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## **ACKNOWLEDGEMENTS:**

First, we would like to thank our expert teachers, all of the women who have survived domestic violence in rural Saskatchewan. We would especially like to thank the nineteen women who participated in this research project. Their courage in speaking about domestic violence in all of its forms is remarkable, especially given the context of their lives.

The staff at the Saskatoon Family Support Centre, specifically Tracy Muggli and Karen Carmichael, were our first professional contacts. These women have been, and we hope will continue to be an invaluable resource.

Thanks to all of the people who agreed to be part of the Partners for Rural Family Support. This group is important because each person brings invaluable experience, skills and resources to the group with the simple goal of serving rural families most effectively.

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## EXECUTIVE SUMMARY

Rural women in East Central Saskatchewan experience family violence in significant numbers. This study explores rural women's experiences of family violence and their need for services and support. The research methodology is based on participatory action research. The design included a semi-structured interview of 19 survivors of domestic violence and 3 focus groups, two with survivors of domestic violence and one with service providers in the region.

Many of the women stayed in abusive situations for years because they had come to accept the abuse as normal. They had been convinced that the abuse was their fault. Lack of knowledge, embarrassment, fear of reprisal and fear of not being believed caused women to remain silent about the abuse.

Intergenerational abuse was present in 90% of the cases in this study. Abusers came from households in which their mothers and their siblings were abused. In turn, the abusers' children are witnessing the abuse of their mothers and in many cases are verbally abused themselves. This is particular cause for concern in rural Saskatchewan because there is little counseling for children outside of the limited resources of the school system. A concerted effort must be made to find ways to deliver counseling to rural children experiencing family violence in order to break this pattern.

Women left their abusive partners when the violence began to escalate and the

need to protect their children intensified. They faced many problems in leaving including poverty, fear of increased violence and the loss of their homes and communities.

Women were unaware of the services available to them and their children when they left their abusive relationship. Upon leaving, most of the women saw counselors and many interacted with the police and lawyers. Women also used the services of the clergy, doctors, safe houses, and social services. None of these services was adequate to meet all their needs.

The urban bias of specialized services for family violence, combined with the centralization of more generalized services such as Social Services, Legal Aid, and some aspects of the police service creates a serious issue of accessibility for rural women and their families.

As a result rural people must either find the resources to travel for these services or forego them. Women who leave abusive situations are often impoverished and may not be able to afford the time or the money to travel to the larger urban center. Women in rural areas are also disadvantaged by the lack of subsidized daycare, inadequate employment opportunities, and lack of access to affordable housing.

There is a critical need for knowledge about domestic violence, for both survivors of abuse and the general public. Information and education is necessary to break the cycle of abuse, to teach children and adults what abuse

is and how to deal with conflict in constructive ways.

Rural women in abusive situations need information to deal with the complex issues of the impact of domestic violence on them and their children. They also require information on their legal rights and on financial issues. .

Building on the positive aspects of community cohesion and co-operative spirit that are attributed to rural areas, rural people must develop rural solutions to the delivery of services. This will necessitate an investment of time and money from government, health districts and the community. Women felt the funding for these services was largely the responsibility of government, but that the Health District and the Community had a significant role to play to develop programs and services that would reflect the needs of local people.

The following recommendations reflect the changes suggested by the women who participated in this study.

## **RECOMMENDATIONS:**

1. Effective screening procedures should be developed and used by service agencies to ensure victims of family violence are identified immediately.
2. Family violence cases should be prioritized by the Mental Health Office
3. Models for counseling for pre-school children should be explored in order to develop a suitable rural model for group counseling for pre-school children who have experienced family violence.
4. Methods should be explored to ensure the needs of rural school aged children who have experienced family violence are being met.
5. The Support Group for Survivors of Spousal Abuse should continue to be offered.
6. A rural model for providing ongoing support for women who have already attended the Support Group for Survivors of Spousal Abuse should be developed.
7. A Women's Advocate position should be established in the region. This person would be highly visible, accessible and knowledgeable regarding the legal issues surrounding family violence and the social support system that exists for victims and survivors of family violence
8. Models for counseling for abusive men should be explored in order to develop a suitable rural model that could be delivered in the region.
9. Organizations and service agencies whose employees may be called on to deal with cases of family violence should ensure those employees have a high

level of understanding of family violence.

10. Organizations and service agencies whose employees routinely deal with cases of family violence should develop protocols to deal with victims and survivors of violence to ensure consistent and effective service provision.
11. An effective strategy for providing education and information about family violence must be developed and delivered to high schools and the public using a variety of innovative methods and media.
12. The feasibility of establishing a Rural Family Support Centre should be explored. This would be a highly accessible facility where people could find information and have someone to talk to about abuse issues, as well as parenting, personal growth and other issues important to rural families.
13. A staffed, safe shelter should be established in the region to house families in crisis.

## INTRODUCTION

The roots of this study began in 1998 with one woman's voice on the other end of a Mental Health Office telephone line. She insisted that there must be a group in our health district for survivors of domestic violence. Each agency that she called told her that the closest group for survivors was in Saskatoon, 100 kilometers away. She did not own a car, she could not afford to take the bus and as a result the services in the city were of no value to her.

She kept running into a brick wall but she kept on calling. She met with a mental health therapist who pronounced her free of any mental illness but in need of support from other women who had experienced domestic violence. This was exactly what the woman had been insisting all along. Her determination spurred a mental health therapist to call the Saskatoon Family Support Centre and with their help, a support group for women who had survived domestic violence was offered in our community.

The response was overwhelming. Thirteen women registered in the first group within three hours. Women needed to talk to each other, they wanted to learn and they wanted to stop the violence.

Mental Health workers were the catalyst that brought other interested people together to form the "Partners for Rural Family Support". The "Partners" consist of professionals, private citizens and survivors themselves who are committed to finding innovative ways to

provide services for families who are experiencing domestic violence. The formation of this group was the first public acknowledgment that domestic violence was a problem in the Central Plains Health District.

Family violence and woman abuse moved into the public policy sphere in the 1980's.<sup>1</sup> In Saskatchewan, "safe shelter staff in the larger urban areas were at the forefront of establishing services for abused women, creating residences, providing counseling services, educating the public and the government about these issues and pressing for recognition and response to the needs of spousal assault victims".<sup>2</sup>

Although services are now much more available in urban centers, this availability often has little benefit for women in rural Saskatchewan. Counseling in a large center 100 kilometers away is not useful to a woman who cannot reach that center, because she has no vehicle, no money for gas or the bus and/or no childcare.

Similarly, a safe shelter 100 kilometers away may not be of much help to an abused woman on a farm in a rural area. Women from rural Saskatchewan who try to access these shelters are often turned away because they are full. Existing services are stretched to the limit serving the needs of urban women. As a result rural women have limited access to services in urban centers.

During the past decades government agencies have centralized services in

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<sup>1</sup> McLaughlin, 1992

<sup>2</sup> Turner, 1995

urban centers and as a consequence reduced the level of service available to rural people. For example, the Department of Social Services has office hours in our rural area only one day a week. The Family Protection Worker comes to rural areas when reports are made. Social Service workers are not a visible presence in rural areas. Legal Aid is located in larger urban centers and phone calls to the R.C.M.P. after office hours and on weekends are routed through Regina.

There is also dissonance between geographic boundary lines used by various government departments. This can cause survivors of domestic violence great stress as they try to sort out the system. Police boundaries differ from Social Service boundaries, which differ from Health District boundaries, which differ from Legal Aid boundaries. It can all be very confusing to women who are trying to navigate a system so that they can create a new and safe life for themselves and their children.

Over and over again we hear from rural women that existing services are not adequate. They want services that are close to home, immediate and will allow them to maintain a stable existence for themselves and their children. It is a full time job for women to deal with all of the different agencies and services. It is always a costly process both economically and emotionally.

Women choose to live in rural Saskatchewan because their support systems are here. Family, schools, careers and friends are important to the meaning of women's lives. Women have a right to live free from fear of

violence in their own communities. To isolate women from their support systems however frail they may be, is to disregard their experiences and their voices once again.

There are many myths that sustain gender identities in rural society. One of these myths is that domestic violence does not happen in a close knit rural community. Studies show lower rates of domestic violence in rural areas than in urban areas. However, rural women report that they believe woman abuse to be as common in rural areas as in urban areas.<sup>3</sup> Fear and isolation may reduce reported incidences of violence in rural areas.

Until recently, many rural communities were reluctant to acknowledge that domestic violence exists in their communities. Rural attitudes are seen as conservative and slow to change. These attitudes often involve very traditional views of the appropriate roles of women and men. As a result, women who seek support in dealing with violence in their lives must break with community norms.<sup>4</sup>

Bringing an adequate level of support to rural areas for victims and survivors of domestic violence is a challenge. Existing programs often have an urban bias and must meet criteria of cost effectiveness usually based on numbers served. A new paradigm of service delivery needs to be developed for rural areas.

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<sup>3</sup> McLaughlin and Church, 1992

<sup>4</sup> McLaughlin and Church, 1992

Programming offered in rural areas must consider the lower population densities, the lack of centralized communication systems and rural value systems. Programming for rural women can also build on the strengths of rural areas. Easier access to informal support networks, pride in self sufficiency and community cohesiveness all offer opportunities for communities to plan and implement new services. Programs in rural areas are more highly visible and the smaller scale of these services may make it easier for agencies and interested groups to co-operate to design new and innovative types of programs.<sup>5</sup>

used to create an action plan to put in place a much higher level of service for rural women and their families.

The Partners for Rural Family Support are working together to advocate with women who stand up for rural families as they challenge the myths around violence in rural areas. This research project, Domestic Violence and the Experiences of Rural Women in East Central Saskatchewan is one of the first steps in honouring rural women's experiences and their hard won knowledge about domestic violence in rural communities. This project is an important step in telling the truth about domestic violence and the impact that it has in rural society.

In this research project, rural women told us about their experiences of domestic violence and their successes and frustrations trying to deal with the abuse. The women also told us how they would like to see things change and offered many excellent ideas on how to make those changes happen. The information from this study will be

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<sup>5</sup> McLaughlin and Church, 1992



## **METHODOLOGY**

### **Study Area**

This study was conducted in East Central Saskatchewan in an area centered around Humboldt, SK. located 100 kilometers east of Saskatoon, SK. The women interviewed lived in this area at the time they were experiencing domestic violence. Seventeen of the women interviewed lived in the Central Plains Health District, whose head office is in Humboldt, SK.. Two of the women lived in the Living Sky Health District, whose head office is in Lanigan, SK.. At the time of the interview, some of the women had left the region to live in other centers where they would be safe.

Central Plains Health District and Living Sky Health District are both rural areas. The largest center is Humboldt. SK., with a population of 5000 people. The dominant economic activity in the region is agriculture and agriculture related industry.

The Health Districts deliver hospital, health care and mental health services to their regions. Social Services are delivered to the region from Saskatoon and Yorkton, 100 kilometers and 270 kilometers away, respectively. The boundary between the social services districts is located 10 kilometers east of Humboldt, splitting a historic cultural region and confounding the delivery of services to women who are dealing with spousal abuse.

### **Research Design**

The research was structured as participatory action research. The research problem was identified by the Partners for Rural Family Support,

(PRFS). PRFS, a group of service providers, concerned citizens and survivors of domestic violence, was formed to provide services for women in the Humboldt region who had experienced domestic violence.

Participatory action research is intended to create change,<sup>6</sup> and PRFS is committed to changing the way the community deals with domestic violence. The outcomes of this research will form the basis for action by the Partners for Rural Family Support as they work to develop innovative services and programs to support families in rural Saskatchewan.

The research design was based on two methodologies: a semi-structured interview of 19 survivors of domestic violence and 3 focus groups, two with survivors of domestic violence and one with service providers in the region. The interviews addressed the experiences of this group of women as they attempted to cope with their abusive relationships and sought services and support to enable them to free themselves of the violence.

### **Sampling**

The participants in this study were self selected. Potential participants were contacted in three ways: 30 women were approached directly, letters were sent to Living Sky Health District, doctor's offices and the George Bailey Centre (a drug and alcohol abuse facility) and the research was publicized in regional newspaper articles. Sixteen women who were directly contacted agreed to participate, two women came

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<sup>6</sup> Weber, 1998

forward after the contact with Living Sky Health District and one woman volunteered after reading about the research in the newspaper. The women who were interviewed were also given the opportunity to participate in the focus groups. Ten women participated in two focus groups.

One criteria for inclusion in this study was that the women had to be safe from violence. Fifteen of the nineteen women had left their abusive relationships. One woman was in the process of leaving, but was in no danger, and three women were living with their formerly abusive partners. The women ranged in age from their late 20's to mid-fifties. There were no aboriginal women or recent immigrant women represented. The focus group of service providers was drawn from the Partners for Rural Family Support Group. Six service providers participated.

Each woman participated in a qualitative, unstructured interview based on a schedule of questions.<sup>7</sup> The questions were developed by a committee consisting of the two principal researchers and three survivors of domestic violence. This qualitative methodology allows the researcher to develop a much deeper understanding of the experience of spousal abuse and the subsequent experience of making the transition out of the abusive relationship.

Interviews were conducted by a mental health therapist with extensive counseling experience with women who have been abused. The initial interview

lasted between 1.5 and 2.5 hours. These interviews were transcribed and the women met with the interviewer a second time to edit, correct or add information to the transcript. Interestingly, the second interview often lasted as long as the first interview and in one case it was longer.

In a number of cases, women found the interviews very difficult. The interviews brought back experiences and feelings the women thought they had dealt with. For many women, the process of reading the transcripts of their interviews was very difficult and took a long time. Some women had to read them over a period of days. Some felt the transcripts didn't convey how bad things really were.

As a precautionary measure, Mental Health Services in Humboldt agreed to immediately see any women who encountered problems as a result of the interviews. A number of the women chose to re-enter counseling.

The women who chose to participate were hopeful that their experiences would bring some benefits for other women who were experiencing family violence. One woman stated that being part of the research project was a big turning point in her life. She could now turn the pages and finally move on. Many women expressed their desire to get involved so they could help others.

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<sup>7</sup> see Appendix One for the list of questions

## DOMESTIC VIOLENCE

### Definitions

Domestic violence in this study is defined as violence against women and children by intimate partners and other family members<sup>8</sup>. In this study, the term domestic violence is used interchangeably with the term spousal abuse.

Domestic violence is usually associated with physical violence, however it can manifest itself in many types of abuse including psychological and verbal abuse, financial abuse, sexual abuse, spiritual abuse or it may result from neglect. The definitions of the various types of abuse are extracted from DeKeseredy and MacLeod (1997):<sup>9</sup>

- ◆ **Psychological abuse** which includes behavior that intends to intimidate and control women. It may mean withdrawing affection, keeping track of everything a person does, making harassing phone calls or visits, uttering threats, destroying prized possessions, hurting or killing pets and making suicide threats. **Verbal Abuse** is a form of psychological abuse. It often includes constant criticism and name-calling. It also includes unjust blaming, false accusations about loyalties or sexual actions and repeated threats of violence against another person – the victim's friends, relatives and/or pets.
- ◆ **Physical abuse** includes slapping, punching, kicking, biting, shoving, choking, or using a weapon to threaten or injure. These behaviors can result in death.

- ◆ **Sexual abuse** means forcing someone against their will to perform sexual acts or to endure pain or injury during sex. Sexual abuse can also occur when an infected person infects his or her partner with a sexually transmitted disease such as HIV.
- ◆ **Financial or economic abuse** occurs when the abused person is denied access to the family's money, any say in what will be bought and money for her or his own use. It may also involve denial of access to health care or employment.
- ◆ **Spiritual abuse** means the imposition of beliefs on others in order to control them. Spiritual abuse includes belittling or attacking someone's spiritual beliefs or preventing them from practicing their religion. Spiritual abuse can also include ritual abuse.
- ◆ **Neglect** is a form of abuse most commonly experienced by young children, elderly people, and disabled persons. It can include long-term neglect that may result in physical ailments as well as sporadic neglect used as punishment. Neglect by a husband or partner is a real and ongoing threat for some elderly or disabled women. In addition, women have reported neglect when they were recovering from an illness or when they were pregnant or had recently given birth.

Domestic violence is usually but not exclusively carried out by males, who are in positions of trust, intimacy and power. At the beginning of the interview, the women were asked to describe the abuse they had experienced. Women described abuse by their husbands, boyfriends, fathers, fathers-in-law, sons, mothers and in one

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<sup>8</sup> UNICEF, 2000

<sup>9</sup> DeKeseredy and MacLeod, 1997

case, by their mother-in-law. A small number described themselves as abusers as well.

In this study all 19 women interviewed identified verbal and psychological abuse in their relationships. 16 out of the 19 described occasions of physical abuse and 6 of the 19 described incidents of sexual abuse. Most women experienced multiple types of the abuse described above.

### **Verbal Abuse**

The women in the study reported that the sequence of abuse started with verbal abuse and escalated into other types of abuse. Verbal abuse started early in the relationship. In many cases it was present right from the beginning and happened every day. It is an insidious form of abuse because it leaves no obvious marks and it is hard to define and report, leaving the woman feeling mentally destabilized and powerless.<sup>10</sup> For some, ongoing psychological violence may be more unbearable than physical brutality<sup>11</sup> and leaves scars that require long term treatment.

The constant humiliation encountered by victims of psychological abuse destroys the victim's sense of self worth and reduces her ability to resist control by the abuser.<sup>12</sup> As part of the humiliation, many women endured constant criticism and name calling.

*"I can't tell you how many times a day I was called a stupid bitch, I never did anything right."*

*"One day he would say the house was such a mess that he was embarrassed to bring people over, then the next day when I'd be busy cleaning ... it wasn't right because I should be spending more time with him. "*

*"Every time something went wrong ... it was my fault. I wasn't a good enough wife, everybody else had a good wife around and I was supposed to know absolutely everything and be able to respond to all needs."*

Verbal abuse also meant criticism of the women's personal appearance.

*"His idea of making things better was if I dress nicer, if I put on makeup every day, if I did my hair nice everyday, he would be proud to walk down the street with me."*

*"I was pregnant and sick with the flu and he made me stay in the bedroom with the door closed so he didn't have to look at me."*

### **Psychological Abuse**

Psychological abuse was present for most of the women in the study. Like other forms of abuse, psychological abuse is based on control. Women were not allowed to go places alone or had to account for their activities at all times.

*"He always had to phone and if I was not there when he phoned, he'd get mad about that."*

*"He always had to know where I was and what I was doing...He would drive around where I worked, like 50 times a day. He would phone and hang up. He was constantly coming to my house."*

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<sup>10</sup> UNICEF, 2000

<sup>11</sup> UNICEF, 2000

<sup>12</sup> Wallace, 1999

One woman had to take her children with her everywhere because her husband was convinced she would find somebody who would treat her better. Another husband would not allow his wife to have a bath with the door locked and he would come into the room during her bath to check on her constantly.

Women faced false accusations of having affairs. In one case, the husband accused the woman and her family of trying to put drugs in his food and coffee.

Cell phones are a new way for an abusive partner to keep track of a woman. Women are required to have their phones on at all times so they can be contacted anytime, anywhere. Women had their cell phones and long distance phone calls monitored to determine who they were talking to. Women also had their phone conversations listened to.

*"I could only be on the phone for a minute or two and if I told anybody how I felt, he would criticize everything that I would say to that person."*

In two cases, the husband cut the wires on the phone so women could not phone out for assistance.

Denying access to vehicles is a common means of control. One husband insisted on driving his wife everywhere she went. Lack of access to transportation is a significant problem in rural areas as it very effectively isolates women. This is accomplished in various ways.

*"He used to take the keys from the vehicles."*

*"He would take off and leave me alone with no transportation, I had my own vehicle, but I was silly enough to let him lock it up in the Quonset with the rest of his machinery."*

Another very common means of control was isolating women from friends and family. One woman's family was not allowed in the yard, another woman endured so much criticism of her family and friends it was just easier not to see them.

Another means of asserting control was through fear. One woman's husband would drive recklessly to scare her, another woman was threatened with *"being locked in the granary"* if she didn't behave. Another was locked in her room until she *"saw it his way"*.

Threats were another means of creating fear and controlling a woman's behavior. Eight of the nineteen women interviewed received threats to kill them or their families.

Other research has commented on the high accessibility to guns in rural areas.<sup>13</sup> This was borne out in this study where threats and/or actions involving guns were described in 8 of the 19 interviews.

Another method of psychological abuse is the threat of suicide. Nine of the men in this study threatened to kill themselves and one attempted suicide. The threat of suicide is also a means of control as the woman blames herself and feels compelled to help her husband recover.

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<sup>13</sup> Robertson, 1998

### **Physical Violence**

Physical violence was experienced by 16 out of 19 of the women interviewed. Physical violence usually started after verbal and psychological abuse had been occurring for years although a small number of relationships were violent from the beginning.

One woman described the violence she experienced as

*"It was everything. ... he was physically abusive, even to himself. He would threaten to kill himself, he'd threaten to kill me, he'd threaten to kill my family. He broke things. He'd leave the house with the gun. He was mean to our dog. He did everything."*

Physical violence ranged from pushing and shoving to vicious beatings that resulted in women being hospitalized. In one incident the woman's IUD was "kicked into her stomach". Another woman described being picked up and thrown against the wall, then thrown down on the carpet and choked until she couldn't see and then thrown against the wall again.

### **Sexual Abuse**

Six women reported being sexually abused. Five were sexually abused by their partners and one by other family members. This abuse involved being repeatedly forced to perform sexual acts the woman did not want to engage in, violent sex that left the woman bruised or being physically abused if she declined to have sex. Two women described being sexual abused as children by family friends. In addition one was raped as a teenager and another as an adult.

### **Economic Abuse**

Eight women described economic abuse in their relationships. This included being denied money for basic needs and removing all the family money from the bank account. Husbands attempted and in one case a husband succeeded in having his wife fired from her job. One woman was denied health care after childbirth.

*"When I had to go and buy groceries...he would only give me \$50 or \$60. I couldn't even buy a bra. He would follow me into town to make sure [that was where I was going]."*

*"When I left, he ripped up all my cards and cleaned out the bank account. I left with no money at all."*

*"He was trying to get me fired at work...there were times where I just had to leave and go home because he was phoning me 15, 16 times a day."*

### **Spiritual Abuse**

One woman reported having her spiritual beliefs constantly ridiculed by her husband and her husband's family. However, she refused to let that diminish her faith and credits her beliefs in saving her life.

*"Spiritual abuse brings the violence to another level...the woman demeaned, and so is her whole belief system. Not only do you believe you are stupid, but so is God. The result is very devastating as doubt seeps into body, soul and spirit."*

### **Abuse After Separation**

After separation, the majority of the women interviewed faced harassment from their husbands. Often, the harassment extended to their children and their extended families. This abuse

included harassing phone calls, stalking, threats to them and their family, stealing personal belongings, breaking into their homes, verbal abuse, laying charges and reporting women to Social Services.

## **COPING WITH DOMESTIC VIOLENCE**

Women were asked how they coped with the abuse they received. Their replies indicated that coping takes place both within the relationship and in the woman's interaction with the people around them. Women used coping strategies to deal with their partners, their children, their extended family and the outside world.

### **Keeping It Quiet**

Many women took years to admit they were being abused. Most did not label their experiences as abuse until they had been exposed to outside information. As a result many women did not seek support while they were in their abusive relationship.

*"I didn't even let on that there was a problem, because at the time, I didn't even realize there was a problem. I accepted the way that life was as the way it should be and if there was problems, I felt they were mine to deal with."*

Not wanting to admit that abuse is happening can be very isolating. Women may choose not to see family and friends because they don't want to deal with questions and comments. Many women did not let anyone know about their situation and this made it difficult for them to receive support.

One woman was afraid to admit that the situation was real...

*"I never really told anybody what was going on because then it would seem real and I would have to do something about it."*

### **Embarrassment**

Women attempted to cover up the situation because of the potential embarrassment for themselves, their children, their partners or their families.

*"I guess I never let anyone know because I was embarrassed, ashamed for him...I was too ashamed to even let my own parents know."*

*"You really keep everything to yourself because you are ashamed for one thing and you don't want people to know the mess your life is in and I guess you always hope that it will change and turn around."*

One woman was reluctant to talk to a counselor because her upbringing had stressed

*"keeping things secret, keeping things quiet. I'd feel like I was betraying my own family."*

Another woman commented that she

*"probably should have gone [to the doctor] a few times...I was always bruised, my breasts were always bruised...but then if I did, I would have to explain to the doctor how that happened."*

### **Fear of Reprisal**

Fear of reprisal was a very real concern for women. After her husband had pointed a loaded gun at the front door and threatened to blow it off, the woman

*"never reported the man because I was scared that he was going to come back and*

*blow my head off and I didn't want to hurt my kids. I wanted to protect them and what kind of mother would I be if I had their father arrested."*

*"there was a fear that it would come back at me. I was obviously the one who would let someone know because there were only two people who knew about this relationship and it was him and me. And if he hadn't told anyone then he would know that it would be me."*

Fear of reprisal also included fear of losing their children.

*"I was very fearful that he would take the kids and get joint custody because he was always saying that he would take them to the States with him and that would be the last I'd see of them."*

### **Disbelief**

Many women were skeptical that they would be believed if they told anyone they were being abused. This was especially true for women whose husbands occupied positions of influence in the community and was borne out by their experiences.

Many women reported that their husbands had dramatic and rapid changes in behavior. They called it "Jekyll and Hyde" or "public behavior and private behavior". Their husbands could be very charming to the outside world, making it difficult for others to believe the abuse that was happening at home.

At the same time many women commented that despite their best efforts to hide the abuse, after the couple had separated, many people in the community came forward to say they knew.

## **INSIDE THE ABUSIVE RELATIONSHIP**

Within the relationship, women coped with the abuse by trying to please their partners in order to reduce the risk, by ignoring the verbal abuse, by detachment from what was happening to them, with counseling and by fighting back.

### **Pleasing**

Every woman we interviewed indicated they tried to please their partner to make things as easy as possible. Many women felt that if they "*did things better, things would be okay*", that the abuse was their fault. They looked for ways to prevent the outbursts.

*"He would get off work at 4:30 and I would run around the house to make sure that everything was perfect so then when he came home you know, maybe he wouldn't freak out on me."*

One woman described 'the dance'.

*"I called it a dance 'cause when I got up in the morning, I would look (to the body language) to see what kind of a dance I was going to have to do that day to make my day better."*

However, many also stated that they eventually came to realize that

*"you keep trying and you keep trying and you discover it doesn't matter what you do, it's not good enough. Like it's never enough."*

### **Distancing**

Another very common coping strategy was for women to distance themselves from their abusive partner, "*to stay to hell out of his way*" by taking long baths, reading, taking long walks, going to bed



early and/or pretending to be asleep, laying down with the kids and encouraging their partner to go out without them.

Other important strategies for coping were praying, exercising, and reading self-help books. Many women saw various types of counselors during their relationships, often trying to determine what was wrong with their lives. For some women, keeping busy and working were very important. One woman told us, “work was her sanctuary”. Another woman reported that she coped with the abuse by having a routine.

After work, “I washed my floors every night, I had white colonial doors, I washed them off every night, I washed my counter tops, moved everything...I was just busy. You could probably drink the water out of my toilet. That’s how clean it was.”

### **Disassociation**

Women also reported blocking out what was happening to them. In one interview, a woman described a night of abuse as follows:

*“He rolled me over and just kept tossing me. ...I knew if I made it till seven o’clock in the morning, I would survive. Before morning, I was in...almost a semi-comatose state where I knew he was there but no matter what he did to me, he couldn’t hurt me. He would punch me and he would pull me. At one point I tried to get up and get away and he grabbed me by the leg and dragged me back into the bedroom, picked me up, threw me on the bed and just kept up this crazy talking.”*

### **Fighting Back**

A few women in the study fought back verbally and less often physically,

recognizing that their actions at times were also abusive.

*“I just didn’t know what else to do and I just fought back with the same words.”*

*“We abused each other...we kicked, we swore, we hit each other, things went flying ...We were both on the same level then.”*

*“He tried to put soap in my mouth and I think I was searching for something on the counter and there was a paring knife...and I got hold of that. When he seen that he backed off and I said you get out of here. So he’s down the steps and he’s hollering I’m still the boss, I’m still the boss.”*

### **Suicide**

Three of the women in our study reported they had contemplated suicide. One as a child in an abusive home and two while they were in their abusive marriage.

*“I had actually stood in my bathroom several times with pills in my hand and thought I was going to take them because I didn’t know what else to do and not that I wanted to die because I didn’t – you sometimes just didn’t know what to do anymore.”*

## **ALCOHOL AND DOMESTIC VIOLENCE**

There was a strong relationship between alcohol and abuse in this study. Alcohol abuse by the husband was present in 9 of the relationships. Three women reported that they used alcohol as a means of coping with abuse.

Alcohol has been linked to spousal abuse in many studies. Some studies suggest that abusers feel violent behavior is excused because the

individual is drunk and therefore not accountable for their actions. In other words, some men drink to justify the fact they beat their wives. Other theories suggest alcohol releases inhibitions and alters judgment thereby increasing the likelihood of violent behavior.

Although there is a relationship between alcohol abuse and domestic violence, researchers do not consider alcohol a cause of domestic violence, because the vast majority of people who abuse alcohol do not abuse their partners.<sup>14</sup>

### **PREGNANCY AND DOMESTIC VIOLENCE**

Six of the nineteen women reported that violence began or escalated when she was pregnant or after children were born. Many women reported that their husbands did not want to “grow up”. Pregnancy and childbirth represented a loss of control for the husband as he must share the woman’s time and attention with another human being who has bonded more closely to his wife than he has. The pregnancy and resulting child represents a significant threat to his control. Women who are pregnant are also more vulnerable and this vulnerability may lead to violence.

### **INTERGENERATIONAL ABUSE**

Seventeen of the nineteen women interviewed reported that their husbands had grown up in abusive homes in which their mothers and siblings were abused verbally and/or physically. A number of the women had also been raised in abusive households, abused

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<sup>14</sup> DeKeseredy and MacLeod, 1997

not only by their fathers but also, in two cases, by their mothers.

This finding gives support to the theory that violence and aggression are learned behaviors.<sup>15</sup> Witnessing the abuse of their mothers is a powerful way to reinforce traditional values of male dominance in children. Children may adopt parental beliefs that violence is an acceptable way to solve conflict and fail to develop alternate means of conflict resolution.<sup>16</sup>

Growing up in an abusive household does not necessarily make a person abusive. Research shows that many people who grow up in abusive households are not violent adults.<sup>17</sup> However the very high level of intergenerational violence in the lives of the women who participated in this study as well as the significant impacts this violence has on the emotional and physical health of the family indicates a critical need for effective strategies to be developed to address family violence in this region.

### **Growing Up in Violent Homes**

Children are victims of domestic violence. Dealing with the impact of domestic violence on their children was critical to the women who participated in this research.

Children who witness domestic violence fear for themselves and for their mothers. They may blame themselves

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<sup>15</sup> DeKeseredy and MacLeod, 1997

<sup>16</sup> Barnett et al, 1997

<sup>17</sup> DeKeseredy and MacLeod, 1997; Barnett et al, 1997; Canadian Panel on Violence Against Women, 1995.

for not preventing the violence or for causing it and they are more likely to experience neglect, injury or abuse.

These children exhibit many more health and behavior problems than children who do not witness violence. These effects can be long term, lasting into adulthood. Reported effects include anxiety, low self-esteem, shyness, depression, suicide attempts, self-blame and physical problems. These problems affect school competence, as children show poor problem solving and conflict resolution skills. They are also more likely to externalize behavior problems through aggression and alcohol and drug use.

Children who observe domestic violence and who are themselves abused have more behavior problems than children who only observe the violence<sup>18</sup>.

In this study, women reported that their children were very often caught up in the abuse. Children heard the verbal and psychological abuse and witnessed the physical violence.

*"I think now what they had to see and listen to was awful, it was a screaming match constantly and vulgar."*

At times they attempted to protect their mothers from the violence even at a very early age.

*"[My husband] literally had me on the floor and [our four year old son] was on top of [his Dad] pulling on his hair, trying to pull him off of me."*

*"On the way to town all [my husband] did was scream and yell at me. I was no good. He drove outrageous speed. He reached over to open the truck door and push me out.... the kids in the back seat grabbed hold of my shirt and pulled me in."*

Fathers harassed their children by phoning them to blame them for the separation or to tell them derogatory stories about their mothers. One woman reported that her children were stalked by their father.

The psychological and verbal abuse that women suffered was often directed at their children as well and some children were also physically abused. In two cases women reported verbally abusing their children and in one case verbally and physically abusing her oldest child.

Children were impacted by the violent situations they were living in. One woman reported her daughter's severe stomach-aches going away after she separated from her husband. Another reported a significant improvement in her son's vision apparently due to the removal of the stress of living in an abusive household.

In two cases, children (sons) were verbally and physically abusing their mothers.

*"[My ten year old son] literally kicked the living hell out of me because I wouldn't let him do what he wanted to do....I said you kicked me, I could charge you with abuse. And he said if you let me do what I wanted, I wouldn't have to hurt you... Spoken right out of his father's mouth."*

Some women tried to protect their children from abuse by going to great

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<sup>18</sup> Barnett et al, 1997

lengths to ensure their children did not irritate their partners and keeping quiet during physical violence so their children would not wake up in the middle of a violent episode and be in danger.

## **SUPPORT WHILE IN THE RELATIONSHIP**

Most of the women turned to friends and family for support while they were still in the relationship. Friends and family members listened to their fears, intervened to calm down the abusive husband, sheltered women, helped them leave, took them to hospitals, accompanied them and advocated for them with the police and other services.

Many women commented that friends and family who had experienced similar situations were especially helpful. One woman described the support she received from a friend:

*“She had been through a relationship similar and it was nice that we could talk because she understood where I was coming from, she understood why I was still there even though I shouldn’t be.”*

Some women preferred to seek support from their siblings, rather than from their parents. Often the women found it difficult to “admit to their parents what was going on”, some didn’t want to burden their parents because they felt their parents couldn’t do anything for them anyway.

A number of women found support through various types of counseling including AI Anon, which offers programming for families of alcohol abusers and Alcoholics Anonymous.

One women’s doctor was very supportive, he believed her story when others did not and he and his wife lent a helping hand. Another women received support from her pastor at a critical time. Women were also in contact with school counselors.

## **LEAVING**

Leaving an abusive or violent relationship is tremendously difficult. Fifteen of the nineteen women interviewed were not living with their abusive partner. Two couples were trying to rebuild a healthy relationship. In a third case the woman was in the process of leaving and in the fourth, the outcome was still in question.

Women often left many times before they made a complete and final break. Most women noted that the time they needed the most support was when they were trying to leave. Some women planned to leave over a long period of time, gathering information and waiting for the right time, such as when their children had graduated from high school. Other women made a very rapid decision to leave, often in situations of extreme risk.

### **Triggers To Leave**

The two main factors that caused women to leave were episodes of escalated violence and a heightened need to protect their children. At times these events coincided as children began to become involved in the violence by protecting their mothers, the violence started to focus on the children or when women realized that the violence was affecting their children.

One woman reflected:

*"if he would have killed me that night what about my boys, who's going to look after my boys?"*

Another left when:

*"he threatened to kill me in front of the kids"*

Over one third of the women left after episodes of escalated violence. One put it very bluntly when she responded to the question as to what had triggered her decision to leave. She stated

*"when he broke my ribs."*

For three women, infidelity was important in their consideration to leave. In these cases, infidelity was a form of psychological abuse in which the women were embarrassed, made to feel inadequate and at times publicly humiliated by their husbands affairs.

Two left because the abuse was affecting their emotional and mental state. One stated:

*"it was him or me, I had to leave first or he was going to die".*

### **Problems Leaving**

Women reported a number of factors that presented problems for them when they were thinking about leaving and when they actually left. The most common problem cited was the feeling that no-one believed them:

*"They wouldn't believe what was going on because in all circumstances we did look happy together"*

*"Anytime I went to seek help to prepare or to do something about feeling safe, people would almost laugh at me, you know, that I was exaggerating and those kinds of things."*

Economic factors contribute to women's difficulties in leaving. Leaving an abusive relationship means living in poverty for many women and their children. Some women return to abusive relationships or refuse to leave because they can't afford to, or they don't want to lose the economic investment they have made in a marriage. Two women stayed in the same house as their abusive partners until they could sell their house. Another went back because if she left she would lose everything.

*"He came into the marriage with nothing, just a bag in his car. I had all the furniture cause I'd been on my own for a long time, so he's sitting in the house with everything, I mean everything and I had nothing except my son".*

Some women also found it very difficult to deal with being alone. For some it was their first experience alone and they felt that it was easier to deal with the abusive situation than to deal with the unknown, not knowing whether or not they could handle the new situation of living on their own.

Women were also very fearful of the repercussions of leaving, that their husbands would find them and the abuse would be even worse. Most women tried to find a safe time when their husband was not at home and the majority of women left when their husband was at work or away for some other reason.

Finding transportation to leave is often problematic in rural areas where there may be no close neighbors, there are no buses or taxis, and the abusive partner controls access to vehicles and communications. Women had to rely on family members or friends to provide transportation. One woman flagged down a passing car on a country road after hiding in the bush from her violent husband.

For some women, leaving was against their beliefs.

*"I felt like I was doing something terribly wrong"*

*"Marriage was for better or for worse, til death do you part."*

Others were concerned that if they left and involved other people, their actions would endanger others.

*"One reason I would never go anywhere else is because I never wanted to endanger anyone else."*

Leaving their homes and uprooting their children was very difficult for many women.

*"I am maybe more attached to the farm than most people are, but my whole life is involved in it and I loved it and my son would always [talk about our] home, his school and his friends. When he had to start school in [another town], that was the hardest thing, to watch your kid walk to school with his head down and come back from school with his head down...he made some friends, but he said Mom, its not the same."*

The most commonly reported problem for women when they were trying to leave their abusive situation was the police. Eight of the nineteen women

mentioned the police played a significant positive or negative role. Many women felt the police were helpful and two especially noted the high level of support they received from female police officers. However others experienced more difficulty.

*"I would say my most difficult times were with dealing with the police."*

Indeed for many women, this was their first experience dealing with the law and they were not aware of the law or of their rights.

## SERVICES

### AWARENESS OF SERVICES

Half of the women in the study did not know what services were available to them when trying to deal with domestic violence or how to directly access to support services.

*"I had no idea there was any kind of a safe house. I had no idea what my rights were. I had no idea who to go to, you know I went kind of from one place to the other. I had absolutely no idea what was out there."*

Women who had attended alcohol abuse counseling were more aware of what services might be available. One woman found services by looking in the telephone book, another was offered some options by the police.

Although Mental Health Services is presently the focus for services for victim and survivors of domestic violence in this region, many women did not connect spousal abuse and mental health.

*"Mental health is one of the last places I would have thought to go to talk to someone when I was leaving my husband."*

As a result, women were directed to mental health by other government agencies such as Social Services and counseling agencies such as drug and alcohol abuse. Some found the counselors at Mental Health through word of mouth. One woman was able to find the spousal abuse support group in a newspaper ad.

The lack of awareness arises from the denial of spousal abuse as a problem in our society. People don't talk about it and resources are not directed to dealing with it. As a result, women don't realize they are not the only women who are being abused and they do not know where to turn for help.

## **SERVICES CONTACTED**

### **Counseling Services**

Every woman in the study had had contact with counselors, most often with Mental Health. This is likely the result of our sampling methodology as Mental Health was our point of contact with survivors of spousal abuse. Most of the women interviewed were initially diagnosed as depressed or anxious by a family doctor or mental health worker. Mental Health provided women with the knowledge that the abuse was not their fault, an understanding of abuse, and information on how to get additional help.

Many women had contact with AI Anon or Alcoholics Anonymous and had tried other types of counseling including

marriage counseling and self awareness counseling. Seeking out different types of counseling often represented an attempt to find out what the women could change in their lives to stop the abuse and violence. Many of the women interviewed had attended a support group for survivors of spousal abuse.

When asked what services worked well for them, most women felt that counseling was very beneficial in helping them to realize that they had been abused, to understand the abuse and in explaining how they could access support.

The main concern voiced was the difficulty in seeing a Mental Health Therapist. Long waiting lists meant long waits to get an appointment and many women reported that the need to talk to someone was immediate. If this need was not met there was a high risk that the woman would return to the abusive relationship. Women felt that Mental Health needed to prioritize victims of abuse so they would not have to wait. Although most women found the support groups for survivors of spousal abuse very helpful, they are not suitable for everyone. One of our respondents felt the support group

*"brought her down more than it lifted her up."*

This points out the need for a variety of services to meet different people's needs.

### **The Legal System**

The legal system was the second most common service used. 14 women

contacted the police and 14 women contacted a lawyer. In this study, a high proportion of women dealt with the law because the majority of the women interviewed had left their abusive relationships.

Women involved in violent or potentially violent encounters were most likely to have contact with the police. Women saw lawyers to find out what their rights were, to arrange custody, to file for divorce and to obtain restraining orders against their husbands.

Most women leaving abusive situations must deal with the legal system. However, women felt at a serious disadvantage and experienced considerable stress when dealing with lawyers and the police. Many women stressed their need for much better information about the legal system. They also needed information about their rights; regarding safety from their partners, custody of their children and access to their property.

Women also felt that the police and lawyers required a better understanding of family violence. In their experience the legal system needed to be sensitized about the impact of abuse and violence on women and their families.

### **The Police**

Women reported problems in dealing with the police.

*“ They were really unhelpful, they made it really difficult, they didn’t explain things to me, they gave information that wasn’t true I found out later.”*

The women felt that the police did not take their fears seriously, that they did not truly comprehend the terror that women experience. One woman suffered a vicious beating which resulted in a fractured face and broken ribs. After being to the hospital and being photographed by the police, she drove back into her yard to find her husband sitting in his car with his brother. She was under the understanding that he could return to gather up his things only if escorted by a police officer. Terrified, she contacted the police who responded:

*“Oh I guess we misunderstood him, we were going to meet him out there.”*

Another woman recalled reporting an assault to the local police officer who said to her ...

*“well, I don’t see marks, I don’t see... what did he do to you? I don’t see anything....  
“I guess we can go out there and give him a warning but it’s your word against his word.”*

Another women reported that the police wanted her to move away. She felt that the police did not want to deal with the possibility that her husband might kill himself.

Another concern voiced by the women interviewed was the close relationship between the police and their husbands. This is especially problematic where the husband is a prominent member of the community. It is also a concern where the police have been long time members of the community.

Women in these situations felt the police did not take their fears seriously. In one



case, a woman reported that the police officer refused to come to her house when her husband tried to enter. He told the woman...

*“there is nothing I can do, you should talk to your lawyer. He didn’t try and hurt you, ... [your husband] is not the type of person to hurt anybody.”*

Some women suggested that the police tried to avoid confronting the abuser, as if they were afraid of them. Another woman reported she had a difficult time convincing the police to use the Victims of Domestic Violence Act, having to point out the relevant sections to the police officer.

Although there were a number of problems arising from women’s experiences with the police, there are also a number of positive comments. Women who had dealings with the police in which the police believed them, were quick to respond and were supportive indicated the police services had worked well for them. The variation in women’s experiences with the police suggests that the effectiveness of the police in each case depended a great deal on the individual police officer.

### **Lawyers and Legal Aid**

Women in this study used both private lawyers and Legal Aid lawyers. Legal Aid was only available to women in financial need. Legal Aid lawyers are available in some small communities on an intermittent basis. However, the women participating in this study, who used Legal Aid reported having to travel to Saskatoon to see their lawyer. This created a difficult situation. In order to

access a Legal Aid lawyer, you must have limited resources, yet at the same time you must find the money to travel.

Some women chose not to use Legal Aid because they were warned that it would take too long or that the “Legal Aid lawyers will not help you out much”. However, the women using Legal Aid reported both positive and negative experiences.

Private lawyers are very costly and this creates a huge financial burden for women trying to leave an abusive relationship. Even with private lawyers, women reported both positive and negative experiences with the process and with the outcomes. Legal services that were timely, supportive, provided favorable outcomes for the women and supplied useful information were viewed positively.

Women who had dealings with the Courts all felt that the penalties given to their husbands were either inappropriate or too lenient. In their eyes, the actions of the Courts did not result in adequate protection for them.

### **The Church and the Clergy**

The Clergy was the third most commonly accessed set of services. Eight of the nineteen women indicated they had sought counseling and assistance from their pastor or priest. Four women felt their churches were very helpful, in one case in diffusing a threatened suicide and in the other cases, promoting the healing processes.

The Ursuline Sisters of Bruno were very important positive influences in the lives of two of our respondents, sheltering

one woman and supporting another. Unfortunately, this convent has closed.

Two women felt their church had let them down badly. One woman looked to her church as a backup in case her initial plan to leave her abusive husband did not work out. However, she was told by the minister that

*"all he could do was pray for her, he said that he couldn't do anything else... I guess they feel that they don't have the experience and the knowledge in what to do to handle the type of situation that I was in."*

Another woman took issue with the message of her church, that a marriage was for better or worse and that women had to stay in the marriage regardless of the circumstances.

### **Medical Services**

Seven of the women indicated they used medical services while they were dealing with their abusive situation. Women went to the hospital for physical injury and doctors for counseling and medications. In two cases, doctors helped women leave their abusive situation, going beyond their medical role. One woman's doctor offered to talk to her husband about the physical violence she was receiving, but the woman declined his help out of fear of reprisal. Doctors were also active in referring women whom they suspect may be in abusive situations to Mental Health services.

The high turnover rates of doctors in rural Saskatchewan precluded the development of long term relationships with patients. These relationships were

important for women to build the trust necessary to confide in their doctor.

### **Shelters**

Three women stayed in safe shelters in Saskatoon and Moose Jaw, another stayed at the YWCA in Saskatoon and one stayed in the crisis shelter in Humboldt. Lack of space in the most accessible shelter caused one woman to have to travel to Moose Jaw rather than Saskatoon and another to use the YWCA. Another woman could not access the Saskatoon shelter the first time she phoned but a space opened up for her by the time she actually left.

The crisis shelter in Humboldt was located in an apartment donated by Saskatchewan Housing Corporation. The shelter was not staffed and as a result women were reluctant to use it, because they did not feel safe or supported. One woman who spent a night in the shelter in Humboldt commented..

*"I spent the night in the shelter but it was really difficult because there was nobody to talk to and it finally dawned on me that.. Oh my God... this is a really abusive situation....It was really scary because I felt so alone...They didn't have any numbers for me to get hold of anyone..."*

Although this model of a crisis shelter was not effective, rural women do want to be able to access a shelter close to home.

### **Social Services**

Four women reported they contacted Social Services. Social Services provided advice, financial support and organizational support for leaving. Women's experiences with Social

Services were variable, some finding them helpful, others finding it a truly demoralizing experience. One woman reflected that after talking on the telephone to a representative of Social Services, she thought to herself:

*"I have to fight at home to survive and now I have to fight with you."*

One woman got much better service from the Social Services office after her sister e-mailed the Minister of Social Services.

Women experienced difficulties arising from the location of boundaries for the provision of health and social services in this area. One woman accessed health services in a town 10 kilometers away, but was expected to access social services in a town 90 kilometers away. This was very costly even for a woman who had access to a vehicle. She also felt she was being forced to leave her supportive community.

Difficulties with Social Services may arise from the lack of understanding by Social Services personnel of the situation these women were in. Women leaving abusive relationships often leave with no money and need cash immediately. Another obstacle was the reluctance of women to fully discuss with Social Services personnel the extent of their abusive situation. This may contribute to a lack of understanding by Social Services of the seriousness of the situation.

### **SERVICES FOR CHILDREN**

All of the women interviewed indicated a need for counseling and therapy sessions for children of all ages. At the

same time, few women felt there were adequate services available for their children.

In many cases, school-aged children were able to access counseling through their schools. Some children refused to go to counseling even though they were encouraged by their parents to attend.

When dealing with older children, women felt that the counseling must be confidential. In their experience, children in high school will not become involved in counseling if they are not sure it is confidential. In the case of teenagers, some women felt the parents should not be contacted if the teenagers seek counseling.

Women looked for ways to educate their children about abuse and violence. Some women reported their children were not interested in reading pamphlets and suggested other ways of communication, such as speakers and access to crisis lines. One woman put a tape about children who had been abused in the VCR and left the room. She found her children one by one sitting down to watch the tape.

Many of the women suggested one-on-one counseling and peer group counseling for their children. These women felt it was important that their children realize that they were not the only ones in this situation. Some parents found it very difficult to talk to their children themselves ...

*"I never discussed it with them because I didn't know what I was supposed to be saying, but I really think they need educational stuff and I think kids need to be*

*told that there is more to abuse than somebody beating you."*

Another woman commented that children need answers for some questions that they would not feel comfortable asking their parents.

*"They need someone to help them understand why their father is doing this."*

A number of women would have also liked to see family therapy available to them and their children.

One of the largest service gaps in both rural and urban areas is programming for young children. Women reported that there was nothing for pre-school age children in the rural areas and that waiting lists for young children in urban areas are months long.

Mothers of small children had difficulty finding information on abuse in parenting books. They needed information to help them deal with behavioral problems connected to abuse.

## **RURAL PROBLEMS**

### **Confidentiality**

In small towns, confidentiality is difficult to preserve. Most of the women in the study commented on the lack of confidentiality in small towns.

*"In a small town, everybody knows everybody's business and sometimes that's even scarier and you stay because you are not going to leave your husband because the whole town might know [about] it and what are they going to think about me? That's the way it works, plain and simple."*

The social stigma that can result from this lack of confidentiality may mean a woman stays in an abuse relationship. A lack of confidentiality can also create safety issues. If the husband hears rumors in town that he is abusing his wife, the woman could be placed in significant danger. This potential danger is one of the reasons women keep quiet about the abuse they experience. The lack of confidentiality was a greater concern at the beginning of the process of seeking help for abuse. Women reported looking over their shoulders as they went to see the Mental Health Worker to make sure nobody saw them.

Lack of anonymity in a rural community may make it more difficult for women to seek help.

*"You have to be at the point where you are ready to face your problems before you would look for help especially in a rural community ...." "You have to be beyond the point of caring what people think before you would do anything to help yourself".*

### **Isolation**

Abuse on farms is easier to hide than abuse in urban areas or small towns because of the privacy afforded by a farmyard with no neighbors for many kilometers. Women from farms may also not be able to safely remain on the farm regardless of the legal requirements governing the actions of their husbands.

The Saskatchewan Victims of Domestic Violence Act, 1995 allows a Justice of the Peace to issue an Emergency Intervention Order to:

- ◆ restrain an abuser from communicating with the victim or her family
- ◆ direct a police officer to remove the abuser
- ◆ allow the victim exclusive occupation of the home
- ◆ direct a police officer to accompany the victim or the abuser to the home to remove their personal belongings.

However, in rural areas, due to the isolation and long police response times, many women felt this Act had limited usefulness. One woman commented...

*“The woman ... with the children would have access to the home, he had to stay away from the home for thirty days, and he couldn't come into the home, but I thought well, big deal, on a farm, I could have had eight houses, who cares - I would not have been there by myself, unless there is going to be a policeman with me.”*

The Victims of Domestic Violence Act was useful to two women in our study, allowing them to stay in their homes while their husbands were removed.

### **Funding and Access to Services**

A significant problem in trying to improve services to women in rural areas was funding. Some women thought the government should look more closely at the services they were willing to fund and provide more support for survivors of abuse.

Others felt that due to the smaller population in rural Saskatchewan, there would not be sufficient numbers to be

able to convince the government to improve services.

Access to services and staff of Mental Health Services for counseling was a serious concern of many women. Tight budgets have meant long waits, overworked personnel and high rates of turnover. Women would also like to see more continuity of counselors for themselves and for their children.

Women coping with abusive relationships are often living in poverty. In rural Saskatchewan, women have to travel long distances to access a safe house, to see a counselor, to attend a support group or to see a lawyer. The costs of transportation can be prohibitive. Many of these women do not have vehicles, they may not be able to afford gas, their husbands may restrict their movements and some towns have no bus service. There are often additional costs for a babysitter.

If a woman has a job, it may be difficult to get time off to access services. Retaining a job while leaving an abusive situation depends on the understanding and good will of the employer.

Many services in Saskatchewan are delivered in boundaries that are not contiguous and do not reflect traditional travel patterns within the urban hierarchy. As a result a women may be seeing a social worker in one centre, a school counselor in another centre, a mental health worker in another centre and a lawyer in another center. This creates additional financial and psychological costs for the woman trying to access services for herself and her family.

Many of the services that are needed by survivors of family violence in rural Saskatchewan have either been reduced or their mode of delivery has changed. The result of these reductions and changes is a very disorganized geography of services for rural families to attempt to access. It also frustrates the effective delivery of services as the communication between various service agencies is more difficult and complex.

### **Attitudes**

A significant area of concern for women was attitudes. This goes hand in hand with the issues of confidentiality. People in rural areas have been slow to admit that domestic violence is a serious problem. People do not access services such as Mental Health because of the stigma attached to those services. At the same time, women do not seek help for abuse because they have to admit they are being abused and so many of them feel the abuse is their fault.

## **RURAL NEEDS**

### **Counseling**

The most pressing need articulated by the women was better access to counseling for all members of the family. Counseling and support were needed in an accessible and timely manner. The women reported having to wait to see counselors. One woman reported waiting two months for an appointment, during which time she ran into additional problems.

In order to reduce waiting times, women must be willing to disclose their abusive relationship. The local Mental Health

Office is now prioritizing family violence cases, but prioritizing is only possible if the violence is disclosed or personnel are trained to recognize the signs of abuse. In areas where these cases are not prioritized, immediate access to counseling may depend on a woman's ability to pay for private counseling.

**Recommendation:**  
**Effective screening procedures should be developed and used by service agencies to ensure victims of family violence are identified immediately.**

**Recommendation:**  
**Family violence cases should be prioritized by the Mental Health Office.**

All the women interviewed indicated a need for counseling and play therapy for children. A major problem exists with the lack of information and services for pre-school children in abusive situations. School age children are able to access counseling in schools, although children and teens may be unwilling to attend counseling at the school due to the stigma attached.

**Recommendation:**  
**Models for counseling for pre-school children should be explored in order to develop a suitable rural model for group counseling for pre-school children.**

**Recommendation:**  
**Methods should be explored to ensure the needs of rural school aged children who have experienced family violence are being met.**

### **Support Groups**

Women also suggested they would benefit from ongoing support groups. Many of the women had already attended a support group for survivors of spousal abuse and felt another level of support group would be very beneficial to them. A similar suggestion was the development of a peer support network where women in difficult situations would be able to talk to other women with similar experiences.

**Recommendation:**  
**The Support Group for Survivors of Spousal Abuse should continue to be offered.**

**Recommendation:**  
**A rural model for providing ongoing support for women who have already attended the Support Group for Survivors of Spousal Abuse should be developed.**

### **Crisis Line**

A crisis line with a 1-800 number was also suggested to give women a source of information and support in times of crisis. A 1-800 number is needed because long distance calls listed on a phone bill may create a dangerous situation for women in abusive relationships. A crisis number for women in abusive or violent situations is now available in the study area.

One woman recounted the problems of living in an area without a 911 system. In the time it took her to dial the 7 digit phone number for the R.C.M.P., her husband was able to break through the bedroom and the bathroom door. Although parts of the province of Saskatchewan have recently obtained a 911 system, the study area and many other rural areas in Canada are still without this service. It is expected the 911 system will be available in the study area in the near future.

### **Women's Advocate**

Women suggested an advocate to guide them through the process of leaving their partners would have been a great help. A woman in the process of leaving an abusive relationship is under considerable stress and at the same time must deal with large amounts of new and complex information and many unfamiliar processes. An advocate would have information and knowledge of the legal and social services system and could act as a guide for the woman.

**Recommendation:**  
**A Women's Advocate position should be established in the region. This person would be highly visible, accessible and knowledgeable regarding the legal issues surrounding family violence and the social support system that exists for victims and survivors of family violence.**

### **Counseling for Men**

Counseling for men was not accessible outside of major urban centers. One woman estimated it cost \$160.00 a month for the gas for her husband to go back and forth to the nearest city to

participate in the Alternatives Program for Abusive Men. This was beyond the means of many people and was a factor in one man not continuing with the program.

**Recommendation:**  
**Models for counseling for abusive men should be explored in order to develop a suitable rural model that could be delivered in the region.**

### **Education and Information**

Closely related to the need for more and different types of counseling and support was the need for information on domestic violence for all segments of society.

Education of the general public should focus on increasing understanding of what constitutes abuse and would increase the visibility of abuse in the community. Better understanding should reduce the tolerance for abuse and increase the demand for counseling and support for women, children and men.

Introducing the topic of abuse in high school was suggested as a means of breaking the cycle. Education could be provided about healthy relationships and about what constitutes abuse. The goal would be to stop controlling and violent behavior before it becomes a normal means of interaction in relationships.

*"My husband says we should have something in school. To say that this is domestic violence, that you don't hit anybody and you don't say these things to people. All these guys figure that if you don't beat the crap out of somebody its not abuse, it you tell them they're a dumb bitch*

*or whatever, big deal, they're just words, it doesn't matter. He figures they should teach every young guy in school something about it, touch on it so that it's in their minds."*

Better understanding of the nature of abuse may also enable women in abusive situations to question the situation earlier, to recognize that it is not their fault and to seek help earlier.

Women also felt that the various service professionals such as the police, lawyers, clergy, doctors and social services personnel would benefit from a greater understanding of domestic violence. Education would improve the ability of these service professionals to deliver more effective services.

**Recommendation:**  
**Organizations and service agencies whose employees may be called on to deal with cases of family violence should ensure those employees have a high level of understanding of family violence.**

**Recommendation:**  
**Organizations and service agencies whose employees routinely deal with cases of family violence should develop protocols to deal with victims and survivors of violence to ensure consistent and effective service provision.**

A critical issue is how to package information to reach the widest possible audience. Women suggested a variety of media, including radio, television, newspapers, the internet, women's conferences, speakers, pamphlets,



booklets, crisis lines and education modules in school.

Another suggestion was to expand the “peach pages” in the telephone book so services for abused women are listed with other health and emergency services. This would make the telephone numbers less obvious to an abuser who may otherwise remove the pages.

A variety of media was seen as necessary because women in abusive situations may have restricted access to many types of information such as mail, telephones and newspapers. Using many different forms of media increases the probability that a woman would be reached.

Different types of media are also needed to reach the wide range of audiences that make up the general public. One suggested method of distributing information was to establish a store front facility that people could visit, find information and have someone to talk to not only on abuse issues, but also parenting, personal growth and other issues important to rural families.

**Recommendation:**  
**An effective strategy for providing education and information about family violence must be developed and delivered to high schools and the public using a variety of innovative methods and media.**

**Recommendation:**

**The feasibility of establishing a Rural Family Support Centre should be explored. This would be a highly accessible facility where people could visit, find information and have someone to talk to about abuse issues, as well as parenting, personal growth and other issues important to rural families.**

**Safe Shelter**

A safe shelter was a need identified by 8 out of 19 respondents. Until recently there was a shelter in the area that could be used by families in crisis. However, the shelter had no staff and no garage to hide a vehicle. Few women took up the opportunity to stay there. Those that did use the shelter did not feel safe or supported. Women are adamant that any shelter must be staffed:

*“Oh definitely, it has to be staffed. If you’re in an abusive situation and you’ve left it, you’re terrified, you’re absolutely terrified. The last thing you want to do is be in some strange building by yourself ... and you need some counseling right now.”*

Women also felt strongly that a shelter had to be close to the community.

*“This person has already lost the roof over their head and the floor under their feet. You can’t take them away from their supports, you know like their friends, their family, their relatives....most people in these small towns have lived here for ever and they grew up here and ... their families are here, their relatives are here and you can’t be hauling them 200 miles away”.*

*"I want to be able to know that there is a place that I can go to where I am going to be safe but yet I'm still within close radius of my family... When you leave, your life changes, your children's life shouldn't have to change. They shouldn't have to worry about not going to school ... their lives shouldn't be uprooted because they have already gone through enough, you want to keep things normal. They need a sanctuary, where it's a safe place for them to be."*

**Recommendation:**  
**A staffed, safe shelter should be established in the region to house families in crisis.**

### **Other Needs**

Women indicated they needed more support and information on their legal rights and better access to lawyers. They needed help with housing, subsidized daycare, dealing with Social Services and provision for safe transportation to a safe house. They also felt there should be more help for women who do not have a job.

## **RESPONSIBILITY FOR SERVICES**

### **Provincial Government**

When asked who should provide the funding for services for survivors of domestic violence, three quarters of the women felt the provincial government had a major responsibility. They felt that this responsibility arose because domestic violence is a significant social problem and the government has a vested interest in the long term health of the population.

*"I think it should come out of provincial coffers. It's always been such a hush hush kind of thing, not only for the women who have lived through it but for everybody, you just don't talk about it. Its been going on forever and it's a social problem and I think that there should be more funding."*

The women felt strongly that the provincial government was the appropriate body to provide services to families free of charge. These services must be free as many women in abusive situations are impoverished when they leave the relationship so that services must be available and widely accessible at no charge.

Women also suggested that the government should be involved because children are often directly involved in the abuse as it happens. Children who grow up with problems arising out of the exposure to abuse may place a higher cost on the system as the cycle of abuse continues into their adult years.

### **Health Districts**

The health care system is important in identifying women who have been abused and referring them to other services. Women suggested health districts should be involved in the provision of services because

*"they represent the community and should know how rural communities work."*

Mental Health is the focal point of services for victims and survivors of domestic violence and is one of the services offered by the Health District.

## **Communities**

The women felt that the community itself must play a role in the provision of services. Women suggested a number of sources of support in the community such as volunteer organizations, the clergy, businesses, corporations and survivors.

## **CONCLUSIONS**

The results of this study show that women in East Central Saskatchewan encounter serious situations of domestic violence in significant numbers. Many women stayed in abusive situations for years because they had come to accept the abuse as normal. They had been convinced that the abuse was their fault.

Lack of knowledge, embarrassment, fear of reprisal and fear of not being believed caused women to remain silent about the abuse. Women coped with the abuse by trying to reduce the risk through pleasing their partner or distancing themselves from him. A few women fought back verbally and physically. A small number turned to alcohol or suicidal thoughts. Others prayed, exercised, worked or read self help books.

Alcohol was a factor in almost half of the abusive relationships. Pregnancy and childbirth were related to the onset and escalation of violence in almost one third of the cases.

Intergenerational abuse was present in 90% of the cases in this study. Abusers came from households in which their fathers abused the rest of the family. In

keeping with the intergenerational trend, women reported their children witnessed their abuse and in most cases were also verbally abused. This is a significant finding and calls for immediate actions and solutions. It is particular cause for concern in rural areas because there is little counseling for children outside of the limited resources of the school system.

In rural areas, friends and family provided the main source of support for women in abusive relationships

Women usually made the decision to leave their abusive partners when the violence began to escalate and the need to protect their children intensified. They faced many problems in leaving including economic loss and poverty, fear of added violence, the loss of their homes and communities and fear of being alone.

Many women were unaware of the services available to them and their children when they left. Due to the sampling technique of this study and the fact that most of the women had left their abusive relationship, most of the women saw counselors and many had interacted with the police and lawyers. In smaller numbers, women used the services of the clergy, doctors, safe houses, and social services. None of these services was adequate to meet all their needs.

Women had difficulty accessing counseling in a timely fashion. The responses of the police, lawyers, clergy, doctors and social services personnel were variable, depending on which individual the woman dealt with. This

reflects a serious lack of understanding of the situation of the victims and survivors of domestic violence. It also illustrates the need for these professions and organizations to develop and utilize protocols to deal with domestic violence. In that way, the treatment of a woman and her children will not depend on the knowledge and empathy of a particular individual and some consistency of service would be achieved.

In Saskatchewan, the development of services for domestic violence arose out of the safe shelter movement.<sup>19</sup> These shelters are all located in Saskatchewan cities and as a result the majority of specialized services for domestic abuse are also located in cities and have not been available to rural areas. This urban bias for specialized services, combined with the centralization of more generalized services such as Social Services, Legal Aid, and some aspects of the police service creates a serious issue of access to services for rural women and their families.

As a result rural people must either find the resources to travel for these services or forego them. Women who leave abusive situations are often impoverished and may not be able to afford the time or the money to travel to the larger urban center. Women in rural areas are also disadvantaged by the lack of subsidized daycare, adequate employment opportunities, and access to affordable housing.

There is a tremendous lack of knowledge about domestic violence, for both survivors of abuse and the general public. Women suggested more

information may have reduced the years they lived with abuse and may have enabled them to save their relationships.

Information on domestic violence is a critical need. Information is needed to break the cycle of abuse, to teach children and adults what abuse is and how to deal with conflict in constructive ways. The development of information packages suitable for many different audiences will demand considerable creativity and innovation.

Rural women in abusive situations need information to deal with the complex issues of the impact of domestic violence on them and their children. They also need information on their legal rights and on financial issues. Rural women would benefit from the development of information packages and the designation of an advocate to assist women in making agencies and agency professionals work for them.

Building on the positive aspects of community cohesion and co-operative spirit that are attributed to rural areas, rural people must develop rural solutions to the delivery of services. This will necessitate investment of time and money from government, health districts and the community.

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<sup>19</sup> Turner, 1995

Barnett, Ola W. Cindy Miller-Perrin and Robin D. Perrin. *Family Violence Across the Lifespan: An Introduction*. Thousand Oaks: Sage Publications Ltd., 1997.

Canadian Panel on Violence Against Women. *Changing the Landscape: Ending Violence ~ Achieving Equality*. Ottawa: Minister of Supply and Services, 1993.

DeKeseredy, Walter S. and Linda MacLeod *Woman Abuse: