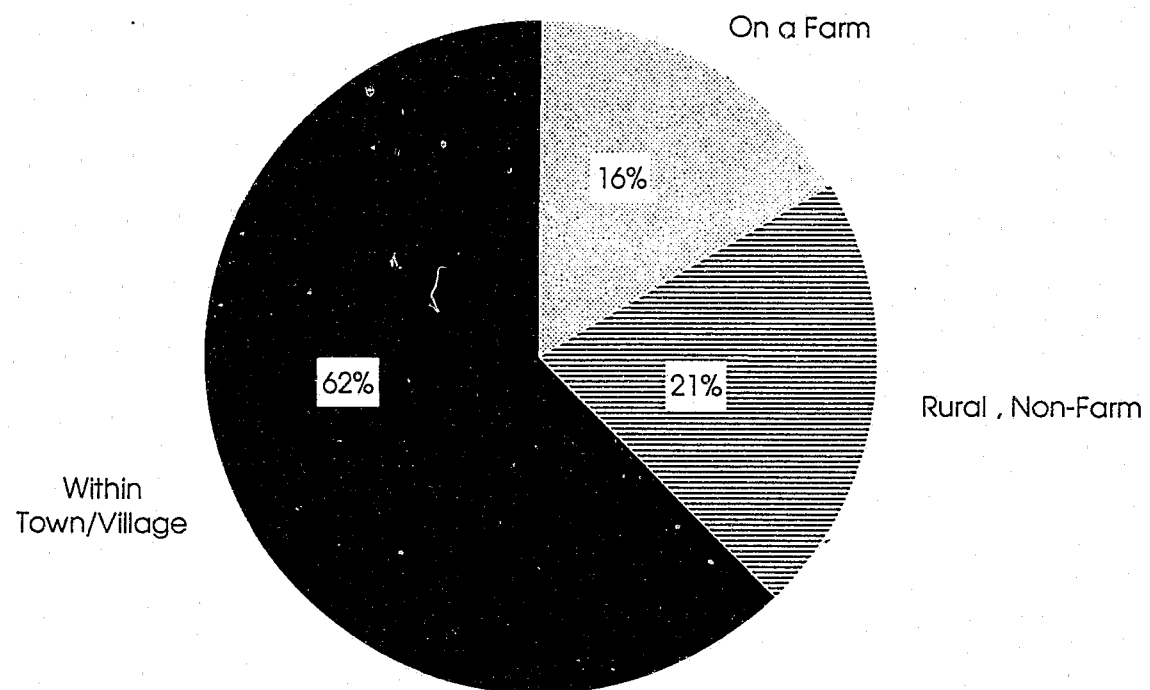


Figure 2: Population of Nearest Community

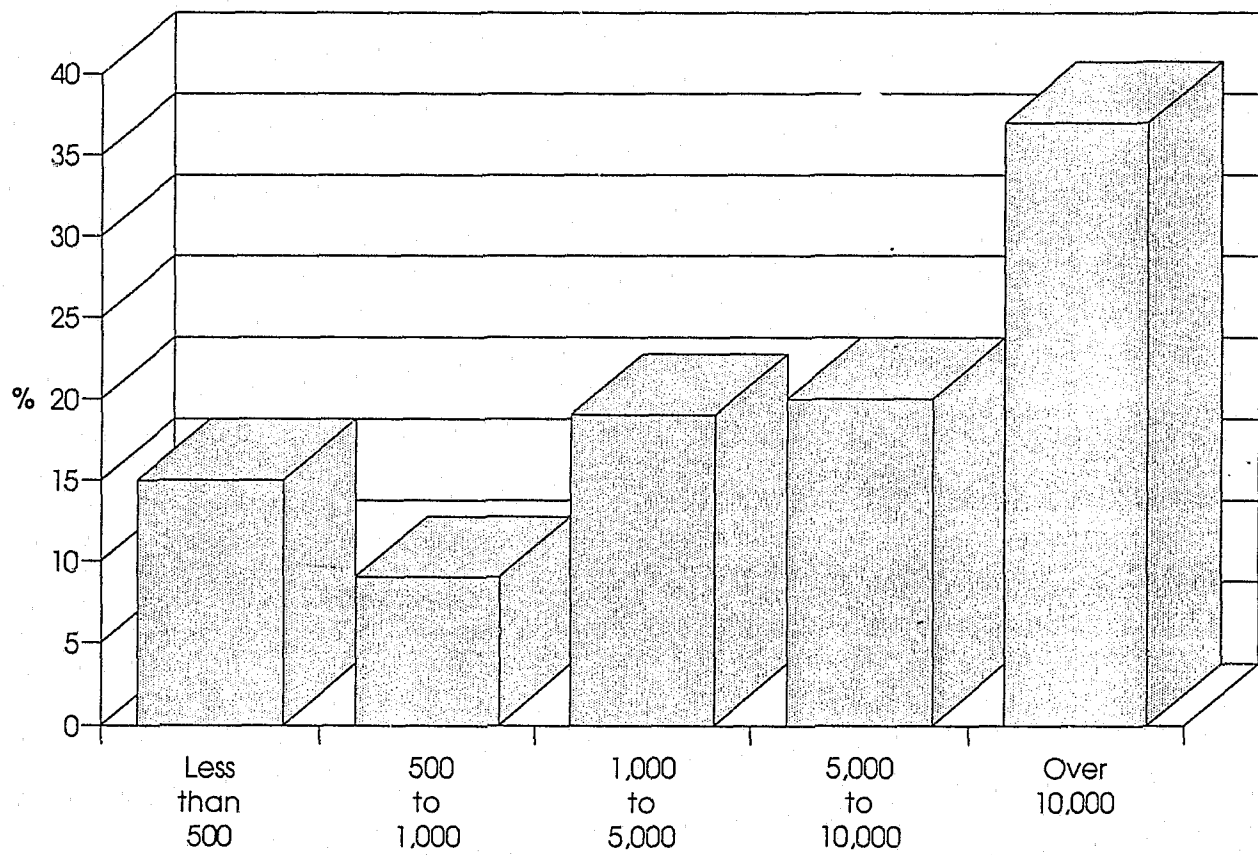
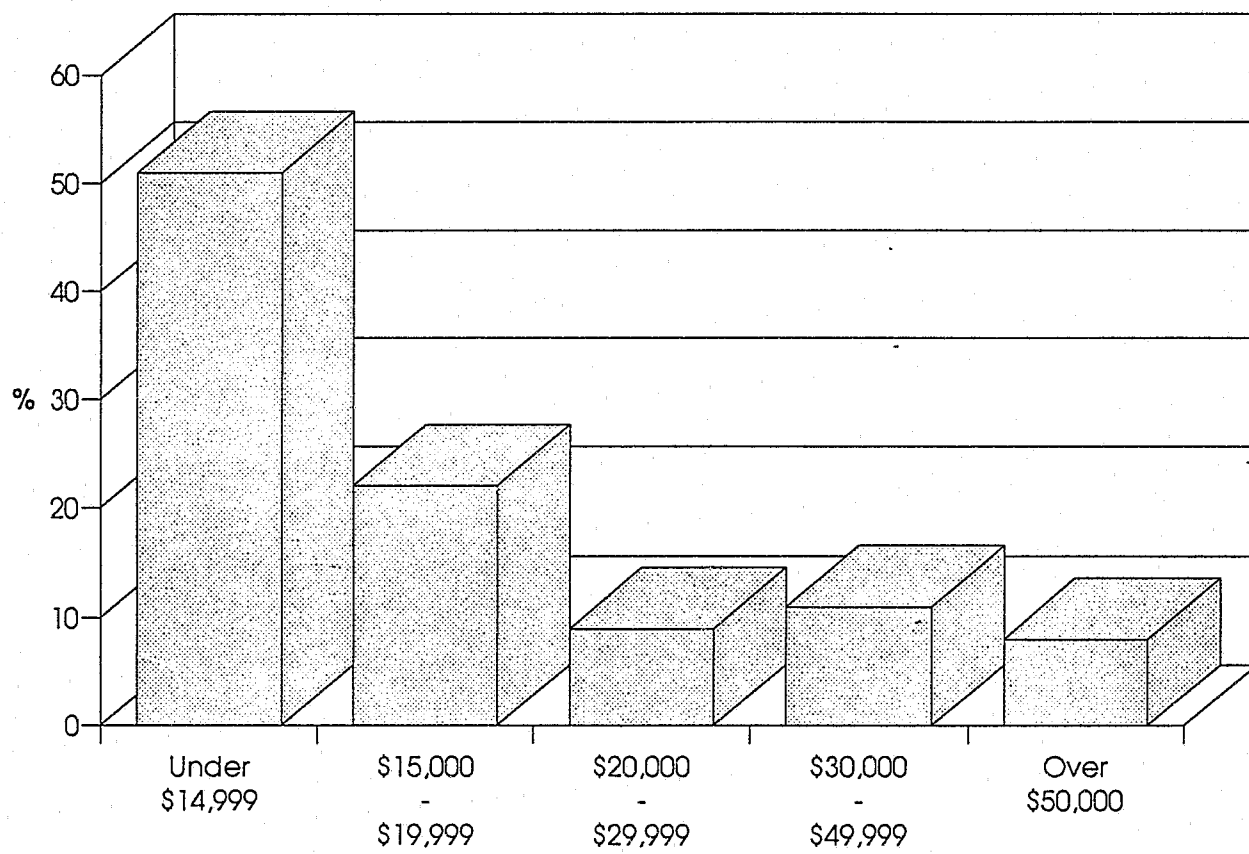


Figure 3: Total Family Income



abused women, indicate that the primary source of income of women leaving an abusive relationship is social assistance and mother's allowance.

Children

The majority (59) of the women had at least one child. Only 2 respondents did not have any children. The mean number of dependent children for this sample was 1.4 which is slightly higher than the mean number of children for families in rural Ontario (1.3) (Statistics Canada, 1986, Cat. 94-129). The average age of dependent children was 9 years.

Status of Relationship

Figure 4 illustrates the length of the most recent relationship in which women experienced abuse. Over one-half of respondents had been married to their abusive partner for over 10 years. No woman in the sample was married less than 1 year and 11 (18%) were in their relationship for over 25 years.

Twelve (19.8%) of the women were staying in their relationship, 6 (9.8%) had temporarily separated until their partners learn to stop their abusive behaviour, 5 (8.2%) were separated but planning to return, 28 (46%) were permanently separated and 10 (16.4%) were divorced.

Twenty-seven (44%) of the women have been separated or divorced less than 1 year. This finding, together with the large number of women who were staying at a shelter or second stage indicates that many of the respondents are in a "transitional" stage.

Leisure and Community Links

Respondents were asked if they belonged to any women's groups. Thirty-nine (65%) indicated that they belonged to a women's group. The majority of groups listed were support groups such as abused women's therapy groups (25). This high number reflects the fact that the sample was drawn largely from women participating in support groups. The other groups mentioned included church groups (5) and social/recreational organizations (4).

Women were also asked to approximate the time spent on leisure activities,

Figure 4: Length of Abusive Marriage

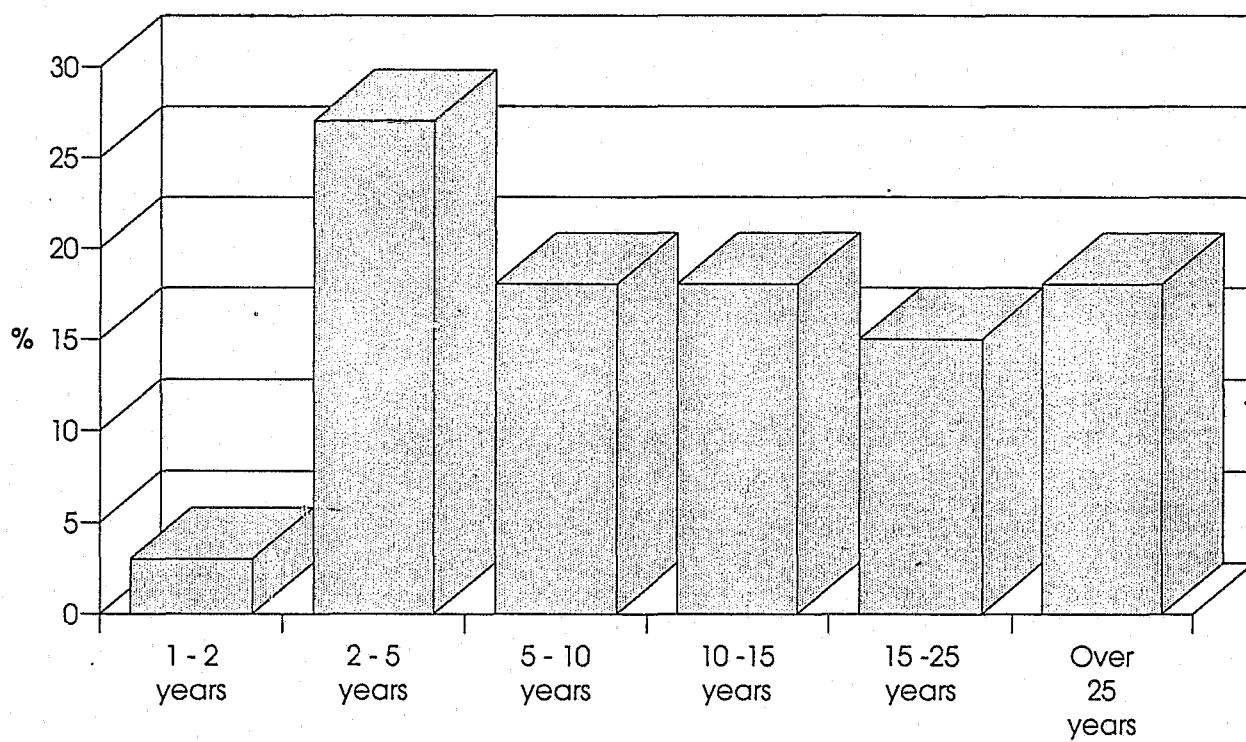
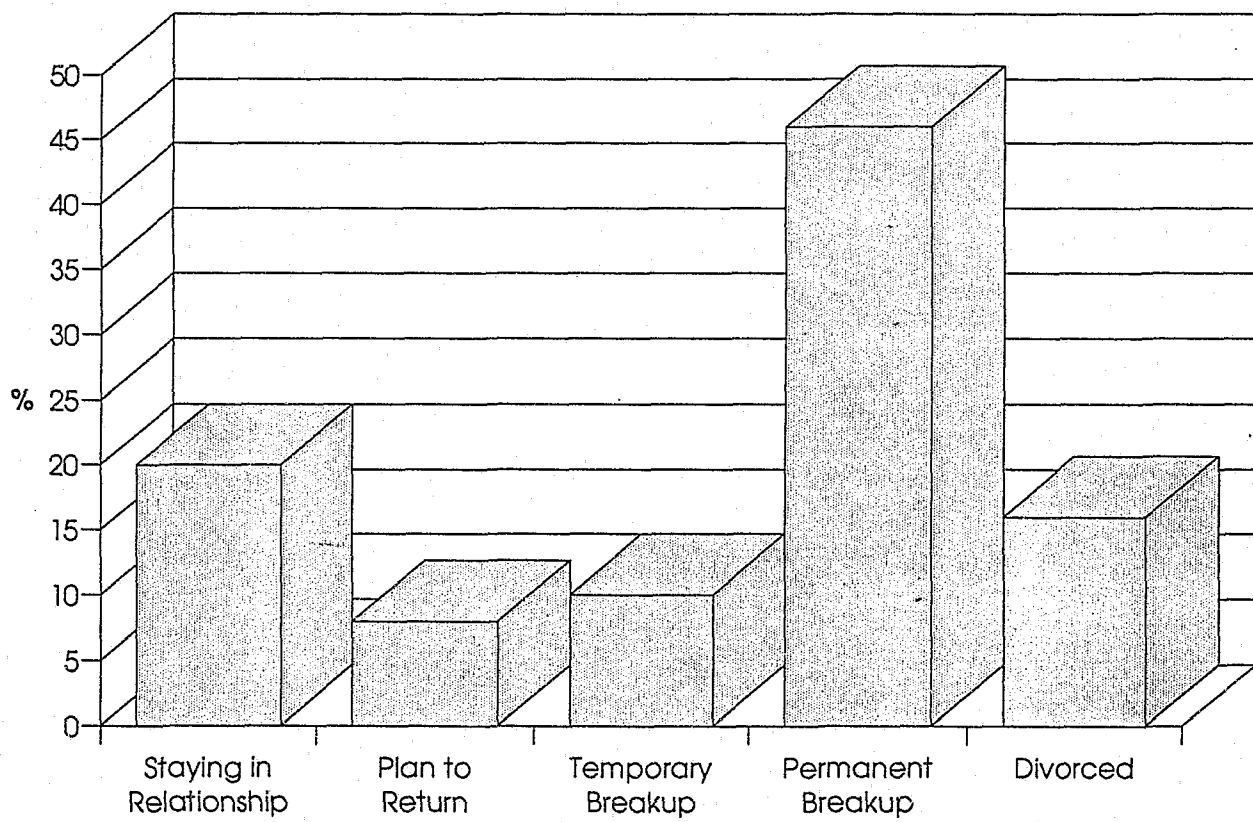


Figure 5: Present Relationship Status



community involvement and family-oriented recreation. For many women this was a difficult question to respond to because many of these activities take place simultaneously. Those women who did respond(38) reported that an average of 2.5 hours a week are spent on community involvement, an average of 8.7 hours a week are spent on leisure/personal and an average of 11.3 hours a week are involved in family oriented recreation.

Multiple Victimization

Several questions were asked to assess the degree of past victimization--both as children and as adults. The results support other research findings of women's vulnerability to revictimization from childhood to adulthood (CCLOW, 1989;).

Ten women (16%) reported being sexually abused by a parent or step-parent during childhood. Fourteen respondents (23%) indicated that they were sexually abused by family members other than parents/step-parents and 10 (16%) women reported being sexually abused by a stranger. Six (10%) women had been assaulted by a stranger during adulthood.

Thirty-six percent (22) of the respondents indicated that they were physically abused by a parent or step-parent during their childhood. Forty-five percent (28) of women indicated that they were verbally abused by a parent or step parent during childhood.

Several instances of childhood-adulthood revictimization were statistically significant or approaching statistical significance. These results are detailed in the Correlation table in Appendix 1.

Abusive behaviour of husband/partner

Respondents were asked a series of questions in order to ascertain the degree, severity, and type of physical and sexual abuse they had experienced. As shown in Table 1, eighty-nine percent (48) of the respondents had experienced physical assault, 33% (15) had experienced physical assault with a weapon, 73% (37) had experienced forced sexual activity, and 72% (34) had experienced forced confinement.

Over one-half of the women (51%) had experienced abuse for over 5 years and just less than one-third (30%) had experienced abuse for over 10 years. Thirty-two percent (19)

Table 1: Incidence of Physical Assaults

Type of Physical Abuse	Experienced						Never Experienced	
	Often		Sometimes		Total			
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
Physical Assault	14	25.9	34	63	48	88.9	6	11.1
Physical Assault with Weapon	2	4.4	13	28.9	15	33.3	30	66.7
Forced Sexual Activity	16	31.4	21	41.2	37	72.5	14	27.5
Forced Confinement	12	25.5	22	46.8	34	72.3	13	27.7

of them were abused on a daily basis and 32% (19) had experienced the abuse on a weekly basis. Ninety-one percent (51) had indicated that the abuse was increasing in frequency and 89% (48) indicated an increase in intensity.

Respondents rated the frequency with which they experienced types of emotional abuse. The results are outlined in Table 2. The most frequently experienced behaviour (70%/40) was being criticized for everything they did as being wrong or stupid. Other behaviours frequently reported include: being called names at home in front of children, partner getting angry for visiting or talking to family/friends, and complaining about meals or the state of the house.

A correlation matrix is included in Appendix 1 of this report. Many of the emotional abusive behaviours are associated with other emotionally abusive behaviours as well as some physically abusive behaviours. Those behaviours that are statistically significant are marked with asterisks on the correlation matrix.

Eighty-four percent (51) of the women indicated that children had witnessed incidents of abuse, and 67% (39) responded that their children were also being abused. When asked about the effects of this violence on the children, many women reported that their children were withdrawn, insecure or frightened (29). Some women stated that their children were very disapproving of violence because of what they had experienced (6), while others have seen their children become violent themselves (4). A number of women (7) were unsure of the effect of the violence on their children.

Contact with police

Women were asked if any court orders were in place against their partner at the time of the last incident of abuse. A total of 11 court orders were identified. Three peace bonds were in effect, 3 restraining orders, 4 probation orders, and 1 husband/partner was on parole.

Respondents were asked about contact with police during the last incident of physical abuse they experienced. Sixty-seven percent (38) of respondents indicated that the police had not been involved in the last incident of physical abuse and 33% (19) percent of the respondents indicated that the police were involved at that time. Respondents completed different sets of questions depending on whether or not the police were involved in the last

Table 2: Experience of Emotional Abuse

Type of Emotional Abuse	Experienced						Never Experienced	
	Often		Sometimes		Total			
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
Getting angry when you visit or talk with family or friends	29	50.9	25	43.9	54	94.7	3	5.3
Calling you names at home/in front of children	34	60.7	15	26.8	49	87.5	7	12.5
Calling you names or embarrassing you in front of others	27	48.2	23	41.1	50	89.3	6	10.7
Making threats against pets or valued possessions	19	33.3	20	35.1	39	68.4	18	31.6
Threatening to kill himself if you leave	10	17.9	20	35.7	30	53.6	26	46.4
Not giving you money for groceries, rent/mortgage etc.	25	43.9	17	29.8	42	73.7	15	26.3
Complaining about meals or the state of the house	28	49.1	20	35.1	48	84.2	9	15.8
Criticizing everything you do as being "wrong" or "stupid"	40	70.2	14	24.6	54	94.7	3	5.3
Threatening to take your children away from you	16	30.8	14	26.9	30	57.7	22	42.3
Using the children to hurt or get to you	21	46.7	15	33.3	36	80	9	20

incident of abuse.

Respondents who did not contact police during last incident

Respondents who had not contacted the police during the last incident of abuse were asked what prevented them from doing so. As outlined in Table 3, 7 (21%) indicated that they did not want the police involved, 8 (24%) were afraid to call, 4 (12%) were ashamed to call, and 6 (18%) either could not get to a phone or had the phone disconnected by their partner. Twenty-four percent of the women who did not call the police for the last incident of abuse indicated varying reasons not identified in questionnaire categories. These reasons included: couldn't afford a conviction; didn't speak English; fear of his reaction; advised by police not to call again; wouldn't help the situation; and the house was full of friends at the time.

Of the 11 women who had court orders in effect, five indicated that the police were not involved in the last incident of abuse. Two of these respondents did not want the police involved, while three were unable to get to the phone, or the phone was disconnected.

Of the 38 respondents who had not called the police during the last abusive incident, 22 (54%) had contact with the police at some previous time. The number of times for which the police were called to their homes in the past averaged 2.7 times.

Thirty-one percent (19) of all the respondents had not had the police involved at any time. Of these 19 women, 9 had experienced physical/sexual abuse for more than 5 years, 4 were abused daily, 6 were abused weekly, and the average length of emotional abuse was 10 years. Nine (47%) of these women indicated that other people knew of the abuse, 7 (37%) indicated that no one knew of the abuse, and three indicated that they did not know if others were aware of their situation. Thirteen (72%) said that no one in their family or community had ever offered any assistance.

Respondents who contacted police during last incident

Of the 19 respondents who did have the police involved in the last incident of abuse (19), the majority (11, 65%) called the police themselves. Other individuals who were mentioned by the respondent as having called the police include: 2 neighbours (12%); 1

friend (6%); 2 relatives (12%); and 1 second stage housing staff(6%). In 78% of these cases(14), the police were called immediately after the incident.

The response time from the police varied from under 15 minutes to never arriving. Thirty-two percent (6) of the respondents indicated that the police arrived within 15 minutes of the call; 2 (11%) reported police arrival 15 to 30 minutes after the call, and the same number reported 30 minutes to 1 hour; 2 respondents also indicated over 1 hour. In three instances the police never arrived, and in one instance the police came the next day.

The women who reported that the police were involved in the last incident of abuse were asked what the police did once they arrived. Women provided multiple responses, which are listed in Table 4. In 3 (18%) cases the husband/partner was charged but not removed from the house; 1 (6%) partner was arrested and removed; 1 (6%) was warned of charges if abuse occurred again; 1 (6%) woman was told she should lay charges against her partner; 6 (35%) of the women were told that they should leave the house; and 1 (6%) partner was told to leave the house.

While a total of 3 charges and 1 arrest were actually made, when asked, 8 (53%) of the women indicated that they had wanted the police to lay charges against their partner. As indicated, one woman was told she should lay the charge.

Women were also asked whether they, at the time, wanted to go to a shelter. While 9 (53%) of the women indicated that they wanted to go to a shelter, only 4 (24%) were either taken to or given information on a shelter by the police.

In an open-ended question, women were asked what they had wanted the police to do. Women stated that they had wanted the police to charge their partner (7), remove their partner (6), warn or talk to their partner (3), provide protection to them (5), and four had no expectations of the police.

While one woman was told by police to go to the hospital, no one indicated that they were taken to the hospital.

For 41% (7) of those women who had the police involved in the last incident, this was the first time the police were involved. Another 10 (59%) women indicated that the police were contacted in previous incidents. The average number of times the police were at respondent's homes in the past was 2.5 times. In general, the women were divided in terms

Table 4: What Police Did Upon Arrival *

Police Action	Number	Percentage
Charged abuser but did not remove him	3	18
Charged abuser and removed him	1	6
Warned abuser he would be charged next time	1	6
Told victim to lay charges	1	6
Told victim to leave	6	35
Told abuser to leave	1	6
Took victim to shelter / gave information on shelter	4	24
Told victim to go to hospital	1	6
Took victim to hospital	0	0
None of the above	3	18

N = 19

* Multiple responses were given for this question

of their satisfaction with police during the last incident of abuse. While 5 (28%) of the women concluded that the police were "very helpful"; 4 (22%) indicated "helpful"; another 4 indicated "somewhat helpful" and 5 indicated "not helpful at all".

Experiences with hospital/emergency staff

Of all the women who participated in this survey, 15 (29%) indicated that they had ever gone to the hospital due to the abuse by their partner. Eighty-five percent (11) of these women had a physician ask how they received their injuries. Only 30% (3) of these women received information on shelters or local services for abused women. The overall helpfulness of hospital staff to abused women were reported as follows: 3 (27%) indicated that the hospital staff was "very helpful"; 2(18%) indicated "helpful"; 2 (18%) indicated somewhat helpful and 4 (36%) indicated "not helpful" at all.

Community support

Community knowledge of the abuse

Respondents were asked if anyone in the community in which they lived knew about the abusive situation. While 55% (33) indicated that someone did know, 25% (15) believed that no one knew of the abuse. Another 12 (20%) women were not sure if anyone in the community knew of the abuse.

Women were asked what reaction they noticed from others in the community. Women reported diverse reactions from others. Some respondents found community members either did not want to get involved (12), blamed them for the abuse (7), or did not believe them (4). Six women were asked about the abuse, but not offered any support. Only 17 (29%) of the women were approached by someone who offered assistance. Of those who offered help to these women, 11 were friends, 2 were co-workers, 1 was a minister and 1 was a parent. Five women reported being completely isolated from any other members of their surrounding community.

Family doctor

In a series of questions, respondents identified who they approached for help in

Table 5: Community Supports

Supports	Approached	Helpful	Not Helpful	Not Sure
Family Doctor	56%	60%	15%	24%
Shelter (Residential support)	41%	100%	0	0
Church Minister	25%	47%	33%	20%
Family	46%	64%	28%	8%
Friends	60%	79%	15%	6%

dealing with abuse in their lives. Over one-half of respondents (56%/33) reported going to the family doctor for help in dealing with their partner's abusive behaviour. After friends and neighbours, family doctors were most frequently reported as a person to whom women went to for support. Women thought that their doctors could provide the following kinds of help: medical care (9), advise/referral (9), talk to their husband (4), report child abuse (1), and 4 women were not sure of the kind of help their doctor could offer.

Of the respondents who went to their family doctor for support, 60% (20) rated the doctor's response as helpful and 15% (5) rated it as not helpful (24%/9 were not sure). Respondents indicated that family doctors provided the following kinds of support: listening; reassuring them that it was not their fault; giving encouragement and improving self-esteem; providing referrals and information; and talking to their husband. Women who stated their family doctor was not helpful had encountered the following kinds of responses: ignored the real problem (eg. gave husband medication for blood pressure); offered no support or information; did not listen or understand; blamed the woman for staying in relationship.

Shelter

Forty-one percent of the women (25) had stayed at a shelter at some time. All of these women indicated that the shelter staff were helpful. In their comments, women described the shelter staff as supportive, friendly, informative, caring, and non-judgemental. Women also made positive remarks about the advocacy services provided by the shelter.

Church minister

One-quarter of the women (15) went to a church minister for help in dealing with their husband's abusive behaviour. Eleven women commented on what help they sought from their minister. The majority (8) had wanted the minister to talk to their husband. Other reasons were spiritual support (1) and advise for themselves (2). Seven of these women (47%) rated the minister's response as helpful, 5 (33%) rated it as not helpful, and 3 (20%) were not sure. Those indicating the minister was helpful, described this person's response as understanding, caring, encouraging, and providing spiritual support. In two cases, the women indicated that the minister did not at first understand the issue. For

the 5 women rating the ministers response as not helpful, the reactions they encountered were disbelief, speeches on importance of marriage vows, or their duty to stay with the husband. One women who was not sure about how she felt about the minister's response commented that she suspected that she was not believed, another received no follow-up contact, and in another case the church minister broke confidentiality.

Family members

Family members were approached for support by 46% (27) of women. Women who provided comments described turning to their family for emotional support (13), for resources (money, transportation, housing) to leave the abusive relationship or seek safety (6) or for both emotional support and resources (4). Sixty-four percent (16) of those who went to their family reported their response as helpful, 28% (7) as not helpful, and 8% (2) were not sure.

Women who found their family helpful commented that they were provided with help in moving, financial assistance, emotional support and reassurance, information on services, and childcare. Women who found their family members not helpful encountered disbelief; unwillingness to get involved; uncaring attitudes; no information or assistance; and being told to leave when the woman wanted to stay in relationship.

Friends/Neighbours

Women reported friends and neighbours most often as the people they went to for support in dealing with abuse in their lives. Sixty percent (35) went to a friend or neighbour, in most cases to seek emotional support (21). Friends also provided a place to stay (5), or would look out for the respondent's safety (eg. arrive when husband was upset, call police when needed) (6). Seventy-nine percent (26) of women turning to friends or neighbours for support found them helpful, 14% found them not helpful, and 6% were not sure. Next to shelter staff, friends/neighbours were the support most often rated as helpful.

The reasons given for considering friends/neighbours as helpful were that these persons offered emotional support and reassurance; listened; provided transportation when needed; provided a place to stay; helped with groceries and children; talked to husband; and

helped them access services through information and transportation. Women who found their friends/neighbours not helpful either did not expect anything from friends, were told friends did not want to get involved, or were told to leave when they wanted to stay in the relationship.

Other supports

Other people that women approached for support were counsellors and social service agencies other than the shelter (14), their husband's family (4), or a co-worker (1) (6 missing values). These supports were most often reported as being helpful (84%/21). The supports received were counselling, legal advice, programs for husband, and information and referral.

Information on perpetrators

Women were asked to comment on what they think caused their husband or partner to abuse them. Women most frequently referred to a history of violence in their partner's childhood (17). Overall, almost two-thirds of respondents (63%/32) reported that they knew their partner had seen his father abusing his mother during childhood. Other reasons women associated with their partner's abusive behaviour were emotions of anger and hostility (14); stress and insecurity (8); use of alcohol or drugs (5); a psychiatric problem (3); or his infidelity (3). Three respondents blamed themselves for their partner's abuse. Four women responded that they had no explanations for why their partner was an abusive person.

Sixteen women (26%) responded that their partner has sought help for his abusive behaviour. Sources of this help were: marriage counselling (3); individual counselling/psychiatric care (5); a men's support group (4); alcoholics anonymous (2); corrections (1); and in one case, the source was not specified. The outcome most often reported was that the partner had either not changed at all (9), or was continuing with a program (5). One woman indicated that her partner's behaviour had improved, and one woman was not sure about the outcome.

Women were asked what they thought prevented their partner from getting help. Denial of the problem was most often cited as the reasons male partners do not get help for abusive behaviour (25). Women also indicated reasons such as embarrassment and fear (6),

counselling has no effect (3), blaming the victim (2), and no time (2). Two women commented that they were not sure why their partner did not seek help.

Women were also asked what kind of help they thought their partner would benefit from. Twenty respondents answered individual or group counselling. The other responses were psychiatric help (9), stress management (4), admitting to the problem (2), a jail term (1), and 3 women were not sure.

Decision to stay or leave the abusive relationship

Women cited various reasons for staying in an abusive relationship. Twelve respondents commented that they were maintaining the relationship with their abusive spouse because of a combination of factors. These factors were primarily 1) economic dependence on their spouse, 2) a desire to preserve the family, and 3) hopes that things will get better. Of the 12 women currently in an abusive relationship, 6 indicated that they would leave if the abuse continues, and 4 were not sure (2 did not respond).

Women who had left an abusive relationship were asked to comment on what made them decide to leave. Thirty-four women provided comments. Their reasons for leaving were: fear for their life (11); they'd had enough of living with the abuse (10); fear for their children's safety (6); partner's counselling was not working (3); police laid charges against partner (2); infidelity of partner (1) and partner left her (1).

Women were asked what problems they had to work out in order to be able to leave. Women named multiple obstacles. Those mentioned most frequently were the need for financial resources (13) and housing (8). Women also cited problems such as feelings of shame/guilt (4); caring for children (3); legal assistance (3); fear of further abuse (2); fear of being alone (2); getting access to information on services (2); seeking employment or training (2); and transportation (1).

Women were asked if anyone helped them to make up their mind to leave. Twenty-one women indicated that family or friends helped them decide to leave, 4 mentioned a counsellor or nurse, 4 mentioned their doctor, 2 said police, and 13 stated that they decided on their own. The type of support that women received that helped them with their decision to end the abusive relationship were emotional support (20), a place to stay (5), information

and advocacy (4), and financial resources or transportation (2).

Women facing multiple discrimination

Several statistical tests were initiated to determine differences in responses from women with disabilities and women who are members of cultural or religious communities compared to all other respondents. Overall, few significant differences were found in experiences of abuse and in access to supports for these groups of women. This finding should be not be interpreted as denying the diversity of experiences and barriers faced by women from cultural or religious minorities and women with disabilities who are abused by their primary partner. While the representation of women of diverse ethnic backgrounds and women with disabilities in this study is similar to their representation in the Ontario population, the small sample sizes means that caution should be exercised in generalizing any comparisons between the majority population and these two groups.

Members of cultural/religious communities

Women belonging to cultural and religious communities (11) have lived in their present location for significantly fewer years than other respondents. These women had also been married for a fewer number of years, and accordingly, had been abused by their partner for a shorter period of time. The nature of the abuse experienced by women from cultural and religious groups generally did not differ from the experiences of other women. The only differences which reached significance were that the emotional abuse was less likely to include threats to pets or valued possessions, and more likely to include complaints about meals or the state of the house.

Although not statistically significant, responses from women who were members of religious or cultural minorities did display some differences in use of support systems. A larger proportion of cultural/religious group members stayed at the shelter than the rest of the sample. Given that most of the respondents in the sample were either shelter residents or women accessing support groups, this finding might reflect the fact that women from diverse groups may access the shelter in crisis, but are not as likely to be using ongoing services. Staying at the shelter, approaching friends/neighbours, and asking the family doctor for

assistance ranked the highest in terms of support sought by women from cultural/religious communities.

The least sought after assistance for women from diverse communities included police, family members and church ministers. That church ministers is not frequently indicated as a support is surprising given that many of these women belonged to unique religious communities such as Mennonite. Women in these communities might be aware that ministers would not be supportive of their disclosing abuse in their lives. Language barriers as well as the distrust of police that many communities bring from other countries could explain the reluctance of these women to contact the police.

Family members were not always a support as many women from cultural/religious groups described pressure from their family or community to stay with their partners despite the abuse. In a few cases, women indicated that they had no family and few friends in Canada.

Lack of English language skills and lack of transportation were barriers these women faced in leaving the abusive relationship or finding safety. One woman described having no English language skills, no transportation, and no information on where or how to get help until approached by a friend.

Women with disabilities

Reports of abuse by women with disabilities (9) support other findings (Best and Stimpson, 1990; MacPherson, 1991) which suggest that these women are particularly vulnerable to victimization and have few resources to ensure their safety. Disabled women were an average of 10 years older than non-disabled women. Related to this finding, disabled women had significantly longer abusive marriages as well as experiencing significantly more physical/sexual abuse during the course of the marriage. The abuse that the disabled women endured also occurred more frequently.

Women with disabilities frequently identified their doctor as the person they turned to for support in dealing with abuse in their lives. Doctors were, for the most part, reported to be very helpful by this group of women. Women with disabilities were more likely to turn to formal support such as the doctor, police and the shelter, than informal support such as

family, friends and church ministers. More than other rural women, women with disabilities described an even greater sense of isolation and lack of information about support services for abused women.

While many variables seem to demonstrate differences on the basis of membership in a cultural/religious community and disability, these were not statistically significant. These results should be assessed as sample specific. Caution should be taken in extrapolating these findings to society in general due to the comparatively small sample size of women with disabilities and women from diverse communities.

II. FOCUS GROUP DISCUSSIONS WITH RURAL WOMEN

As well as complete the questionnaire, rural women were invited to participate in discussion groups. For the most part, the discussion groups were formed by women agreeing to contribute one of their group support sessions to this research. The focus groups were intended to enhance the information from the questionnaire by providing women with an opportunity to describe their experiences and views from their own perspective, rather than the researchers. The following section highlights the comments and concerns of these women.

Within the discussion groups, women emphasized how isolated they felt both because of the abuse from their partner, and their geographic location. Women often felt trapped in their homes with little information on where to go for support. For example, women commented:

"He thought I was crazy because of the way I did things . . . I thought sometimes I was crazy because I was out in the country . . . I would go to talk to this Italian woman. She only spoke Italian, but it didn't matter, it was someone to talk to."

"You are isolated . . . You can't say o.k. kids, get your coats, we'll take the bus. There's no place to walk to"

"I kept to myself, I had very few friends left, no one to talk to."

"I was desperate. I had no place to go. No money. No food for my kids. No

vehicle to get off my place. I was just paging through the papers, wondering what am I going to do and I found RWSP (Rural Women's Support Program)."

"I've lived in this county all my life and did not know that such a thing as a women's shelter existed until by chance the first time I left my husband (in the past year) I went to a coffee shop and an acquaintance that I had met that worked there took one look at me and said are you alright. Somehow I found the courage inside me to tell this total stranger 'No, I'm not. I don't think I can go home tonight.' And, she gave me the phone number."

A few of the women commented that until recently they had not heard of the women's shelter. Participants felt that there are still many women in rural areas who have no information on where to turn for help.

Once women do break through their isolation, and reach out to services, their options are still limited. Rural women may not feel they are in a position to use the services of a shelter to seek safety. One women stated:

"For the years I stayed at home, I couldn't just pack up six kids and take them to the shelter and take them all out of public school and high school. Isn't it possible somehow that men could be removed and forcibly told to stay away."

Women also experienced barriers in accessing ongoing support services that were located miles from where they lived:

"You can't spill your guts out in front of kids, and you're sure not going to leave the kids with family and friends because then you have to explain where you are going and why they have the kids."

"The biggest problem for me originally was isolation, transportation, very practical things . . . my children. What was I going to do with my children while I was going here and there . . . I didn't want people to know . . . I didn't want my husband to know."

Along with transportation and childcare, lack of anonymity in rural areas and small communities was often described as a barrier to getting help in dealing with abuse. One women whose husband was a prominent political figure had for years felt that she could not approach anyone about her situation because anyone she told might not have believed her or might have broken her confidence.

Lack of anonymity was also given as a reason for not calling the police. One woman described an incident where the police arrived at her home, saw who her husband was and

just left. Women also expressed a sense that contacting the police might only make their situation worse. As one woman stated:

"It crossed my mind different times when things happened to call the police, but I thought what happens when they are gone."

Women who did contact the police described both positive and negative encounters. In some cases, police officers were supportive and provided helpful information. However, in many cases, women's accounts of police response demonstrate a continuing insensitivity to the needs of women who are abused on the part of some officers. Women described situations of not being taken seriously; of being treated as if they, not the abusers, are the ones who are out of control; and of being made to feel that they are trouble makers for getting the police involved. In recounting her experience with police, one participant said:

"I don't think any of us are asking . . . take us by the hand and save us. But, at least make us feel like we are human beings, this is not a human situation."

One woman who called the police, hoping to have her husband removed after an incident of severe abuse, was told by the officers that they could not intervene because the abuse had taken place on private property. Another woman described being pressured by one officer to state whether she would lay charges:

"The male officer he just wanted to keep the peace . . . He said basically, let's go, you charging or you aren't? Give me an answer . . . I was dickering."

This type of pressure on the victim to lay charges had been experienced by other women in the groups. These incidents had occurred recently and demonstrate that some police officers still do not view woman abuse as a crime or are reluctant to deal with the issue.

Women encountered reactions from service providers such as family doctors that reinforced their sense of being alone in their situation. One woman stated that her family doctor had no understanding of what she was experiencing and told her to sit down and talk with her husband. Another woman felt humiliated when her doctor expressed shock and implied that, in his experience, her situation was very unusual. Women found family doctors generally were concerned about the abuse, but they had little sensitivity to the barriers women faced in leaving an abusive relationship. An older woman reflected back on her family doctor's response early in her marriage:

"When I was the age of the younger girls in the group, I went to the doctor once, I had been pushed against a chair, and he just looked at me and he said 'You're going down the same road as you're mother went and are you going to let it happen?' And that was all he ever said."

Women expressed other concerns regarding their experiences with the medical system:

"I think doctors when they see you depressed about something, the first thing they do is send you to a psychiatrist."

"They never ask you what the problem is. They just hand you the pills."

"They put me on pills which didn't help. I said the pills aren't going to stop him from hitting me."

Focus group participants felt that people in rural communities, both service providers and the general public, were reluctant to confront the issue of woman abuse. One woman described her encounter with hospital emergency services:

"They said, 'Did someone beat you up?' and I said, 'Yeah, my boyfriend' and they didn't want anything else to do with me."

Women frequently encountered the reaction that woman abuse is a private matter between spouses and no one else should get involved. When describing the reaction of their community, women stated:

"To me they don't want to know about it. Even if you say it happened, it's like they don't reply, they drop it and they change the subject real quick."

"I find too that you can lose your friends because you mentioned something and they are afraid. They're afraid to hear it . . . I'm afraid to talk about it, and I think you maybe just lose your friends, you don't want to see them because you mentioned something."

"Looking on the outside now so to speak looking in, I can't believe that other people weren't aware of it, but no one ever approached me and asked me if I needed help."

Women attributed these attitudes to the conservative rural values that emphasized the privacy of 'family matters'.

While many women found that friends, neighbours, and family did not want to be involved, others experienced insensitivity from their social support network. Women described hearing statements from family such as 'You made your bed, now you lie in it' or

'if you're stupid enough to stay its your own fault.' Participants felt that in rural areas women are pressured to maintain the family no matter what happens. Women were counselled by friends and family to try harder to please him. One woman stated:

" Somehow or other people always have the easy sense of telling the woman to make changes, but they are too frightened to tell the men to make changes."

"I was always taught a woman keeps the family together."

Women felt there was little understanding of the issues of woman abuse in rural communities. As one woman describes:

"There is not alot of education about it, so you think it doesn't happen to anyone else, and no one else would understand."

Women were concerned in particular that other people in their community did not understand the harms of emotional abuse:

"I'm sure I'm not the only one who has justified his behaviour and justified myself staying in that relationship by saying 'Well, at least he doesn't hit me.' And I'm sure, my heart goes out, because I'm sure there are other women in this community at this very moment who are saying the same thing to themselves."

"I think there's very few people out there who are aware of what the emotional abuse is. I know alot of people that are going through it, and I don't think they're aware of what the symptoms are."

"When you speak to other people in the community, they don't seem to realize that confinement, name calling all this is just as much a crime and just as abusive as being beaten . . . I think the whole community needs to be aware that if you hear a husband yelling at his wife, it's just as bad as if he was beating her up."

A few participants had become aware that the reason other women family or friends offered little support, is these women were abused either physically or emotionally as well and did not know how to deal with their own situation.

Participants in the focus groups recognized that rural communities had many positive values including looking out for one another. One woman stated that her neighbour was sure to keep an eye out for strangers going near their property when she and her partner weren't home. But this same neighbour did nothing when he witnessed her partner abusing her. Women felt that any public education around the issue of woman abuse has had little impact

on rural areas. People either do not understand what constitutes abusive behaviour, or deny that it exists. When people do recognize abuse is happening, they tend to have little understanding of the complex needs of a woman who is abused, and how difficult it is for her to end abuse in her life.

Participants pointed to the need for more programs to support women who experience abuse. In particular, women identified the need for information and advocacy in dealing with the legal system. As stated by one woman:

"I think there should be something where one can go and find out what we can expect to happen in the court system. We don't know this. They are there to protect us but they're not giving us any information."

To many women, the courts were a system which their partner could manipulate to continue the emotional abuse after a separation. Several women described their frustration with family courts which seemed to place the rights of fathers to see their children above the rights of women and children to live free of violence.

Women were also concerned with the limited availability of services for children who have witnessed abuse. Accessing counselling for children often meant long waiting lists and travelling great distances. Women also saw the need for more groups for men available within rural communities. Coordinating counselling sessions for the whole family is difficult in rural areas. In some cases, counselling for women would be in one location, counselling for children in another, and counselling for the abuser in yet another location.

Women believed that rural residents, particularly men had to recognize and take responsibility for the violence in their communities. One woman was concerned that her husband was able to cancel appointments with his probation officer because of work. She states:

"I think it should be set in stone. That's the appointment, he has to show up, it doesn't matter what else is going on. That way it forces him to tell his boss, tell his co-workers and tell whoever. It's just protecting him all the way down the line."

Despite the smallness of these communities, a few women reported that their partners were able to keep their behaviour hidden from others even after having appeared in court. Women felt that having more local services would make the problem of woman abuse visible in rural

communities. While participants were concerned about problems related to privacy and confidentiality in using local services, the fact that victims and perpetrators sought counselling in larger centres keeps the issue hidden in rural areas. Many women are not aware that any support is available because they are not exposed to such services in their community. Participants also pointed to the need for more public education on woman abuse so that the community learned to be more supportive of the needs of abused women.

III. DISCUSSION

The women participating in this study were primarily drawn from the population of rural women who had accessed services to support them in dealing with abuse in their lives. Many of the women were contacted through support groups facilitated by the women's shelter in the area. In most cases, however, women were not actually residing at the shelter. In fact just less than half of the women had ever stayed at a shelter.

Although advertisements were placed in community newspapers, rural women who are the most isolated because of abuse and distance from support services would, for the most part, not have been reached by this study. Thus, the results cannot be generalized to represent the entire population of rural women who have experienced abuse. However, it is possible to make some comparison of these results to similar studies conducted in urban areas to develop some understanding of the differences between woman abuse in rural and urban areas.

No differences were found in the responses of women by county of residence. Oxford and Haldimand-Norfolk were better represented in the sample of women than Wellington and Brant. The representation of women from Brant County was particularly low despite the distribution of information about the study through service providers in Brantford and advertisements in community newspapers. In part, this outcome reflects the low level of contact with county residents reported by service providers in Brantford. Thus, no comparisons have been drawn in the experiences, needs and support networks of women by county. However, the differences in size, population, and availability of services between counties will be discussed in further sections dealing with service delivery options.

Profile of women and their experiences

In their study of women using the services of the Battered Women's Advocacy Clinic in London, Ontario, Wylie and Greaves (1988) challenge the belief that abuse is perpetrated primarily against women with low-income and low levels of education, a common conception which has been based on profiles of women residing in shelters. Their results drawn primarily from a sample of women who have never gone to a shelter show that abuse crosses all socio-economic levels, and that abused women are representative of all Canadian women.

In this study, the educational level, source of income and occupational status of the sample suggest that rural women have fewer resources to end abuse in their lives than the average Canadian woman. Only 64% of respondents had at least grade 12 education compared to 87% of women in Canada. Fifty-six percent of women were employed either in the regular workforce, in a family farm or business or in both, a labour force participation rate that is similar to the average for Canadian women. However, respondents were more reliant on part-time employment. Of the women in the labour force who did not own or co-own a farm or business, 63% worked part-time. Of all women employed in the labour force in Canada, 25% work part-time. The greater reliance on part-time employment, some of which was seasonal, may reflect the fact that there are fewer full-time employment opportunities in rural areas.

Most of the women (58%) who were involved in a farm or business also worked in the regular workforce, primarily on a part-time basis (81%). With only part-time employment off the farm or business, these women would be economically interdependent with their abusive partner.

In this sample, over half of the women reported an annual income of less than \$14 999. In focus groups women expressed frustration with the slowness of the court process which caused them to rely on social assistance while they waited for access to financial resources to which they were legally entitled. The majority of these respondents had recently left an abusive relationship and were most likely dependent on social assistance or mother's allowance as their source of income. Other research has confirmed that women's income level drops significantly following a separation from their partner.

Thus, women in this sample have a lower level of education, are more dependent on part-time or seasonal employment, and report lower incomes than the Canadian population of women. However, these findings should not be interpreted as contradicting the argument of Wylie and Greaves that abuse affects women in all socio-economic levels. The results from this study may be more a reflection of the fewer resources available to rural women compared to women living in urban areas, than between women who report experiencing abuse and the rest of the population.

In their study of women using the services of the London Battered Women's Advocacy Clinic, Wylie and Greaves (1988) report that the mean age of clients is 33.4 with 45% clustered in the age bracket of 16 to 30 years. These authors state that the reason for the low representation of women in higher age groups is that violence begins early in marriage and women either seek to change the relationship at a younger age, or reach a stage where the violence is tolerated as inevitable. Thirty or younger is frequently cited in other literature as the average age of women experiencing abuse or women seek support for dealing with abuse in their lives (Gelles, 1990; Rosen, 1981).

The average age for women in this sample, at 38.6 years, is much older than studies of urban populations. Only one-quarter of the sample were under the age of 30, and 37% were over the age of 40. Rosen's study of rural women in Southern Illinois also found a higher age group of women using the Women's Shelter (mean 36 years), than was generally cited in other research (Rosen, 1981).

The average length of an abusive marriage is also higher in this study of rural women compared to other studies. Newer marriages from 2.5 years to 5 years have found to be at the highest risk of abuse (Gelles, 1990; Roy, 1977; Fagan, Stewart and Stewart, 1983). In this sample, the majority of abusive relationships had lasted over 10 years. The higher age group and length of marriage of this sample might suggest that rural women tend stay in an abusive relationship longer than women in urban areas, before seeking support. In her study of rural women using shelter services Rosen (1981, p. 3) comments, "These women had been contemplating leaving an abusive environment for a while; thus, their coming to the shelter was a conscious effort, and not done on the spur of the moment."

Many of the women have experienced emotional or physical abuse for the length of their marriage or longer. Leaving the relationship does not necessarily mean an end to abuse in a woman's life. In particular, emotional abuse by partners may continue after a separation or divorce. Focus group participants described how the emotional abuse continues through the partner's contact with the children.

Similar to other research (Wylie and Greaves, 1988; Gelles, 1985), the rural women's decision to leave or stay in an abusive relationship is not based on any one factor. Frequency and severity of abuse was not related to a woman's decision to leave the

relationship. Women with disabilities, in particular, remained in relationships that involved severe and frequent abuse for many years. Women who were staying in the relationship at the time of this study gave reasons which included economic dependence, their own desire or social pressure to preserve the family, and a hope that things would change. Most women stated that if the situation did not improve, they would leave.

Contact with police

Despite the violence in their lives, one third of all women in this study had never had any contact with the police. Another third had previous contact with police, but did not call them during the last incident of abuse. Overall, only 18% of women called the police themselves during the last incident of abuse. Some women reported not wanting the police involved or being too ashamed or afraid to call the police, while others were either not able to get to the phone or indicated that the phone had been disconnected. A study by the London Family Court Clinic (Jaffe, et. al., 1991) on the response of the London Police Force in cases of woman abuse showed that 22% of urban women reported contacting the police during the most recent incident of abuse (Jaffe et al., 1991).

Comparing the results of this study to the study by the London Family Court Clinic, women in rural areas seem more satisfied than urban women with police response in cases of woman abuse. Only 16% of women rated the police as not at all helpful compared to 40% of women in London. However, only one out of five women reported that the police laid charges against the perpetrator, and only one out of five were either taken or given information about the shelter. Response times of the police ranged from 15 minutes to over an hour. In one case the police never arrived after being called. In interviews with women and service providers, the effectiveness of the police response was viewed as inconsistent and very much dependent on the police force and individual officer involved. While some women found officers helpful and sensitive to their situation, others reported being made to feel as though they were causing trouble and wasting the police officers' time.

Support in the community

Over one half of women (55%) were aware that other members of their community

knew about the abuse. Only 29% were ever approached by someone who asked if they needed help. Thus, while this study seems to confirm the research by Kennedy and Dutton (1991) that there is a high rate of knowledge of abuse among rural residents, this knowledge does not necessarily translate into support for the abused woman.

Hoff (1990) has argued that women's decision to stay or leave an abusive relationship is dependent on the attitudes and resources of her social support network. This author states, "Depending on what values a woman's network members held and their material resources, it seemed probable that the network would either be a source of aid and support, or a hindrance to a battered woman in distress." (Hoff, 1990, p.11) Emotional support, resources to leave the abusive relationship or find safety, or both support and resources, were generally cited in this study as the reasons women turned to family or friends.

A study of urban abused women by the London Family Court Clinic showed an equal number of women turning to family and friends for support, with the next most frequent source of help being their family doctor. While women in rural areas are also most likely to approach their friends for support, more women turned to their doctor than their family for assistance. Compared to women surveyed in London, women in rural areas were more likely to encounter responses that were not helpful from family and friends. In contrast, more rural women found their family doctor helpful than urban women.

Overall, family members in rural areas appeared to be frequently unsupportive of an abused woman. One third of the women who approached their family for help encountered either an unwillingness to get involved or pressures to stay with their husband. In the case of both friends and the family doctor, fifteen percent encountered attitudes that were not helpful, while most received some support. A similar percentage of women in this study and the study of women in London went to a church minister for assistance. Of the women who turned to their minister, one-third found that person to be not helpful.

These findings suggest that the attitudes of social supports, particularly family and clergy, might be a further source of victimization in women's lives. In focus group discussions, women emphasized that people in rural communities consider abuse by a husband of his wife a private matter and do not want to get involved. Rural communities might be tight knit in that extended family members are within reach, and the church

minister is known by everyone, but this closeness cannot be assumed to be a positive characteristic for a woman who is experiencing abuse.

While friends and doctors were reported as helpful when approached, not all women turned to these sources for support. It is very likely that women would only speak of the abuse to a doctor or a friend if they had reasons to expect that person would be helpful. Therefore, while the results suggest that doctors and friends are an important source of support for rural abused women, this interpretation is limited. Many rural women find themselves with no one to turn to. In particular, women with disabilities, and women from cultural/religious communities had limited access to support systems.

Cycle of abuse in rural areas

Many women seemed to be conscious of the continuing cycle of abuse in rural communities. When asked what they believed caused their partner to abuse them, women most frequently referred to a history of abuse in their partner's childhood. In total, 63% of respondents were aware that, during childhood, their partner had witnessed his father abuse his mother. Women were not asked about witnessing violence in their home, but 40% of women were physically or sexually abused by their parents. This correlation between growing up in a violent home, and becoming either a perpetrator or victim of violence is a common theme in social science literature (Fagan, 1983; Gelles, 1990).

Some women expressed concern that violence by their partner was causing their children to become abusive towards them and others. One woman indicated that her son had grown up to also abuse his partner. While many women were not hopeful that their partners would ever change their behaviour, during focus group discussions, women frequently referred to the need for counselling and school programs to educate children that woman abuse is unacceptable. Women felt that rural communities must begin to openly address the problem of woman abuse in order to end the cycle of violence.

PART TWO: SERVICE PROVIDERS

I. SURVEY OF SERVICE PROVIDERS ACROSS THE FOUR COUNTIES

Profile of Service Providers

A total of 38 service providers completed and returned the questionnaire. The respondents included 8 Social Workers (21%), 4 Counsellors/Therapists (11%), 1 Community Developer (3%), 2 Advocates (6%), 9 Physicians (24%), 3 Psychiatrists (8%), 1 Nurse (3%), 1 Educator/Trainer (3%), 1 Member of the Clergy (3%), and 8 (21%) "other" service providers (Directors, Administrators, and Managers).

The most frequently cited types of services that these respondents offered were information/referral/resources (17/48%), counselling (17/48%), general mental health (14/37%), and peer support/self help (10/26%). The majority of service providers are not in private practice (25/68%) and do not charge clients for services (29/78%). Of the 8 respondents who do charge their clients a fee, 3 do so on a sliding scale according to income. The majority (28/74%) of respondents serve adult men, women and their children.

Three of the respondents indicated that they serve Brant County, 11 serve Haldimand-Norfolk, 10 serve Oxford County and 10 serve Wellington County. Three respondents indicated that their services were not limited to a single county. Twenty-three respondents identified their geographic area as the whole county, while 11 identified a city or region within the county.

Fifty percent (18) of the service providers responded that their services are located in a city with a population of over 20,000, and 14% (5) were located in centres of over 10 000. None of the service providers were located in communities of less than 1000. Only 6 (17%) of the respondents had services in various locations across their county, four of these services were in Haldimand-Norfolk and 2 in Wellington.

Seven service providers indicated that according to their records an average of 41% of their clients reside in locations outside of the centre where their service is located. An additional twenty-five service providers approximated an average of 39% of their clients living outside of the centre where their services are located. As shown in Table 6, the percentage of residents from rural areas and small communities among the clients of social

Table 6: Rural Residents as a Percentage of Clients by County

County of Service Provider	Rural Residents as a Percentage of Clients	Rural Residents as a Percentage of Population *
Haldimond - Norfolk	60	58
Oxford	34	40
Wellington	23	28
Brant	15	20

* According to Statistics Canada 1986 census data

service agencies and private practices varied according to the rural population in each county.

Service providers in Haldimand-Norfolk, which is 58% rural, reported an average of 60% of their clients as rural residents. The average percentage of rural clients for Oxford, Wellington and Brant was slightly less than the percentage rural population for those areas.

Accessibility of services

Service providers were asked what special measure their agency had taken to make their services accessible to various groups. The results of this question are illustrated in Table 7. Fifty-seven percent (20) of the respondents indicated that their services were accessible to mobility impaired clients. The accommodations for this group included wheelchair accessible facilities and providing transportation. Twenty-nine percent (10) of respondents indicated that they could accommodate visually impaired clients. Hearing impaired clients could be accommodated by 8 (23%) of the service providers through sign language, or Bell Canada services. Fifteen (43%) of the respondents indicated that they could ensure accessibility to the learning disabled and 40% (14) could provide services to clients who are illiterate.

Thirty-three percent (12) of service providers indicated that they could provide accessible services to clients whose first language is not English through translation/interpretation and bilingual staff. While 9 respondents indicated that they ensure accessibility to Native clients, only one service provider indicated Band representation as a special measure. Seven (22%) indicated accessibility of gay/lesbian or bisexual clients. Accessibility to women living in rural areas was cited by 62% (21) of the service providers and included such measures as transportation (5), home visits (6), and outreach programs and satellite services(6).

Identifying and addressing woman abuse

Respondents were asked whether they asked their adult clients about physical, sexual and emotional abuse during intake. The findings indicate that less than half of the respondents ask clients about experiences of victimization. Forty-nine percent (17) ask about physical abuse; 46%(16)ask about emotional abuse; and 46% (16) ask about sexual abuse.

Table 7: Accessibility of Services

Groups Requiring Accommodation	Taken Special Measures to Provide Accessibility	
	Number	Percentage
People with mobility impairments	20	56
People with visual impairments	10	29
People with hearing impairments	8	23
People with learning disabilities	15	43
People who are illiterate	14	40
People who are gay / lesbian / bisexual	7	22
People residing in rural areas	21	62
People whose first language is not English	12	33

Of the 23 service providers who deal directly with clients (ie. social workers, counsellors/therapists, physicians, psychiatrists, and nurses) 65% (15) indicated that they ask about experiences with physical abuse, and 61% (14) ask about emotional and sexual abuse. Those service providers who least often ask about abusive experiences were counsellors/therapists (67%/2) and physicians (50%/4). Those who tended not to ask about experiences with abuse were community developers, advocates, educators, and administrators/directors.

Six service providers kept records on the percentage of the clients who disclose being abused by their partner. The average percentage of clients who disclosed woman abuse during the last year was 22%. Twenty-eight service providers could only provide an approximate percentage of clients who disclosed abuse by their partner with the average being 20%. Depending on the nature of the service being provided, the percentage of disclosed cases of woman abuse ranged from 0 to 100% for those who kept records and 0-85% for those who approximated their response. The average percentage of clients disclosing abuse to service providers varied slightly across each county. Service providers in Oxford reported only 14% of clients disclosing abuse compared to 22% for Brant, 25% for Haldimand-Norfolk, and 28% for Wellington.

Seventy-eight percent of service providers indicated that they had identified signs that alerted them that a woman was being abused in a relationship. Respondents referred to physical and emotional signs, such as marks and bruises, anxiety, low self-esteem, fearfulness, crying and appearing withdrawn. The majority (80%/28) of respondents reported that they would ask the woman directly if she was experiencing abuse. These respondents believed asking the woman directly is the best approach because the problem is identified immediately, the client feels she has permission to speak, and the client may otherwise be too afraid or ashamed to speak about the abuse. Nineteen percent (7) of respondents felt that it was better to leave disclosure to the woman citing reasons such as this approach respects privacy, and the client must be ready to disclose. An additional 34% (12) believed that it was best to either assess the particular situation or use techniques that fostered a trusting environment in order to elicit disclosure.

Service delivery to rural communities

Respondents listed some of the needs of rural women who are abused by their spouse and checked off whether this need was being met by their service, by another service or whether no service was available to meet this need. The results of this question are on Table 8. The most frequently identified needs were counselling, shelter, and transportation. Safety and financial resources were also frequently mentioned. Most of these needs were seen as being addressed. Transportation, however, was a need that was generally not met, and 2 respondents felt safety needs were not being met.

When asked if they believed that the needs of rural women differed from those of women living in towns and cities, eighty-six percent (30) of respondents answered "Yes". When asked to comment on this response, most service providers referred to the isolation faced by rural residents. Distance from services and emotional supports, lack of transportation and other resources, and limited knowledge of where to find support were given as reasons why the needs of rural women differed from those of urban women. Eighty-six percent of respondents also indicated that rural women faced barriers in accessing services. The barriers identified were: transportation, limited availability of services within communities, difficulties of accessing services within a large centre, need to make long-distance calls to contact services, rural values, and poverty.

Respondents were asked to identify people residing in their county who they feel face particular barriers to services. The groups identified were: members of cultural/religious minorities, farm women, women without transportation, women with disabilities, native women, elderly women, teenage women, low-income women, and women with lower education levels.

The majority of respondents (80%/23) felt there was not a sufficient availability of services for victims of woman abuse in their county. Service providers commented that there are not enough services available for all women who need support, that more resources for outreach are needed to raise awareness of the services that are available, that the quality of services is not always consistent, and that greater accommodation of transportation and childcare needs is required. These responses did not vary greatly by county except for Oxford. While five respondents from Oxford County indicated their area did not have a

Table 8: Needs of Rural Abused Women as Identified by Service Providers

Needs	Number of Service Providers Who Identified This Need	Availability		
		In House	Referral to Other Service	Not Available
Counselling	14	2	12	-
Shelter	13	5	7	1
Transportation	10	1	1	8
Financial Advice	7	-	7	-
Safe Place (2nd Stage)	6	-	4	2
Peer Support	5	1	4	-
Access to Service	3	1	1	1
Childcare	3	-	-	3
Emergency Help	3	-	2	1
Legal Assistance	3	1	2	-
Outreach	3	-	1	2
Education	2	-	1	1
Housing	2	1	1	-
Protection / Police	2	-	2	-

sufficient availability of services for women who are abused, four respondents believed services were sufficient.

Most service providers (87%) agreed that service delivery in rural areas should differ from urban models of service delivery. Along with providing transportation, accessible childcare and 1-800 phone numbers, respondents felt that services in rural areas needed to be integrated within smaller communities. Service providers suggested service delivery models that were community-based and made use of volunteers and resources within the community. Others suggested that services located in urban centres should establish satellite offices in rural communities or provide other forms of outreach such as drop-in centres or home visits. Service providers also commented that more intensive publicity of services was needed in rural areas.

Impact of woman abuse in rural communities

When asked what they believed to be the primary cause of woman abuse, most respondents referred to societal issues such as male power and control over women, cultural tolerance of violence against women and the cycle of abuse from generation to generation. A few respondents also mentioned alcohol and financial constraints as causes of woman abuse. Respondents were also asked the question "Besides the effects on the woman who is abused, what do you think is the most serious impact of woman abuse on community life in rural areas?" In response to this question, service providers most often described the effects of abuse on children and the continuation of the cycle of abuse through children who witness violence. Respondents also believed woman abuse causes families and women to be isolated from one another, erodes the network of the extended family, and destroys trust in the community.

In order to reduce the incidence of woman abuse in rural areas, service providers indicated that initiatives to raise awareness of this issue were needed. Respondents pointed to the need for education, outreach and prevention programs. Also mentioned were greater supports for women such as transportation and childcare, support groups for men, and more police action in this area.

Training

Seventy percent of respondents (24) felt that they would benefit from more training related to women who have been abused by their partner. Respondents identified their training needs as recognizing and addressing abuse (11), counselling skills (4), information on services available (3), cultural sensitivity (1), dealing with children (1) and coordinating community efforts (1). Those respondents least likely to want more training related to woman abuse were doctors and psychiatrists.

Respondents were also asked whether they had access to sufficient resources for training or professional development within their community. Just over half of respondents (54%) believed there were not sufficient resources. Respondents in Haldimand-Norfolk and Oxford County were most likely to indicate that their area had a sufficient availability of resources for training and professional development.

II. KEY INFORMANT INTERVIEWS

Emergency shelter and safety

While the pervasiveness of violence against women in our society means that many women are not safe in their homes, key informants were concerned that rural women are particularly vulnerable. Key informants stated that women in rural areas often find themselves in abusive situations with the telephone disconnected and no neighbours near by to call the police. As expressed by one key informant,

"If a woman is on a farm somewhere, not near a neighbour; she gets into a situation with her husband or partner that is abusive or threatening in some manner, she doesn't have a lot of options. She can't run out on the street."

If she or one of her children do manage to call the police, the length of time it takes for them to respond places her in even greater danger. The arrival of the police does not necessarily guarantee safety. Even if the abuser leaves or is removed by the police, the woman is left in an isolated area with no protection against his return. Given the size of the geographic areas serviced by O.P.P detachments, the police lack the resources to ensure real safety. The availability of a shelter in each county means that women do have a safe place to go if they choose and are able to leave their home. However, a number of key informants, particularly shelter workers, were concerned that despite public education efforts, some women in rural areas were still not aware of the shelter's services. Some key informants expressed the view that the reliability of police in providing information on the shelter varied depending on the police force and the individual officer involved.

Key informants pointed out that shelters are not always a realistic option for rural women who are abused by their partner. Women who are partners in a farm or business are in the position of having to abandon their livelihood if they choose to leave. Without the contribution of their labour, the farm or business may be lost. In addition, the family's money may be completely tied up in the farm or business so that any separation of the spouses would bring financial hardship. Women in these situations often have no freedom of movement to reach out to any support services as their partner is always close by.

In addition, moving to a shelter means uprooting themselves and their children from the community. The children's sense of stability is completely taken away, not just by the

move to a shelter, but by having to go to a new school, and give up sports teams or other activities which are important in their lives. Women who decide to leave the abusive relationship have to deal with the impact on their children's lives. Many choose to stay rather than put their children through this experience. Key informants felt that somehow women needed to be afforded more protection within their community rather than having to leave to be safe.

Transportation

Transportation is the most obvious and overwhelming need of women living in small communities and rural areas who are abused by their primary partner. Key informants pointed out that women in these communities very often do not have access to a car, and there is either little or no public or private bus services for those living outside of larger centres. Abusive partner's frequently deny women access to money and transportation. For many women who do have a car, money for gas is an issue given the long distances to services. Without transportation, women are either cut off from any support services, or must move from their community to a larger centre to be closer to services.

Some service providers working with abused women indicated that they attempt to arrange for volunteers or shared rides for those coming for support groups and other programs, but are not able to provide transportation on a regular basis. In Brant, Oxford, and Haldimand-Norfolk, the women's shelter is funded to cover the cost of cab fare on an emergency basis, but do not have the resources to provide transportation for those using their non-residential services.

In Wellington, the Rural Women's Support Program (RWSP) has established a program of volunteer drivers to transport women to support groups. This volunteer program is seen as an essential part of their outreach service. The staff at RWSP point out that relying on volunteers is not an endless resource as driving a woman to and from a group demands a great deal of time. The women's shelter on the Six Nations Reserve provides home visits to women needing support who have no means of getting to their facility. These visits are made only in situations where the abuser is no longer living in the home.

Lack of transportation is a difficult barrier to overcome in rural areas. Some key

informants stated that service providers need to be more aware of the problem that transportation presents for rural women, and find ways to make any possible accommodations. Using volunteer drivers or making home visits are two approaches to supporting women who have no means of transportation as identified in this study. The reality is that providing rural women with services equivalent to those available to women in urban areas requires greater accommodation.

Childcare

Like transportation, childcare is necessary in order for rural women to access support services. Childcare services are extremely limited in rural areas and small communities. Key informants felt that childcare available locally on a drop in basis is greatly needed in rural areas. Women who have experienced abuse are not able to heal and move on in their lives if they are not supported in their parenting responsibilities.

Support services

Key informants expressed the view that women living in rural areas and small communities who experience abuse need more support within their community. Abusive men frequently isolate their victim in order to control them. This form of abuse is intensified by the physical isolation of living in a rural area. As described by one service provider:

"It's a real gap I think how you connect with rural women. It's really difficult because I think their needs are really quite unique and they are very isolated."

Service providers need to find innovative ways of breaking through this isolation and providing support to rural women. Key informants felt that rural women who are abused need to know first of all that they are not alone--that the abuse is not their individual problem, but a societal issue. Recruiting volunteers within the community to participate in outreach programs is one way to raise awareness that women should not have to live with abuse and that support is available.

As women break out of their isolation to deal with abuse in their lives they require a range of services to support them in this process. Key informants felt that rural women

needed to be provided with more options in counselling programs. Counselling for abused women across these four counties is available primarily on a group rather than an individual basis. While group counselling has advantages, in small communities women are more likely to encounter someone they know within a group, and might prefer the confidentiality of individual counselling sessions. Most areas had limited choices for women who wanted counselling for other issues such as childhood sexual abuse, with psychiatric services often being the only resource.

In two counties, programs for women, abusers and children were offered within one service while in the two others, these programs were separate. Services which offer programs for women and for abusers are able to coordinate efforts to better ensure the women's safety. Key informants in Haldimand-Norfolk pointed out that services are scattered throughout the region, meaning that a woman might need to travel to two different locations for counselling for herself and counselling for her child. In contrast, on the Six Nations Reserve counselling session for women and children are scheduled to take place at the same time and in the same place to make things easier for the mother.

Women living in rural areas who are economically dependent on an abuser are presented with few options for surviving on their own if they choose to leave the abusive relationship. Employment counselling, skills training and educational opportunities are more limited in rural areas. Women seeking affordable housing are forced to leave their community, as any that is available is found in larger centres.

Advocacy in dealing with the police, the courts and the social service system were also lacking in rural areas. Shelter staff and support group facilitators frequently act as advocates, but many of these individuals pointed to the need for such a service within the legal system.

Both women who choose to leave an abusive situation, and those who do not because of their farm, business and other reasons, need their decision to be understood and supported. Services such as counselling, counselling for children, advocacy, legal and financial assistance may be available but are usually located in larger centres. Key informants shared the view that this support needed to be local. As expressed by one interviewee:

"One of the things we know about rural work is that it has to be offered locally. People cannot be expected to take on work that is emotionally draining and personally threatening, and do that from a distant location."

The presence of support services within communities legitimizes the experiences of abused women and serves to influence public attitudes about issues of violence against women.

Rural environment

Key informants were asked whether they could identify aspects of the rural environment that should direct the delivery of services to women who have experienced abuse. While the rural environment is difficult to characterize and varies across regions and within cultural or religious groups, interviewees from each county held some common views on the characteristics of rural areas. Rural communities were frequently described as more conservative than urban areas, and adhering more strongly to patriarchal values. In particular, leaders within rural communities maintain the image of the ideal family in rural areas, and deny the pervasiveness of woman abuse. As one interviewee commented in discussing attitudes towards woman abuse:

"It's not a matter of community awareness, but the communities desire not to be aware."

The family is regarded as the primary support system and what happens within the family is a private matter. Problems should not be disclosed outside the family, particularly to service providers. People in rural areas have been raised to cope with whatever problems come along and are reluctant to seek help from social service systems. A key informant representing a farm women's organization commented that women place their own well-being as secondary to the pressures of agricultural survival:

"There is an overwhelming guilt that you have to stay on the farm and do the work no matter what the situation."

Key informants believed these values were even more strongly held within religions and cultural groups.

For some women who have lived in the same area all their lives, the presence of an extended family and community social activities create a support network. Women who are linked into a social support network often hide the violence in their lives. Their friends and family may not want to hear of abuse by their partner, particularly if this person is prominent

within the community. Women who expose abuse in their lives or who leave an abusive situation are often rejected by their community. In some cases, women who are abused may become isolated from family, friends and neighbours and unable to participate in community activities or gatherings.

Key informants recognized a greater sense of community within rural areas and more willingness to help one another and be involved in community activities. Within rural areas the potential exists to provide community-based support systems for women who are abused, and to foster a community-wide intolerance for violence--if attitudes could be changed. Key informants working on public education have found it necessary to progress cautiously so as not to raise defensiveness. Efforts to change attitudes must be non-threatening and made to fit in with community values. Key informants felt that it is essential to know the community and work within its norms to make change happen, and to accept that progress will be slow.

Barriers faced by diverse groups

When asked to identify groups of rural women who faced particular barriers to accessing services key informants identified members of cultural or religious groups, women with disabilities, native women and elderly women. Women who face multiple discrimination in our society are less likely to access support services when they experience abuse.

Some key informants believed that few women with disabilities would be living in rural areas because of the lack of support services such as paratransit. However, other interviewees stated that disabled women were simply less visible in rural communities. Key informants were concerned that the needs of disabled women who are abused are not being met. Few services specific to people with disabilities provide support in rural areas. In addition, service providers working with people with disabilities are often not trained to deal with issues of woman abuse. At the same time, services for women who are abused are not always trained in addressing the needs of women with disabilities. One key informant working with people with disabilities felt that services, both those supporting abused women and those supporting people with disabilities, needed to recognize their limitations and work towards a sharing of resources to better meet the needs of women with disabilities living in

rural areas.

Religious and cultural communities are part of the demographics of rural areas. Portuguese, Dutch Reform, and Mennonite people were most often mentioned by key informants as unique populations living in rural areas across all four counties. Key informants were concerned that women from cultural and religious communities who are abused experience even greater pressure to keep the abuse hidden and cope on their own. Women who seek religious guidance encounter responses that reinforce patriarchal values. Language and cultural barriers prevent women from seeking support outside of their community. Women who are recent immigrants are sometimes not even aware that they have a right to live free of violence.

Key informants recognized the need for more outreach into these communities, but acknowledged that many services do not have the resources nor the training to overcome the geographic, cultural and linguistic barriers. Moreover, members of cultural and religious groups would not necessarily be responsive to intervention by outsiders.

The Mexican Mennonite Help Centre in Haldimand-Norfolk is working to fill the gap between the Mennonite community and support services. The Centre provides social and recreational activities as well as advocacy, information, and referral. Members of the Mennonite community know that there is someone from their cultural group who they can go to with problems such as abuse. Staff and volunteers at the Centre will provide initial support and work to get the person linked in with the appropriate services, providing cultural interpretation as necessary. The Centre raises awareness of issues of woman abuse through actions such as inviting the Haldimand-Norfolk Women's Shelter to speak at their Moms and Tots program, and demonstrating support for those who report abuse to police. The Centre has become an important resource for service providers in the Haldimand-Norfolk area.

Up until 1987, native women living on the Six Nations Reserve had to go to Brantford to access a shelter or find support services. Women leaders within the Six Nations Reserve identified the need for offering services based within the community that reflected native culture and traditions. A counselling program for women and children as well as abusive men was established five years ago, and a shelter has been built just within the past year. The presence of these services means that native women have culturally sensitive

support and advocacy available to them.

Native women still might choose to go off the reserve for emergency shelter because of confidentiality or safety reasons. Native women must also travel to Brantford for legal assistance and other supports not available on the reserve within Brantford. A key informant from the native community recognized that non-native service providers may not be able to fully understand cultural issues in working with native women, but felt that they must at least acknowledge and respect that there is a difference in belief systems and ways of thinking and doing. Social services on the Six Nations Reserve should be used as a resource for service providers in Brantford working with native people.

Elderly women were also identified as a group of rural women who faced particular barriers to accessing services. Elderly women may have lived with abuse for all of their married lives and feel embarrassed about disclosing their situation after so many years of hiding the truth. Elderly women may feel uncomfortable participating in groups that are primarily made up of younger women. Services focusing on seniors are often centred on social and recreational activities and do not necessarily deal with issues like woman abuse. Services for abused women may not have the training or resources to deal with the unique needs of an elderly population. Services need to communicate and share resources in order to meet the needs of specific populations.

Barriers to providing service to rural women

Lack of resources to provide adequate services for women, children, and abusive men across the whole county was identified as an issue by key informants in Brant, Haldimand-Norfolk, Oxford and Wellington. Service providers expressed a sense that available programs were reaching only a segment of the population who needed help. Key informants providing programs for abused women, abusive men and child witnesses felt that rural residents were not proportionately represented among their clients. Services are only just coping with meeting the needs of those who are able come forward for service. Little resources remain to reach out to those who are the most isolated and need the most support to come forward and deal with abuse. In Brant County in particular, key informants expressed a concern that services located in Brantford primarily focused on the needs of city

residents and the need for rural outreach is often overlooked.

Part of the problem is that services are not structured according to people's mobility patterns. Most agencies are mandated to serve a whole county and services are located in the largest centre. Yet, the largest town or city in the county is not necessarily the closest or most familiar centre for rural residents. For residents of Brant County, for example, Hamilton might be a more convenient centre to access than Brantford, or in many cases rural people may be more comfortable going to smaller centres in neighbouring counties. The Regional Municipality of Haldimand-Norfolk consists of two amalgamated counties, and while many services are located in Simcoe, the area really has no commonly identified centre. This geography makes it difficult for services to inform and assist people.

The availability of programs for children is a particularly serious gap in service according to key informants in each county. Key informants were frustrated that the cycle of abuse is perpetuated by the insufficient priority placed on intervention for children who witness abuse. Immediate crisis intervention is provided only to those children exhibiting severe behavioural problems. While services for children who witness abuse are offered in each county, these programs frequently involve lengthy waits. Programs for every age group are not always available at any one time. The specific needs of those who have witnessed abuse in the 16 to 18 age group do not fit into services for children or for adults. This age group is often left with nowhere to turn, except to private therapists for those who can afford it. As stated by one interviewee:

"It feels like a very band-aid thing we do with children and young adults. How many referrals do we have--lots of eight year olds? Okay we'll run a group for that. It just feels that if we could provide service consistently from 2-3 years old, right up to 20-21 years old and people knew that and people became involved with the program and followed it through, we'd solve more long-term problems."

Models of service

Key informants overall agreed that the needs of rural women would be better met by the availability of services within their communities. Rural residents are less supportive of intervention by social service professionals and are resistant to turning to "outsiders" for

help.

"You're someone coming to put a band-aid on as opposed to someone helping them to work with their community to make change."

Rural women were seen as being most responsive to services that were flexible in their hours of operation and which did not require making appointments months in advance.

Transportation and childcare needs have to be met in order for women to use services.

Key informants had many recommendations for improving services to rural areas.

One option was for services centred in urban areas to set up satellite offices in rural communities. Such efforts could be coordinated so that services would share resources such as space and administrative support. Key informants also talked about services, such as shelters, having staff that travelled throughout small communities and were available one day a week on a drop in basis. Other options were to establish information or referral centres in rural areas that would be a first step to accessing supports available outside of the community.

Key informants felt that service delivery models had to be sensitive to rural lifestyles and values. A drop-in centre for abused women in a small community would never be used due to lack of anonymity. However, a resource centre for women with information on parenting and other issues might be accessed. Key informants generally agreed that outreach programs to rural areas should make use of existing resources and recruit volunteers from the community. Services need to be integrated into the community by people who are not considered outsiders. The willingness of rural residents to volunteer and assist with improving their community would mean that resources for rural programs would stretch further.

III. DISCUSSION

Overall, the key informant interviews and the responses to the survey of service providers demonstrate understanding and concern regarding the unique needs of rural women who are abused by their primary partner among professionals across these four counties. Many of the service providers surveyed could identify physical and emotional signs of abuse in their contact with women, and most would ask about abuse by a partner either at intake or

later in the counselling session. Given that on average 1 out of 5 clients were disclosing abuse by their partner to service agencies, respondents seemed to be aware that woman abuse was a problem in their communities. For the most part, service providers were aware that meeting the needs of rural women required accommodations such as transportation and childcare, and access to local support services.

It is important to keep in mind that key informants were selected based on their experience in serving rural abused women. Moreover, those service providers most likely to take the time to respond to the survey would be those who are the most concerned about the situation of rural abused women. Those agencies and private practices which have few rural residents among their clients might be the least likely to respond to the survey. The results of this study might therefore suggest a greater attention to rural issues amongst service providers than that which actually exists across the four counties. Given that the respondents to the survey represented less than half of service providers contacted across the four counties, the results must be interpreted with caution.

Although the majority of services were located in larger centres, on average 40% of clients of the service providers responding to the survey lived in rural areas and small communities. This finding would contradict other studies which have found rural residents are not proportionately represented amongst the clients of services centred in urban areas (Bogal-Allbritten and Daughaday, 1990; Abramovitch, 1992). When comparisons are made by county, Haldimand-Norfolk is the only region where the percentage of rural clients served is proportionate to the representation of rural residents in that geographic area. In all other counties, the percentage of clients who are from rural areas and small communities is slightly less than their representation among the whole population. (see Table 6) Those service providers interviewed as key informants expressed a sense that services, primarily located in urban centres, were not fully meeting the needs of rural residents.

The comments of service providers suggested that, in their view, rural residents had more limited access to services than residents of urban areas. While just over two-thirds of respondents to this study accommodated the needs of rural residents through providing transportation, home visits and outreach, most of the respondents expressed concerns that rural women did not have sufficient access to services located in urban areas. Service

providers responding to the survey recognized the need for drop-in centres or satellite offices in rural communities, but only 6 respondents indicated that their service had offices in more than one community.

Literature in the field of service delivery to rural areas discusses the importance of developing services that fit with the rural environment rather than transplanting urban service delivery models to rural areas. Services need to be flexible in accommodating the seasonal time constraints of the rural lifestyle. The rural lifestyle fosters self-reliance and these communities do not want to depend on professionals from the city. Services need to be integrated into the community by making use of existing resources, recruiting volunteers who are known to the residents, and being sensitive to community values. (Rosen, 1992; Ontario Advisory Council for Senior Citizens, 1992; MacIntosh, 1988; Jones and Smith, 1988) The service providers contributing to this survey seemed sensitive to the need for unique approaches to service delivery in rural areas. Yet, service providers recognized that, for the most part, agencies either did not have the resources to provide appropriate services to rural residents, or did not make such service a priority.

One key informant revealed that her agency was offering a support group in a smaller community without any funding for the program, because, while the agency was mandated to serve the whole county, the funder was not supporting this outreach effort. Many key informants believed that funding for services did not realistically reflect the resources needed to serve an entire county. Funders tend to measure the value of programs according to the number of clients served. The rationale for basing effectiveness on the number of clients served denies equitable access to service for rural residents. Service providers emphasized the need to explore innovative approaches to rural service delivery that would provide quality services in a cost effective manner.

PART THREE: POLICE

SURVEY OF POLICE

Of the 95 questionnaires mailed out to municipal police departments and O.P.P. detachments in the four counties, a total of 30 responses were returned. Four respondents were located in Oxford County, 8 in Haldimand-Norfolk, 3 in Brant, 6 in Wellington, 5 in Waterloo. For 4 respondents, the location was not specified. Waterloo O.P.P. were included in this section of the study because of their proximity to Oxford, Wellington, and Brant counties.

Responding to cases of woman abuse

The police were asked to approximate the percentage of calls they respond to which involve a woman being abused by her partner. Respondents estimated an average of 9% of all calls were related to woman abuse. The responses ranged from 1% to 30 % of all calls being related to woman abuse. The highest approximation of the percentage of calls related to woman abuse was in Brant County at 27% and the next highest was Oxford County at 14%. The lowest was Waterloo area police at 5%, with Haldimand-Norfolk and Wellington estimating in the area of 6%. Since these results are not based on police records, they might reflect the individual officers perception of the time they spend on responding to cases of woman abuse rather than the actual percentage of calls related to this crime.

Police were asked the question "In your opinion, what is the most appropriate response to the majority of these cases?" Respondents were provided with a choice of responses and asked to rank the top three. 'Just stop the violence' was most often ranked number one as the appropriate response to the majority of cases of woman abuse. Thirty-nine percent (9) ranked 'lay charges against the husband/partner' highest, and 22% (4) of the police indicated 'removing the husband/partner' as the most appropriate response. Only 3 (18%) viewed 'take the woman and her children to safety' as the most appropriate response to woman abuse cases and none of the police ranked 'warn the partner' as an appropriate response.

In an open-ended question, police were asked to identify the information they

generally offer to victims. Most of those responding to this question (n=28) stated that they provided information about the shelter or other victim support services. Additional information respondents provided was victim rights (2), and information on police responsibility and the court process (7). Three respondents stated they would inform the victim to lay charges and one other respondent would inform the victim "do not drop the charges if laid." One respondent would tell the victim "how imperative it is to continue with the complaint" and another officer stated "inform them of the need for cooperation." Three respondents would tell the victim she should leave, referring either to the relationship or her home.

Respondents were asked to indicate, on a scale of 1 to 5 the factors which influence their decision to charge in cases of woman abuse (with 1 positively influencing their decision to charge and 5 negatively influencing their decision). The factors listed were drawn from a questionnaire used by the London Family Court Clinic in their study of the effectiveness of police charges in cases of woman abuse (Jaffe et al., 1991) Table 9 illustrates the frequencies of how these factors influence the decision to charge and the mean ranking for each response. The results indicate that the most influential factor for laying a charge is corroborating evidence, followed by the seriousness of the victim's injuries and a police record of woman abuse. These factors clearly fall within the policy to lay charges in cases of wife assault wherever there is "reasonable and probable cause".

Further analysis suggests that certain factors that influence the respondents decision to lay a charge are associated with one another. The presence of children in the home is one factor that seems to be associated with the use of alcohol/drugs by the offender, the criminal record of offender, and the age of the offender in decisions to lay charges. That is, if officers are more likely to lay charges if children are present in the home, then they are also more likely to charge if the offender used alcohol or drugs, if the offender has a criminal record, and would not consider the age of the offender as an influential factor.

Officers who indicated that the use of alcohol or drugs by the offender would make them more likely lay a charge would also be more likely to charge if the victim were willing to testify. If a police record of woman abuse influences the respondents decision to lay a charge, then they are also more likely to indicate corroborating evidence as an influence for

Table 9: Factors Influencing Police Decision to Lay Charges

Factors	More Likely to Lay Charges	No Effect	Less Likely to Lay Charges	Mean *
Age of victim	0	29	0	3.0
Age of the offender	0	28	1	3.0
Presence of children in the home	11	17	1	2.6
Willingness of victim to testify in court	16	9	4	2.2
Corroborating Evidence (physical injuries etc.)	26	3	0	1.6
Seriousness of victim's injuries	21	8	0	1.7
Demeanor / composure of the victim	10	18	1	2.6
Use of alcohol / drugs by the offender	10	18	0	2.6
Use of alcohol / drugs by the victim	5	14	9	3.1
Police record of domestic violence (ongoing domestics)	21	6	1	1.8
Criminal record of offender	12	16	0	2.3
Concurrent civil proceedings - re. divorce, separation, child custody	5	19	4	3.0
Likelihood of securing a conviction in criminal court	11	14	3	2.5

* Influence of factors were rated from 1 to 5 with 1 being most likely to charge and 5 being less likely to charge

charging. Likewise, if police believe that the likelihood of securing a conviction will influence their decision to lay a charge, they will also view the seriousness of a victim's injuries as having a greater influence on laying charges.

One of the most statistically significant correlations is the association between the officer's perception of the likelihood of securing a conviction and a victim's use of alcohol and drugs. The results indicate that those officers who believe that they are more likely to charge when there is a likelihood of securing a conviction are less likely to be influenced by a victim's use of alcohol and drugs. Not surprisingly, those officers who believe that they would be more likely to lay charges in situations where ongoing cases of woman abuse occur are also more likely to charge when supported by corroborating evidence.

There is evidence to suggest that those officers who have had training on domestic violence are more likely to lay charges in situations where there are concurrent civil proceedings.

In response to an open ended question, police identified what resources were available to assist them in dealing with situations where communication was difficult because of English language skills and cultural differences. Most of those responding had access to interpreters (19). Four respondents relied on the volunteer services of friends, family or community members for translation. Five police officers stated that no resources were available to assist them with communication to non-English speaking people. Three of these respondents were located in Wellington County, 1 in Haldimand-Norfolk and 1 did not specify their location.

Views on the needs of rural women

Police were divided on whether they believed the needs of rural women who are abused differed from women living in urban areas. Forty-five percent (13) indicated the needs of rural women do not differ from those of urban women. All of the respondents from Wellington County saw the needs of rural women as different from those of urban women. Those officers most likely to view the needs of rural and urban women as the same were from Haldimand-Norfolk, with 88% responding that rural women's needs do not differ from those of urban women.

Police who believed rural women's needs were the same as urban women commented that abuse is abuse and geographic location has no bearing. Police who felt rural women's needs are unique explained that rural women have access to fewer services within their community, lack transportation, and are far from neighbours who would alert the police when an assault occurs. Some officers also recognized that lack of anonymity in rural areas and small communities made disclosing abuse harder for women. One officer was also concerned that there was a higher chance of firearms in the home in rural areas.

While police disagreed on whether the needs of rural women were different from the needs of urban women, the majority of respondents (70%/21) believed that rural women faced barriers to accessing services not experienced by women in urban areas. Officers serving Haldimand-Norfolk were least likely to indicate that rural women faced barriers to accessing services (63%). Most of the barriers identified related to the lack of services within rural communities. Police commented that rural women had to leave their community and travel long distances to reach services, and that rural women might be less aware of what is available. Some respondents (3) also felt that rural women could not maintain their privacy when they did reach out to services.

Police identified groups of people residing in their geographic area who faced particular barriers to service. Members of religious and cultural minorities were most often mentioned by police as facing unique barriers to service (10). Language and cultural differences were described as barriers faced by these groups. Police also commented that members of cultural/religious groups were reluctant to contact police and were pressured by the family and the community not to have police involved. Other groups that police identified as facing barriers to service were elderly women, low-income women, women with low-levels of education and farm women.

Most police believed that the area they served had a sufficient availability of services to meet the needs of women who have experienced abuse. Eighty-two percent (23) responded "Yes" to the question "Is there, in your view, a sufficient availability of services for victims of domestic violence in your area?" Fewer officers in Wellington believed the availability services is sufficient with only 50% responding "Yes" to this question. Officers commented that they had lists of support services available for women and had never heard

complaints about the availability of services. One officer stated that few cases of woman abuse were ever reported in his/her area. Officers who felt services were not sufficient commented that the local shelter was sometimes full, that distance to services was a problem, and that people in rural areas were not aware of the services. Two respondents felt that a more comprehensive approach to prevention and treatment was needed.

Addressing woman abuse in the rural environment

When asked about the primary cause of woman abuse, over two-thirds of the police (70%/20) referred to alcohol as a cause. Ten indicated alcohol alone as the primary cause and ten considered alcohol and financial difficulties to be the cause. One respondent named financial problems alone as the cause of woman abuse. Two of those who identified alcohol and financial difficulties as the cause of woman abuse also referred to male domination of women as part of the problem. Two respondents named male domination of women or societal attitudes alone as the primary cause of woman abuse.

Police were asked the following question: "The Solicitor General established a directive stating that police should lay charges in all cases of domestic violence where reasonable and probable grounds for such charges exist. Does your force/detachment follow any guidelines as to what constitutes reasonable and probable grounds in cases of domestic violence?" Sixty-one percent of police (17) responded "Yes" to this question, and 39% (11) responded "No." Some respondents commented that determination of reasonable and probable grounds is left to the discretion of the individual officer. Others commented that they follow the Solicitor General's guidelines or the Criminal Code. Police also stated that the determination of reasonable and probable grounds in cases of domestic violence was the same as for other crimes.

Police were divided in their belief that the directive of always laying charges in cases of woman abuse is an effective strategy for reducing the incidence of this crime. Fifty-five (15) percent believed the directive was effective. Those who felt that the directive was effective commented that charging acts as a deterrent and controls the abuser's behaviour, and that treating the issue seriously demonstrates that woman abuse will not be tolerated. Those who disagreed with the directive claimed that laying charges when the spouse may not

testify is a waste of time, and that charges escalate the violence and make the woman's situation more difficult. One officer believed that women try to have charges laid against their husband when no evidence of abuse exists. Another officer disagreed with charging in cases where men are remorseful of their behaviour.

Training

Most respondents (70%/19) had received some training on the issue of woman abuse. All of the respondents from Brant and Oxford indicated that they had received training, while only 57% of police from Haldimand-Norfolk had training with regard to woman abuse. The majority (11) had received this training at the Ontario Police College. Seven had also had some training within their own force/detachment and 2 had attended training sessions offered by community groups. Two respondents indicated their training was based on experience.

Most police officers (63%/17) felt they would benefit from more training. The type of additional training which officers most often identified was the psychology of woman abuse (its causes and impact on victims). One officer wanted more training on liaising with community services and one identified cultural sensitivity as a training need. Respondents in Wellington and Haldimand-Norfolk were least likely to feel they needed further training on woman abuse with 83% of respondents from Wellington and 57% of respondents in Haldimand-Norfolk stating they did not need additional training.

II. DISCUSSION

Responding to cases of woman abuse has been described a primary part of police work. In discussing family violence Gelles (1990, p.131) states, "These calls many of which involve violence between spouses constitutes the largest single category in police departments each year. The American police officer frequently functions as the neighbourhood social worker." While the high proportion of police calls related to woman abuse is cited in many international studies, comparisons of actual percentages are conspicuously absent in the literature. Police recording practices do not necessarily differentiate between domestic violence and other assaults or "civil disputes" (Edwards, 1989).

In this study, police do not report woman abuse as a high percentage of the calls to

which they respond. On average, woman abuse represented 9% of all calls. Given that at least 1 out of 12 women are effected by woman abuse in rural areas (according to the only Canadian study including non-metropolitan areas; Kennedy and Dutton, 1992), police in rural communities seem to have low involvement with cases of woman abuse. This conclusion is supported by the low number of women in this study reporting contact with police.

When police respond to these calls, they see their role as primarily one of stopping the violence and laying charges where "reasonable and probable grounds" exist. Police did not see taking the woman and her children to safety as being one of their main responsibilities. Corroborating evidence ranks first out of fourteen factors which influence the police's decision to lay a charge. Victim injuries and perpetrator's previous record rank second and third. The willingness of the victim to testify ranks fourth, with the fourth highest category being "other" which included comments such as "competency of the victim" and "credibility" or "demeanour" of the victim. Likelihood of securing a conviction was eighth in the police rankings of influences on the decision to charge. These findings are similar to a study by the London Family Court Clinic where corroborating evidence and victim injuries were also ranked first and second, and willingness of the victim to testify was ranked third in importance in the decision to charge.

Police appear to be concerned with evidence such as injuries which constitute "reasonable and probable" grounds for laying charges. The emphasis on victim injuries would suggest that the interpretation of "reasonable and probable grounds" focuses on physical abuse. Emotional abuse--which can leave deeper and more lasting scars than physical abuse--are not and can not be adequately dealt with under the directive of always laying charges where "reasonable and probable grounds" exist. While officers with a psycho-social related background may, perhaps, be more aware or sensitive to the "evidence" of emotional abuse, it is often not very tangible in the court room. Several officers have eluded to this problem by suggesting that they need more training in the area of "the psychology of abuse".

While victim willingness to testify was ranked fourth by police in their assessment of factors influencing the decision to charge, comments by the police reveal that they place emphasis on victim's cooperation when responding to a call. When asked about the

information they provide to victims, police report that, along with referrals to services, they inform the victim of the importance of following through with charges. Some officers stated in their comments that if the victim refuses to testify in court, their time has been wasted. Police have been found to place an undue emphasis on the victim's willingness to testify in cases of woman abuse. According to Faragher (1985):

The degree of police concern over possible withdrawal of the complaint is not matched by the frequency with which this occurs . . . women are time and again asked whether they really want to take legal action. Alternatively women are given time 'to think it over' in the belief that an 'unemotional' decision made the next day will be more reliable.

In effect, the concern with the likelihood of an abused woman to follow with the charge and ultimately be a witness in court proceedings, is given more emphasis than the protective role of the police. Women are often in crisis when in contact with police. They are not in a position to make a decision about following through with the court process, and after years of being controlled by their partner women may have difficulty testifying against him in court. Some police officers still do not see their role as acting on behalf of a society that will not tolerate woman abuse when laying charges, and continue to place pressure on women individually.

Most officers had some perception of the difficulties faced by rural women who are abused that might be different from those of urban women. While just under half of the respondents disagreed that the needs of rural women are different from urban women, over two-thirds recognized that rural women face unique barriers to accessing supports because of distance from services. Some officers seemed particularly sensitive to the rural environment and how both geography and community values created barriers for abused women. However, it seems surprising that the officers who were the least sensitive to the needs of rural women were those in Haldimand-Norfolk, the most rural of all the counties studied. Key informants in this region often expressed concern that, because of the low density of the population, police services for some areas were dispatched out of larger centres such as Burlington and officers would have little understanding of the rural environment.

Most police respondents recognized that they needed more training on the issue of woman abuse. The need for this training is evident by some of the comments from officers

and reports of women who had contact with police. For instance, police continue to place emphasis on the women to lay charges or decide whether the police should lay charges. One of the most striking indications of the need for more training is the police's perception of the causes of woman abuse. Service providers primarily identified the cause as male domination in society, and individual men's desire to have power and control over women in their lives. Overwhelming, police attribute the cause to alcohol and secondarily to financial difficulties. Their understanding of the issue may be based on their impressions when walking into a situation rather than training. Without an understanding of the causes, police do not have the information they need to deal with situations of woman abuse effectively.

Police recognition of their need for more training illustrates that many do want to improve the way woman abuse is addressed in their communities. Half of the police agree with the directive of always laying charges in cases of woman abuse. The insights of some officers into the situation of abused women demonstrate that the training that officers do receive has some impact. While some officers are clearly frustrated with the increasing attention given to police response to woman abuse, others express a willingness to expand their role in this area given the proper training and resources.

CONCLUSIONS

According to the results of this study rural women who have been abused have fewer resources in terms of educational level, income and occupational status than the average for Canadian women. This research has also shown that rural women stay in abusive relationships 5 to 8 years longer than women living in urban areas. The reasons why women live with abuse in their lives are complex and unique to the individual situation of each woman. For instance, women who are partners in a farm would lose their livelihood in order to end an abusive relationship.

During the course of this research, women often expressed a sense of being trapped in their situation--because of their lack of resources and the control by their partner. Women described feeling isolated. But their isolation was not necessarily a result of having no contact with supports such as family, friends, doctors and other community members. Some women participating in this research were very active in their community--but hid the abuse. Rather women feel isolated in dealing with abuse because of a sense that no one within their community wanted to hear about their situation or support them.

In most counties, information and services that support women in dealing with abuse in their lives are centralized in urban areas. Services that do reach out to rural areas work with limited budgets and must rely on volunteers. Thus, the situation of abused women has a low visibility in rural communities. Recognition of woman abuse as a community problem and knowledge of services available to support women are limited. Service providers within rural communities, such as family doctors, need to make women aware that they are willing to listen and provide information and advocacy. When service providers become publicly recognized as supportive to women experiencing abuse, women need no longer feel that they are alone.

Police have a key leadership role in demonstrating intolerance of violence against women. The Solicitor General's directive of always charging in cases of woman abuse, where reasonable and probable grounds exist, provides guidelines for consistent police response to this issue. However, the definition of reasonable and probable grounds is often left to the discretion of individual officers. Many of the training needs identified by the

police in this study are related to the psychological and emotional aspects of abuse. Some police seem to recognize that an understanding of woman abuse that is limited to physical evidence is not sufficient. Police will be more effective in their leadership role in addressing woman abuse, if they receive training which reinforces the complexity of all the issues.

Service providers participating in this study recognized that providing childcare and transportation were necessary to make programs accessible to rural women. While some service providers were able to accommodate these needs, such accommodations were seen as limited. Service providers generally felt that the services available to rural women who had been abused were not adequate. Distance from services was seen as the greatest barrier. The development of local services for rural women was seen as necessary to providing greater accessibility in terms of physical proximity to services, and in establishing supports that fit with the rural environment and were sensitive to the lifestyle of rural women.

The Ontario government has recognized the need for community coordination to address issues such as woman abuse. Yet, when coordination takes place at the county-wide level, planning is often based according to the needs of urban residents. Rural residents are not provided with equitable access to services. The use of traditional models for measuring costs and benefits seriously inhibits the provision of more comprehensive services in rural areas. Because of the lower density population costs per capita for services may be higher in the short term in rural areas. However, the costs associated with not funding support services escalates in the long term. It is also important to keep in mind that services developed for rural areas would be on a smaller scale, could make use of existing resources within the community, and need not involve high administration and overhead costs. Innovation is needed to develop models of service delivery that meet the needs of the rural population in a cost effective manner.

A major function of community based services would be public education. Rural communities need to learn to deal with the issue of woman abuse openly and recognize violence as a societal issue and not the fault of individual members. Rural communities are often cohesive and willing to help one another deal with problems. Within this environment, public education has the potential to create a network of informal support to women who are abused. Rural women are entitled to safety within their communities. Safety means having

access to support services, living within communities that are supportive of abused women, and being protected from an abusive partner.

RECOMMENDATIONS

Based on the information collected from rural women, service providers and police, and the analysis within this report, we propose the following recommendations:

Recommendation 1

That government, police, service professionals and community leaders recognize the right of women in rural areas to safety within their own community.

Recommendation 2

That all levels of government place priority and make available funding to provide equitable access to services in rural areas

Recommendation 3

That the provincial government and social service agencies explore the following service delivery options for rural communities:

- a) development of satellite offices in rural communities for services based in urban centres
 - share space and resources among several agencies to provide comprehensive services in smaller communities (including counselling for women, counselling for child witnesses and groups for abusive men -similar to multiservice centres)
- b) establish drop-in centres for information and referral within small communities
 - a centre where people can get talk to someone locally about their problem and get information on what services are available
 - would address a variety of issues (eg. parenting) so that contact would be non-threatening
 - functions would include raising awareness about issues as part of the community
- c) outreach programs for rural areas
 - agencies hire staff to travel across rural communities to provide counselling, support, advocacy, information, education
 - make use of existing resources, eg. community centres, churches
 - recruit volunteers for community involvement
 - hire individuals who are familiar with rural environment and lifestyle

Recommendation 4

That service providers coordinate and share resources to improve the services in rural areas and to provide better access to services for all rural women including women with disabilities, women from cultural or religious minorities, native women, and elderly women.

- a) that any service whose mandate includes serving rural areas be required, in its service plan, to include strategies for access, ie. transportation, childcare.

Recommendation 5

That health and social services agencies providing services to rural communities collaborate to assess the feasibility of various methods for accommodating transportation and childcare needs. The options might include:

- (a) establishing a network of volunteer drivers
- (b) establishing some form of transit system for rural areas
- (c) integrating flexible childcare within support services for women
- (d) advocating for the development of more childcare centres within rural communities

Recommendation 6

That the Ontario government allocate resources for the development of a public education model to raise awareness of woman abuse in rural communities. Local service providers and other advocates would implement the model in a manner that would reflect the unique needs of their community and encourages involvement of local residents.

Recommendation 7

That the Ministry of the Solicitor General initiate public relations campaigns in rural areas and small communities to raise awareness that woman abuse is a crime.

Recommendation 8

That the police serving rural areas and small communities recognize their leadership role in demonstrating intolerance of violence against women by:

- (a) assuring that police receive more training and resources to understand the causes of men's violence and its impact on women.
- (b) establishing, in collaboration with other service providers, protocol for addressing cases of woman abuse in a consistent manner.

Recommendation 9

That the Ministry of the Attorney General and the Ministry of the Solicitor General ensure consistency with respect to the laying of charges against domestic violence by establishing standardized criteria for reasonable and probable grounds.

Recommendation 10

That service professionals in rural communities, such as family doctors and hospital emergency staff, recognize their role as a source of support, information and referral for

women who are abused.

Recommendation 11

That police and service providers print a list of crisis and support services on the reverse side of business and appointment cards.

Recommendation 12

That all public education about woman abuse and information on available services be designed to accommodate basic literacy levels.

Recommendation 13

That the Ministry of the Attorney General and the Ministry of the Solicitor General reinforce women's rights to protection by the police and by the courts by establishing local services that provide women with information and advocacy throughout the criminal justice process.

Recommendation 14

That the Ontario government make available in rural communities services for supervised visitation of children by abusive men to prevent the ongoing abuse and harassment of women following a separation.

Recommendation 15

That the Ontario government, in collaboration with school boards and community colleges, provide rural women with more options to leave an abusive situation by ensuring greater access to programs such as adult education and skills training in rural areas.

Recommendation 16

That professional cultural interpretation services be made available to all rural communities.

Recommendation 17

That service providers access training and resources to better meet the needs of women from cultural religious minorities, women with disabilities, native women, women with low literacy levels and elderly women.

Recommendation 18

That social, housing, transportation and recreational services for populations such as the elderly and women with disabilities collaborate with services for women who are abused to better meet the needs of elderly women and women with disabilities that experience abuse in the home.

Examples of Innovative Service Delivery to Rural Communities

Mexican Mennonite Help Centre, Frogmore, Haldimand-Norfolk

- a resource centre located in a community church which provides information, advocacy and referral services to the Mexican Mennonite population in the surrounding area
- operates programs such as a Moms and Tots program for women and integrates information about available services, such as the women's shelter, in a non-threatening manner
- provides translation and cultural interpretation services to police and other service providers

Ganohkwa Sra, Six Nations

- provides emergency shelter and ongoing counselling support to abused women and their children living on the Six Nations Reserve
- the service is a part of the native community and advocates for the right of women to live free of violence while using a holistic approach to healing within families based on native culture and traditions
- staffed with two community workers who make home visits, when possible to do so safely, to women who have no transportation to access counselling at the shelter
- provide childcare and counselling for children and will schedule appointments for women and her children for the same times

Pre-employment Training Program, Ingamo Family Homes of Woodstock

- a skills development project operated by Ingamo Family Homes, the second stage shelter in Woodstock and funded by Canadian Job Strategies (Employment and Immigration Canada)
- provides an employment preparation/training experience which addresses the special learning barriers faced by the women on social assistance who have been abused
- available to both residents and non-residents

Rural Women's Support Program, Guelph-Wellington Women in Crisis

- an outreach program which provides support to rural women who have experienced abuse from their partner
- have established satellite offices in small communities in Wellington County with at least one staff member
- operate support groups for abused women in communities across the county using churches and other existing resources; childcare is provided on-site
- have established a system of volunteer drivers to accommodate the transportation needs of rural women

Tillsonburg multi-service centre

- a centre which meets the social service and health needs of the community by providing space and administrative support for various programs and private practices
- Women's Emergency Centre in Woodstock provides a support group for women in Tillsonburg through the multi-service centre

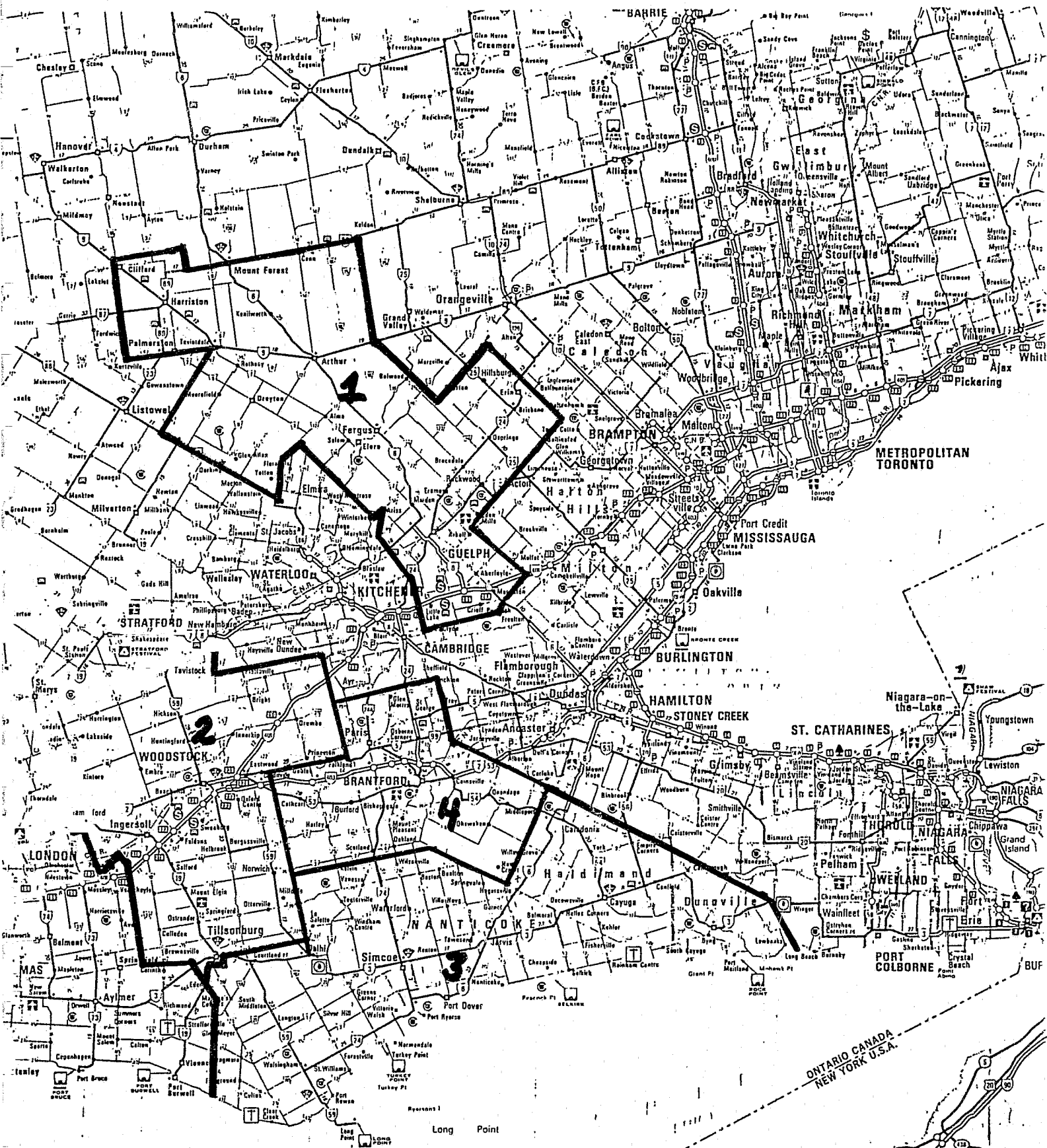
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APPENDICES

Map of the Counties Involved in the Study



1: Wellington County

2: Oxford County

3: Regional Municipality of Haldimand-Norfolk

4: Brant County

KEY INFORMANT INTERVIEWS

Oxford

Family Violence Counselling Program
Ingamo Family Homes
Oxford Regional Centre (working with mentally disabled)
Women's Emergency Centre
Tillsonburg Multi-Service Centre
Immigrant Settlement Services
Women in Support of Agriculture
Family Doctor

Haldimand-Norfolk

Haldimand-Norfolk Women's Shelter
Mexican Mennonite Resource Centre-Haldimand-Norfolk
Children's Mental Health Services
Marriage and Family Counselling

Brant

Nova Vita (Women's Shelter)
Brant County Public Health Nurses
Brant County Social Planning Council
Brant County District Health Council
Ganohkwa Sra

Wellington

Guelph Wellington Women in Crisis
Volunteer working on multicultural issues with GWWIC
Probation and Parole
Chiefs of Police for two communities

Index of Variables Used in Correlation Matrix of Women's Survey

Variable: LIVE	Label: where do you live
Variable: POPULTN	Label: population of community
Variable: YRSLIVED	Label: years lived in area
Variable: AGE	Label: present age of respondent
Variable: STATUS	Label: immigration status
Variable: TIME1	Label: time in community involvement
Variable: TIME2	Label: time involved in leisure/personal
Variable: INCOME	Label: total family income
Variable: INCOME2	Label: percent you earn
Variable: Q16	Label: present relationship status
Variable: Q17	Label: length of abusive marriage
Variable: Q18	Label: length of separation/divorce
Variable: Q21A	Label: physical assault
Variable: Q21C	Label: forced sexual activity
Variable: Q21D	Label: forced confinement
Variable: Q22	Label: length of abuse by partner
Variable: Q23	Label: frequency of abuse by partner
Variable: Q31D	Label: response of doctor
Variable: Q32A	Label: angry when visit
Variable: Q32B	Label: call names
Variable: Q32C	Label: call names infront of others
Variable: Q32D	Label: threats to pets
Variable: Q32E	Label: threaten suicide
Variable: Q32F	Label: hold back money
Variable: Q32G	Label: complain about food/house
Variable: Q32H	Label: criticize everything
Variable: Q32I	Label: threaten to take kids
Variable: Q32J	Label: use children against you
Variable: Q33	Label: length of emotional abuse
Variable: Q42B	Label: response of shelter
Variable: Q43C	Label: response from minister
Variable: Q46C	Label: response from other

Correlation Matrix of Selected Variables - Women's Survey

	LIVE	POPULTN	YRSLIVED	AGE	STATUS	TIME1	TIME2	INCOME	INCOME2	Q16	Q17	Q18	Q21A	Q21C	Q21D	Q22
LIVE	1.00															
POPULTN	.6372**	1.00														
YRSLIVED	-.1596	-.0239	1.00													
AGE	-.2969	-.2739	.4305**	1.00												
STATUS	.2040	.2987	-.2632	-.1908	1.00											
TIME1	-.0906	-.0232	-.0110	-.0386	-.0265	1.00										
TIME2	-.0246	.0898	-.0330	-.0869	.1062	.5700**	1.00									
INCOME	.4567**	-.2093	.3530*	.3894*	-.1494	-.1091	-.0474	1.00								
INCOME2	-.1184	.0927	.4114	.2563	-.0542	-.3591	-.0390	.3789	1.00							
Q16	.2717	.2156	-.2966	-.2454	.2180	.2650	.1947	-.4198*	-.2401	1.00						
Q17	-.2981	-.3287	.4482**	.8143**	-.2597	-.2381	-.2914	.2235	.2546	-.2620	1.00					
Q18	.0153	-.0331	-.1483	.1465	.1927	.3717	.2530	-.2400	-.1366	.6757**	.0156	1.00				
Q21A	-.0595	-.0275	.2179	.2593	.0313	-.1850	-.0707	.0375	.1878	-.3996*	.1702	-.3401	1.00			
Q21C	-.1386	.1393	-.0949	.0226	.1173	-.1840	.0167	.1644	.0000	-.3329	-.1257	-.1117	.2532	1.00		
Q21D	-.3522	-.1713	.0254	.4396*	.2035	-.1641	.0552	.1516	.0614	-.3299	.1682	.0955	.4651*	.3959*	1.00	
Q22	-.3531*	-.1988	.3783*	.4376*	-.3355	-.0710	-.1401	.2542	.2448	-.0118	.6509*	.0213	-.0989	-.2680	-.2435	1.00
Q23	.2549	-.0400	-.2830	-.2263	-.0049	.0922	.1078	-.1579	.0276	.3064	-.1600	.1918	-.4565**	-.1636	-.3936*	-.0375
Q31D	.1041	-.1281	-.0257	-.3385	-.2215	.4178	-.6033	-.0977	-.3751	.1750	-.4666	.1576	-.8038**	-.2298	-.5981	-.2695
Q32A	-.0055	-.1056	-.0769	.1799	.0000	-.3169	-.2509	-.0121	.1123	-.1332	.1136	-.0233	.1370	.3790*	.4863**	-.1870
Q32B	-.0490	-.0376	.1438	.2801	.0580	-.2264	-.0272	-.0111	-.0101	-.3312	.2397	-.2251	.1961	.2849	.3261	.0196
Q32C	.1867	.2077	-.1531	.0012	.2215	.0736	.4612*	-.1832	-.0607	.1136	-.0675	.1473	-.1243	.3418	.2148	-.1925
Q32D	.0712	.2311	-.0306	.0535	.2659	-.0569	.1902	.0176	-.1494	-.0092	.0000	-.0114	.1995	.2614	.4377*	-.1343
Q32E	-.1398	-.0449	-.2792	-.0108	.1064	.0305	.2126	-.0365	-.1719	-.1367	-.1128	.0868	.0290	.3733*	.4817**	-.3003
Q32F	-.0614	.0836	-.1540	-.1469	.0211	.0055	-.0493	.0985	.0818	-.2546	-.1523	-.2700	.0314	.3168	.1850	-.1945
Q32G	.0531	.0880	-.1732	.0618	.0878	-.1592	-.2489	.0361	.4363*	-.2106	-.0119	-.1071	-.0295	.0684	.1770	-.0723
Q32H	-.1264	-.1437	.0773	.2140	.0183	-.2884	-.2121	.0149	-.0383	-.2472	.2014	-.1264	.0634	.3596	.3746	-.0225
Q32I	-.2365	-.1676	.0996	.3334	.0711	-.1787	-.0182	.2067	.1468	-.3552*	.2614	-.1144	.3173	.3234	.5027**	.0171
Q32J	-.2138	-.3036	.1584	.2481	.1171	-.1716	-.1174	.0109	.2250	-.3251	.2636	-.1447	.2895	.1491	.5875**	-.0239
Q33	-.0310	-.1138	.2723	.4670**	.1621	-.0147	-.2885	.0454	.1230	-.0073	.4005*	.2179	.1267	-.0537	.2297	.0287
Q42B	-.3912	-.4114	-.0712	.0330	-.1890	.3848	-.0674	.1448	.	-.3787	.1647	-.0697	-.0172	-.2124	.0507	-.0636
Q43C	-.3475	-.2259	.0798	.2227	.0403	.3326	-.0182	-.1275	.2475	.3650	.0421	.5142	.1741	-.4276	.2165	.3696
Q46C	-.0814	-.0305	.0196	.2905	.3195	.1063	-.2817	-.3024	.2936	.0299	.1915	.4010	.3871	-.0234	-.0271	.2746

p *.01, **=.001.

	Q23	Q31D	Q32A	Q32B	Q32C	Q32D	Q32E	Q32F	Q32G	Q32H	Q32I	Q32J	Q33	Q42B	Q43C	Q46C
LIVE																
POPULIN																
YRSLIVED																
AGE																
STATUS																
TIME1																
TIME2																
INCOME																
INCOME2																
Q16																
Q17																
Q18																
Q21A																
Q21C																
Q21D																
Q22																
Q23	1.00															
Q31D	.4944	1.00														
Q32A	-.0966	-.1237	1.00													
Q32B	-.2286	-.3062	.4365**	1.00												
Q32C	.0682	-.3273	.3415*	.4411**	1.00											
Q32D	-.0800	-.5685	.2245	.2850	.3990*	1.00										
Q32E	-.0233	-.4680	.2784	.1740	.0067	.3017	1.00									
Q32F	-.0041	-.2132	.3853*	.1743	.1630	.2907	.1308	1.00								
Q32G	.0235	.0766	.2436	.4238*	.2631	.0198	-.0278	.3580*	1.00							
Q32H	-.2767	-.1371	.3065	.6375**	.2986	.3152	.0939	.1578	.3178	1.00						
Q32I	-.3336	-.5196	.2824	.2327	.1369	.1903	.1261	.3819*	.1238	.3326	1.00					
Q32J	-.1582	-.1569	.4546*	.2837	.0985	.2151	.1800	.3934*	.1738	.3882*	.7927**	1.00				
Q33	-.1652	-.1150	.1764	-.0105	.0054	.1933	-.0018	.0148	.0167	.0892	.2321	.2007	1.00			
Q42B	.0040	.3430	-.1070	-.2082	-.3465	-.0618	.1805	-.0049	.1964	.0000	.2457	.5517*	-.0481	1.00		
Q43C	.6491*	-.0700	.2334	-.4344	-.2917	-.2216	-.1960	-.0362	-.3225	-.3068	-.2433	-.1685	.0018	-.4364	1.00	
Q46C	.2212	.0801	-.2507	.0269	-.1873	-.2994	-.0930	-.4260	.1961	-.2279	-.6196*	-.4346	.1351	-.2582	.9258*	1.00

=.01 *=.001

Survey of Rural Women and their Experience of Abuse

n=61

1. (a) Which county do you live in?

- ☐ Oxford = 25
- ☐ Wellington = 12
- ☐ Brant = 4
- ☐ Haldimand-Norfolk = 20

(b) Where do you live?

- ☐ on a farm = 10
- ☐ not on a farm, but outside of a town/village/city limits = 13
- ☐ within a town/village/city = 38

2.(a) How many people live in your community or the nearest community to you?

- ☐ less than 500 = 9
 - ☐ 500 to 1 000 = 5
 - ☐ 1 000 to 5 000 = 11
 - ☐ 5 000 to 10 000 = 12
 - ☐ over 10 000 = 22
- missing = 2

(b) How many years have you lived in this area?

$\bar{x} = 14.7$ years

3.(a) What is your present age? $\bar{x} = 38.6$ years

(b) What is your highest level of education?

$\bar{x} =$ Grade 11

(c) Are you:

- | | | | |
|---|------|---------|-----|
| <input type="checkbox"/> A Canadian Citizen | = 50 | | |
| <input type="checkbox"/> A Landed Immigrant | = 7 | missing | |
| <input type="checkbox"/> A Refugee | = 0 | | = 3 |
| <input type="checkbox"/> A Refugee Claimant | = 1 | | |

4. (a) Are you a native person (Native Indian)?

- | | | | |
|------------------------------|-----------------------------|---------|-----|
| = 0 | = 55 | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | missing | = 6 |

(b) Do you live on a native reserve?

- | | | | |
|------------------------------|-----------------------------|---------|-----|
| = 1 | = 55 | | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | missing | = 5 |

5. Do you belong to any ethnic or religious community (eg. Portuguese, Mennonite)?

- | | | | |
|------|--|---------|-----|
| = 11 | <input type="checkbox"/> Yes , please specify: <u>includes Chinese, Mennonite, Polish, Portuguese, German, Salvadorian</u> | | |
| = 46 | <input type="checkbox"/> No | missing | = 4 |

6 (a) Do you have a disability?

- | | | | |
|------------------------------|--|---------|-----|
| = 9 | = 49 | missing | = 3 |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No (Go to Question 7) | | |

(b) Please check your disabilities:

- | | |
|-----|--|
| = 4 | <input type="checkbox"/> Mobility impairment (i.e. difficulty walking or moving, use a wheelchair) |
| = 1 | <input type="checkbox"/> Deaf or hard of hearing |
| = 0 | <input type="checkbox"/> Blind or poor eyesight |
| = 0 | <input type="checkbox"/> Learning disability |
| = 3 | <input type="checkbox"/> Non-visible physical disability (epilepsy, heart condition, diabetes, etc.) |
| = 0 | <input type="checkbox"/> Psychiatric disability (eg. schizophrenia) |
| = 1 | <input type="checkbox"/> Other, please specify _____ |

7. Do you belong to any women's groups (eg. self-help, volunteer, church, recreational)?

Abused women's support group 25; Church group 5;
Social recreational 4; Other 1

= 39 ☐ Yes Please specify _____

= 21 ☐ No missing = 1

8. Do you or your family run a farm or business?

= 18 = 9 = 6

☐ Yes: ☐ a farm ☐ another type of business

= 43 ☐ No (Go to Question #11)

9. How much time do you spend on the farm or business?

= 7 ☐ Full time

= 10 ☐ Part time

= 4 ☐ Not involved

10. Are you employed outside of the farm/business?

= 2 = 9

= 12 ☐ Yes: ☐ Full-time ☐ Part-time Occupation _____

= 8 ☐ No

(Go to Question # 12)

Labourer 2
Professional 4
Clerical 2
Food Service 1
Other 2

11. Are you employed? missing = 17

= 6 = 10

= 17 ☐ Yes: ☐ Full-time ☐ Part-time

= 27 ☐ No

Occupation _____

Labourer 5
Professional 3
Sales 2
Clerical 3
Food Service 1

12. Based on an average week (including weekends), approximately how many hours do you spend on the following activities:

= 38 Community involvement/volunteering $\bar{x} = 2.5$ hours

= 39 Leisure/personal $\bar{x} = 8.7$ hours

= 40 Family oriented recreation $\bar{x} = 11.3$ hours

16. For the relationship in which you have been physically, emotionally, or sexually abused are you right now :

- = 12 ☐ Staying in relationship
- = 10 ☐ Divorced
- = 28 ☐ Permanent separation or break up in relationship
- = 6 ☐ Separation or break up in relationship until he learns to stop his abusive behaviour
- = 5 ☐ Separated right now but planning to return

17. How long have you been married to or living with your the husband/partner who abused you? (If you are separated, or divorced how long were you married to or living with the abusive husband/partner before the separation?)

- = 0 ☐ less than 6 months
 - = 0 ☐ between 6 months and 1 year
 - = 2 ☐ between 1 and 2 years
 - = 16 ☐ between 2 and 5 years
 - = 11 ☐ between 5 and 10 years
 - = 11 ☐ between 10 and 15 years
 - = 9 ☐ between 15 and 25 years
 - = 11 ☐ over 25 years
- missing = 1

18. How long have you been separated or divorced from the abusive husband/partner

- = 10 ☐ Does not apply
- = 19 ☐ less than 6 months
- = 8 ☐ between 6 months and 1 year
- = 13 ☐ between 1 and 2 years
- = 6 ☐ between 2 and 5 years
- = 3 ☐ between 5 and 10 years
- = 1 ☐ between 10 and 15 years
- = 1 ☐ between 15 and 25 years
- = 0 ☐ over 25 years

19. Where you a victim of any of the following during your childhood? (Check as many as apply)

- = 22 ☐ Physical abuse by a parent or step-parent
- = 8 ☐ Physical abuse by other relatives or family members
- = 10 ☐ Sexual abuse by a parent or step-parent
- = 14 ☐ Sexual abuse by other family member or people in a position of trust
- = 10 ☐ Sexual abuse by a stranger
- = 28 ☐ Verbal abuse by a parent or step-parent

20. Where you a victim of any of the following as an adult? (Check as many as apply)

- = 30 ☐ Physical abuse by other partners or other people known to you
- = 32 ☐ Emotional abuse by other partners or other people known to you
- = 19 ☐ Sexual assault by other partners or other people known to you
- = 6 ☐ Sexual assault by a stranger

21. Has the abuse you have experienced from your partner involved the following:

- | | | | |
|------------------------------------|-------------------------------------|---|-------------------------------------|
| (a) Physical assault | = 14 <input type="checkbox"/> Often | = 34 <input type="checkbox"/> Sometimes | = 6 <input type="checkbox"/> Never |
| (b) Physical assault with a weapon | = 2 <input type="checkbox"/> Often | = 13 <input type="checkbox"/> Sometimes | = 30 <input type="checkbox"/> Never |
| (c) Forced sexual activity | = 16 <input type="checkbox"/> Often | = 21 <input type="checkbox"/> Sometimes | = 14 <input type="checkbox"/> Never |
| (d) Forced confinement | = 12 <input type="checkbox"/> Often | = 22 <input type="checkbox"/> Sometimes | = 13 <input type="checkbox"/> Never |

22. For how long have you experienced physical or sexual abuse from your husband/partner?

- = 1 ☐ less than 1 month
- = 4 ☐ between 1 and 6 months
- = 3 ☐ between 6 months and 1 year
- = 5 ☐ between 1 and 2 years
- = 13 ☐ between 2 and 5 years
- = 11 ☐ between 5 and 10 years
- = 16 ☐ over 10 years

23. How often does/did the abuse occur?

- = 2 ☐ only once
= 19 ☐ daily
= 19 ☐ weekly
= 6 ☐ monthly
= 13 ☐ once in a while throughout the year

24. Over time, did the abuse begin to happen more often?

- = 51 ☐ Yes = 5 ☐ No missing = 5

25. Over time, did the abuse become worse or more dangerous?

- = 48 ☐ Yes = 6 ☐ No missing = 7

26. When was the last time your husband/partner abused you (physical, emotional or sexual)?

Month: _____ Year: _____

Range from 1985 to June 1992

27. At the time of the assault were any of the following in effect:

- = 3 ☐ Peace bond
= 3 ☐ Restraining order
= 4 ☐ Probation order on your husband or partner
= 0 ☐ Conditional release of your husband or partner missing = 50
= 0 ☐ Husband/partner released on bail
= 1 ☐ Husband/partner on parole

28. Were the police called the last time your husband abused you?

- = 19 ☐ Yes (Go to Question 30) missing = 4
= 38 ☐ No

29.(a) What prevented you from calling the police?

- = 7 ☐ I did not want to call them
= 8 ☐ I was afraid to call them
= 4 ☐ I would be ashamed to call the police for help
= 1 ☐ I could not get to the phone
= 5 ☐ The phone was disconnected by my husband/partner
= 0 ☐ The police are not helpful
= 0 ☐ The police take too long to arrive
= 10 ☐ Other _____

(b) Have the police ever been called to your home?

- = 22 ☐ Yes: How many times: $\bar{x} = 2.7$ = 19 ☐ No

(Go to Question 31)

30.(a) Who called the police?

16 Respondent 4 Neighbours 2 Friends 7 Family member 1 Abuser

(b) When were the police called?

- = 25 ☐ Immediately after or while the abuse happened
= 1 ☐ Several hours after the abuse happened
= 4 ☐ Several days after the abuse happened missing = 30
= 0 ☐ Several weeks after the abuse happened
= 1 ☐ Other _____

(c) After they were called how long was it before the police arrived?

(d) What did the police do? (Check all the responses that apply)

- = 3 ☐ Charged my husband/partner but did not remove him from the house
= 4 ☐ Arrested my husband/partner and took him away
= 4 ☐ Warned my husband/partner that he would be charged next time
= 5 ☐ Told me I should lay charges against my husband/partner
= 10 ☐ Told me I should leave the house
= 2 ☐ Told my husband/partner he should leave the house
= 7 ☐ Provided me with information about a shelter or counselling services
= 5 ☐ Took me to a shelter
= 1 ☐ Told me I should go to a hospital
= 0 ☐ Took me to a hospital
= 7 ☐ None of the above

(e) Did you want the police to lay charges against your husband/partner

= 13 ☐ Yes = 13 ☐ No missing = 35

(f) At the time, did you want to go to a shelter?

= 15 ☐ Yes = 13 ☐ No missing = 33

(g) What did you want the police to do? missing = 25

Remove husband 6; Charge husband 7; Warn/talk to husband 3; Provide protection 5; No expectations 3;
Other 1

(h) How did you feel about the involvement of the police? missing = 28

= 8 ☐ Very helpful = 6 ☐ Helpful = 9 ☐ Somewhat helpful = 10 ☐ Not helpful at all

What did the police do that made you feel this way: _____

(i) Is this the first time the police have been to your home because of your husband/partner's abuse?

missing = 31

= 13 ☐ Yes = 17 ☐ No: How many times have they been there before: _____ *

31.(a) Did you go to the hospital because of the abuse from your husband/partner?

= 15 ☐ Yes = 36 ☐ No (Go to Question 32) missing = 10

(b) Did the doctor or nurse ask you how you received your injuries

= 12 ☐ Yes = 8 ☐ No

(c) Did the doctor or nurse offer you information about a shelter or other service for women who are abused?

= 7 ☐ Yes = 10 ☐ No

(d) How did you feel about their response?

= 4 ☐ Very helpful = 5 ☐ Helpful = 2 ☐ Somewhat helpful = 5 ☒ Not helpful at all

32. Has your husband/partner ever done the following:

(a) Getting angry when you visit or talk

with family or friends

= 29 ☐ Often = 25 ☐ Sometimes = 3 ☐ Never

(b) Calling you names at home/in front of children

= 34 ☐ Often = 15 ☐ Sometimes = 7 ☐ Never

(c) Calling you names or embarrassing

you in front of others

= 27 ☐ Often = 23 ☐ Sometimes = 6 ☐ Never

(d) Making threats against pets or valued possessions

= 19 ☐ Often = 20 ☐ Sometimes = 18 ☐ Never

(e) Threatening to kill himself if you leave

= 10 ☐ Often = 20 ☐ Sometimes = 26 ☐ Never

(f) Not giving you money for groceries, rent/mortgage, etc.

= 25 ☐ Often = 17 ☐ Sometimes = 15 ☐ Never

(g) Complaining about meals or the state of the house

= 28 ☐ Often = 20 ☐ Sometimes = 9 ☐ Never

h) Criticizing everything you do as

being "wrong" or "stupid"

= 40 ☐ Often = 14 ☐ Sometimes = 3 ☐ Never

(i) Threatening to take your children away from you

= 16 ☐ Often = 14 ☐ Sometimes = 22 ☐ Never

(j) Using the children to hurt or get to you

= 21 ☐ Often = 15 ☐ Sometimes = 9 ☐ Never

(j) Other _____

33. For how long have any of the above behaviours been happening?

$\bar{x} = 16$ years

34. Are any of the above behaviours happening more often over time?

= 42 ☐ Yes = 10 ☐ No missing = 9

35. Are any of the above behaviours becoming worse or more threatening over time?

= 38 ☐ Yes = 14 ☐ No missing = 9

36. Did others in the community in which you live know about the abuse?

= 33 ☐ Yes = 15 ☐ No = 12 ☐ I don't know

37.(a) Did anyone ever come to ask you if you needed help?

= 17 ☐ Yes Who: 11 Friends 1 Minister
1 Parents 2 Co-workers = 41 ☐ No missing = 3

(b) Did you notice any other reaction from people?

Did not want any involvement 12; Blamed respondent 7; Disbelief 4; Asked questions, but offered
no support 6; Offered support 2; Respondent isolated 5; No reaction noticed 6.

38. Were family and friends willing to help you to stop your husband's abusive behaviour if you asked them?

= 29 ☐ Yes = 25 ☐ No missing = 7

If no, why not? Did not want any involvement 7; Disbelief 3; Believed wife should stay with
husband 5; Did not ask for help 5; Had no family 2; Didn't know 3.

39.(a) Have your children ever seen your husband or partner hitting you or abusing you in other ways?

= 51 ☐ Yes = 8 ☐ No = 2 ☐ Do not have any children

(b). How do you think the abuse has affected the children?

Withdrawn/insecure/frightened 29; Reject violent behaviour 6; Have become violent

themselves 4; Feel deprived of material goods 1; Not sure 7.

40. Are/were the children also abused by your husband or partner?

= 39 ☐ Yes = 19 ☐ No missing = 3

41. (a) Did you go to your family doctor for help in dealing with your husband or partner's abusive behaviour?

= 33 ☐ Yes = 26 ☐ No (Go to Question 42) missing = 2

(b) How did you think your family doctor could help you?

Medical care 9; Advise/referral 9; Talk to husband 4; Report child abuse 1; Not sure 4.

(c) How did you feel about the response of your family doctor?

= 20 ☐ Helpful = 7 ☐ Not helpful = 9 ☐ Not sure

(d) In what ways was your family doctor helpful/not helpful?

42. (a) Have you ever stayed in a shelter?

= 25 ☐ Yes = 36 ☐ No (Go to Question 43)

(b) How do you feel about the response of the shelter workers to your particular needs?

= 25 ☐ Helpful = 0 ☐ Not helpful = 3 ☐ Not sure

(c) In what ways were the shelter workers helpful/not helpful?

43. (a) Did you go to a church minister for help in dealing with your husband's abusive behaviour?

= 15 ☐ Yes = 44 ☐ No (Go to Question 44) missing = 2

(b) How did you think the minister could help you?

Spiritual support 1; Advice; Talk to husband 8.

(c) How did you feel about the response of the minister?

= 7 ☐ Helpful = 6 ☐ Not helpful = 3 ☐ Not sure

(d) In what ways was your minister helpful/not helpful?

44. (a) Did you go to members of your family for help in dealing with your husband's abusive behaviour?

= 27 ☐ Yes = 32 ☐ No (Go to Question 45)

(b) How did you think your family could help you?

Emotional support 13; Resources (eg. money/transportation) to leave 6; Emotional support

and resources 4.

(c) How did you feel about the response of your family?

= 16 ☐ Helpful = 10 ☐ Not helpful = 7 ☐ Not sure

(d) In what ways was your family helpful/not helpful?

45. (a) Did you go to a friend or neighbour for help in dealing with your husband's abusive behaviour?

= 35 ☐ Yes = 23 ☐ No (Go to Question 46)

(b) How did you think your friend could help you?

Emotional support 21; Place to stay 5; Look out for respondent's safety 6; Not sure 3.

(c) How did you feel about the response of your friend?

= 27 ☐ Helpful = 6 ☐ Not helpful = 2 ☐ Not sure

(d) In what ways was your friend helpful/not helpful?

46. (a) Is there anyone else you asked for help in dealing with you husband's abusive behaviour?

= 26 ☐ Yes Who: His family 4; Lawyer 2; Social Service Agency 14; Co-worker 1. = 32 ☐ No (Go to Question 47)

(b) How did you think this person could help you?

(c) How did you feel about the response of this person?

= 21 ☐ Helpful = 4 ☐ Not helpful = 1 ☐ Not sure

(d) In what ways was this person helpful/not helpful?

47. What do you think caused your husband or partner to abuse you?

Parental abuse during childhood 17; Anger/hostility 14; Stress/insecurity 8; Alcohol/Drugs 5;

Psychiatric problem 3; His infidelity 3; Respondent blames herself 3; Don't know 4.

48. To your knowledge, did he see his father abusing his mother when he was a child?

= 32 ☐ Yes = 19 ☐ No missing = 10

49. Has he ever gone for help for his behaviour?

= 16 ☐ Yes = 44 ☐ No (Go to Question 51)

50. (a) Who did he try to get help from?

Marriage counselling 3; Individual counselling/psychiatric care 5; Men's group 4;
Alcoholics Anonymous 2; Corrections 1; Not specified 1.

(b) What was the outcome?

No change 8; Continuing with a program 5; Behaviour has improved 1; Not sure 1.

(Go to Question 52)

51. (a) What do you think keeps him from getting help?

Denial of problem 25; Embarrassment/fear 6; Counselling has no impact 3; Blames respondent 2;

No time 1; Not sure 2.

(b) What kind of help do you think he needs?

Counselling 20; Psychiatric help 9; Stress management 4; Admit to problem 2; Jail term 1;

Don't know 3.

52. (a) If you are now in an abusive relationship, why do you stay?

12 responses were a combination of reasons including 1) economic dependence 2) desire to

preserve family and 3) a hope that things will change.

(b) Are you going to leave if the abuse continues?

= 12 ☐ Yes = 0 ☐ No = 4 ☐ I'm not sure

missing = 45

53. (a) If you have left an abusive relationship, what made you decide to leave the relationship?

Fear for life 11; Had enough with abuse 10; Fear for children's safety 6; His counselling was
not working 3; Police charges 2; Infidelity 1; He left 1.

multiple responses

(b) What problems did you have to work out to be able to leave?

Financial resources 13; Housing 8; Feelings of shame/guilt 4; Children's needs 3; Legal
assistance 3; Fear of abuse 2; Fear of being alone 2; Access to information 2; Employment 2;
Transportation 1; He left 1.

(c) Who helped you make up your mind to leave?

Family/Friends 21; Counsellor/Nurse 4; Doctor 4; Police 2; Husband 3; No one else helped 13

(d) How did this person help you?

Emotional support 20; Place to stay 5; Information 1; Advocacy 4; Resources/transportation 2;
He left 2.

Please add sheets of paper if you would like to write other comments

THANK YOU FOR SHARING YOUR EXPERIENCES WITH US

Police Survey on Woman Abuse

n=30

1. What geographic area do you serve?

Oxford=4; Haldimand-Norfolk=8; Brant=3; Wellington=6; Waterloo=5

2. Approximately what percentage of all calls that you respond to are related to domestic violence?

$\bar{X}=9$ %

3.a) In your opinion, what is the most appropriate response to the majority of these cases? Please rank the top three.

- =13 [] just stop the violence $\bar{X}=1.4$
- =0 [] warn the husband/partner $\bar{X}=0$
- =4 [] remove the husband/partner $\bar{X}=2.2$
- =3 [] take the woman and her children to safety (i.e. shelter) $\bar{X}=2.1$
- =9 [] lay charges against the husband/partner $\bar{X}=2.0$

b) What information do you generally offer to the victim of domestic violence?

4. Please rank the degree to which the following factors influence your decision to lay a charge in cases of domestic violence:

	More likely to lay charges		No effect	Less likely to lay charges		
(a) age of victim	=0 1	=0 2	=29 3	=0 4	=0 5	$\bar{X}=3.0$
(b) age of the offender	=0 1	=0 2	=28 3	=1 4	=0 5	$\bar{X}=3.0$
(c) the presence of children in the home	=3 1	=8 2	=17 3	=1 4	=0 5	$\bar{X}=2.6$
(d) willingness of victim to testify in court	=10 1	=6 2	=9 3	=4 4	=0 5	$\bar{X}=2.2$
(e) corroborating evidence (physical injuries etc.)	=16 1	=10 2	=3 3	=0 4	=0 5	$\bar{X}=1.6$
(f) seriousness of victim's injuries	=17 1	=4 2	=8 3	=0 4	=0 5	$\bar{X}=1.7$
(g) demeanor/composure of the victim	=3 1	=7 2	=18 3	=1 4	=0 5	$\bar{X}=2.6$

	More likely to lay charges		No effect		Less likely to lay charges		
(h) use of alcohol/drugs by the offender	=2 1	=8 2	=18 3		=0 4	=0 5	$\bar{X}=2.6$
(i) use of alcohol/drugs by the victim	=0 1	=5 2	=14 3		=9 4	=0 5	$\bar{X}=3.1$
(j) police record of domestic violence (ongoing domestics)	=14 1	=7 2	=6 3		=1 4	=0 5	$\bar{X}=1.8$
(k) criminal record of offender	=7 1	=5 2	=16 3		=0 4	=0 5	$\bar{X}=2.3$
(l) concurrent civil proceedings re: divorce, separation, child custody	=0 1	=5 2	=19 3		=4 4	=0 5	$\bar{X}=3.0$
(m) likelihood of securing a conviction in criminal court	=5 1	=6 2	=14 3		=3 4	=0 5	$\bar{X}=2.5$
(n) other (please specify)	=4 1	=0 2	=0 3	=0 4	=0 5	=1 5	$\bar{X}=1.8$

5. What resources are available to assist you in cases where communication is difficult? (eg. non-English speaking, cultural restrictions, deaf person)

6. In your view, do the needs of women in rural areas or small communities who are abused by their husband or partner differ in any way from those of women living in cities?

Yes ☐ =16 No ☐ =13

Please comment on your response:

7. In your view, do abused women living in rural areas or small communities face barriers to accessing services that might not be experienced by women living in urban centres?

⁼²¹
Yes ☐

⁼⁹
No ☐

Please comment on your response:

8. (a) Please identify groups of people residing the geographic area your force/detachment covers, who you feel have difficulty accessing available services?

1.

2.

3.

(b) Please describe the kinds of difficulties that you have encountered in serving members of the groups you have described above, who are involved in cases of domestic violence?

1.

2.

3.

9. Is there, in your view, a sufficient availability of services for victims of domestic violence in your area?

Yes ☐ ⁼²³

No ☐ ⁼⁵

Please comment on your response:

10. What do you think is the primary cause of domestic violence?

11. The Solicitor's General established a directive stating that police should lay charges in all cases of domestic violence where reasonable and probable grounds for such charges exist. Does your force/detachment follow any guidelines as to what constitutes reasonable and probable grounds in cases of domestic violence?

☐ Yes ⁼¹⁷

☐ No ⁼¹¹

Please summarize these guidelines.

12. Do you believe that the directive of always charging in cases of domestic violence is an effective strategy for reducing the incidence of wife assault?

☐ Yes ⁼¹⁵

☐ No ⁼¹²

Why or why not?

13. Have you ever received specific training on domestic violence?

=19

☐ Yes

=8

☐ No

Please describe: _____

14. Do you feel you would benefit from some training or additional training on domestic violence?

☐ Yes

=17

☐ No

=10

15. Specifically, what would identify as your training needs:

QUESTIONNAIRE TO SERVICE PROVIDERS ON THE SERVICE NEEDS OF RURAL
WOMEN WHO ARE ABUSED BY THEIR PRIMARY PARTNER

n=38

1. What is your occupation?

- =8 ☐ Social Worker
=4 ☐ Counsellor/Therapist (other than Social Worker)
=1 ☐ Community Developer
=2 ☐ Advocate (Other than Social Worker or Counsellor/Therapist)
=9 ☐ Physician
=0 ☐ Psychologist
=3 ☐ Psychiatrist
=1 ☐ Nurse
=0 ☐ Lawyer
=1 ☐ Educator/Trainer
=1 ☐ Clergy Member
=8 ☐ Other includes: directors, administrators, managers

2. Are you in private practice:

=12 =25
Yes ☐ No ☐

3. Please indicate the services that your organization offers:

- =14 ☐ General mental health services
=17 ☐ Counselling in a specific area: _____
=7 ☐ Physical health services
=10 ☐ Peer support/Self-help
=7 ☐ Residential support (i.e. group home/shelter)
=3 ☐ Legal support and advocacy
=17 ☐ Information/Referral/Resources
=12 ☐ Other _____

4. (a) Do you charge a fee to clients?

=8 =29
Yes ☐ No ☐

(b) Are fees covered by OHIP?

Yes ☐ ⁼¹³

No ☐ ⁼¹⁷

(c) Are fees charged on a sliding scale according to income

Yes ☐ ⁼³

No ☐ ⁼²⁶

9 missing

5. What is the mandate of your agency?

6. Who does your agency serve? (Please read carefully and check only one)

4 ☐ Adult men and women

2 ☐ Children only

28 ☐ Adult men and women and their children

2 ☐ Adult women only

2 ☐ Adult women and their children

0 ☐ Adult men only

7. (a) If you provide any services to children, what age group of children do you serve?

range: 0-24

(b) What age group of adults do you serve? range: 15-old age

8. What geographic area does your agency/practice serve:

3 unknown; 2 Brant County; 5 Haldimand-Norfolk; 5 Wellington; 6 Oxford

9. Please indicate the population of the city/town/village where your service is located:

- =18 ☐ over 20 000
 =5 ☐ between 10 000 and 20 000
 =2 ☐ between 5 000 and 10 000 missing = 2
 =5 ☐ between 1 000 and 5 000
 =0 ☐ less than 1 000
 =6 ☐ service has various locations across the county

10. On average, what percentage of the clients using your service, over the course of a one year period, reside in locations outside of the centre where the service is located? (i.e. in rural areas or in other communities within your geographic catchment area)

(Please answer either (a) or (b) according to the records kept by your agency)

(a) According to our records: $\bar{x} = 41.3$ %

(b) Approximately: $\bar{x} = 39.4$ %

11. Please indicate the groups for which your agency has taken special measures in order to ensure accessibility to your services:

(a) People with mobility impairments : Yes ☐ =20 No ☐ =16 missing=9

Please describe the special measures wheelchair accessible facilities=8;
wheelchair accessible facilities and transportation=5; home visits=1

(b) People who are blind or have a visual impairment: Yes ☐ =10 No ☐ =25 missing=3

Please describe the special measures referral=1; homevisits=2

(c) People who are deaf or have a hearing impairment: Yes ☐ =8 No ☐ =27 missing=3

Please describe the special measures sign language=2; hire interpreter=1;
T.T.D.Y.=2

(d) People with learning disabilities: Yes ☐ =15 No ☐ =20 missing=3

Please describe the special measures referral=2; change approach=2

e) People who are illiterate: Yes ☐ ⁼¹⁴ No ☐ ⁼²¹ missing=3

Please describe the special measures have literacy program=4; referral=1; read aloud=1;
visual aids=1

f) People who are gay/lesbian or bisexual: Yes ☐ ⁼⁷ No ☐ ⁼²⁵ missing=6

Please describe the special measures _____

(g) People who reside in rural areas/in periphery of your geographic catchment area

Yes ☐ ⁼²¹ No ☐ ⁼¹³ missing=4

Please describe the special measures outreach/satellite office=6; provide transportation=5;
home visits=6; 1-800 number=1

(h) People whose first language is not English: Yes ☐ ⁼¹² No ☐ ⁼²⁴ missing=2

Please describe the special measures staff resources=3; hire interpreter=7

(i) Native people: Yes ☐ ⁼⁹ No ☐ ⁼²³

Please describe the special measures Band representation with service=1

12. During intake, do you ask adult clients if they have experienced the following

Physical abuse: Yes ☐ =17 No ☐ =18

Emotional abuse: Yes ☐ =16 No ☐ =19

Sexual abuse: Yes ☐ =16 No ☐ =19 missing=3

13. On average, what percentage of the total number of women clients at your agency or practice disclose that they are abused by their spouse, over the course of a one year period:
(Please answer (a) or (b) according to the records maintained by your agency/practice)

(a) According to our records: $\bar{X}=21.7$ %

(b) Approximately: $\bar{X}=19.8$ %

14. (a) Based on your professional experience, have you identified signs that indicate to you that a woman is being abused by her spouse?

Yes ☐ =28 No ☐ =8 missing=2

(b) Other than disclosure, please describe the signs that cause you to suspect that a woman is being abused by her spouse:..

15. If you suspect that a woman is being abused which of the following courses of action would you follow:

☐ Leave it up to her to disclose the abuse if she wishes

☐ Ask her directly if she is experiencing abuse

☐ Other

(b) Why is this the best course of action:

1) = leave it to client to disclose; client must be ready; respect for privacy

2) = ask about abuse; direct approach gives client permission to speak;
client may be too afraid or ashamed to speak up

16. What steps would you take once a client has disclosed that she is being abused by her spouse?

17. For this question please list, in the space provided from (a) to (e), what in your view are the needs of *rural* woman who are abused by their spouse and indicate what resources are available in your county to meet these needs? Insert pages if space is insufficient.

(a) Need: _____

In this county, in order to meet this need a rural woman could be referred to:

☐ this agency/practice

☐ these services: (please name) 1. _____
2. _____

☐ no service is available to address this need

(b) Need: _____

In this county, in order to meet this need a rural woman could be referred to:

☐ this agency/practice

☐ these services: (please name) 1. _____
2. _____

☐ no service is available to address this need

(c) Need: _____

In this county, in order to meet this need a rural woman could be referred to:

- ☐ this agency/practice
- ☐ these services: (please name) 1. _____
2. _____
- ☐ no service is available to address this need

(d) Need: _____

In this county, in order to meet this need a rural woman could be referred to:

- ☐ this agency/practice
- ☐ other services: (please name) 1. _____
2. _____
- ☐ no service is available to address this need

(e) Need: _____

In this county, in order to meet this need a rural woman could be referred to:

- ☐ this agency/practice
- ☐ these services: (please name) 1. _____
2. _____
- ☐ no service is available to address this need

Comments: _____

18. In your view, do the needs of rural women differ in any way from those of women living in towns and cities?

Yes ☐ ⁼³⁰ No ☐ ⁼⁵ missing=3

Please comment on your response:

19. In your view, do rural abused women face barriers to accessing services that might not be experienced by women living in urban centres?

Yes ☐ ⁼³⁰ No ☐ ⁼⁴ missing=4

Please comment on your response:

20. (a) Please identify groups of people residing in your county who you feel face particular barriers to service?

1. members of religious/cultural groups/immigrants =15; farm women = 7;
2. women without transportation = 7; women with disabilities =5;
3. native women =2; elderly women =5; teenage women =3; low-income women=5;
4. women with low education levels =3
5.

(b) Please describe the special barriers faced by women in the groups you have described above who are abused by their spouse?

1.

2. _____

3. _____

4. _____

5. _____

21. Is there, in your view, a sufficient availability of services for victims of woman abuse in your county?

Yes ☐ ⁼⁶

No ☐ ⁼²³

missing=9

Please comment on your response:

22. (a) In your opinion, are there ways in which service delivery in rural areas should differ from urban models of service delivery? (ie. childcare, transportation, lifestyle, community environment)

Yes ☐ ⁼²⁷

No ☐ ⁼⁴

missing=7

(b) In what ways should rural service delivery differ from service delivery in urban areas?

23. In your view, what is the primary cause of woman abuse?

cultural tolerance of violence; men's power over women; violence learned behaviour;
alcohol; financial constraints

24. What kinds of initiatives might reduce the incidence of woman abuse in rural areas?

outreach/education/raising awareness/police action

25. Besides the effects on the woman who is abused, what do you think is the most serious impact of woman abuse on community life in rural areas?

continues cycle of abuse

erodes family

increases women's isolation

26. Do you feel that you would benefit from some/more training related to serving woman who have been abused by their primary partner?

⁼²⁴
Yes ☐

⁼¹⁰
No ☐

missing=4

(b) Specifically, what would you identify as your training needs:

recognize and address abuse=11; counselling skills=4; information on services=3;

cultural sensitivity=1; dealing with children=1; community coordination=1

27. Is there a sufficient availability of resources for training or professional development related to woman abuse issues in your community?

Yes ☐ ⁼¹²

No ☐ ⁼¹⁴

missing=12

Please comment on your response:

Other comments:
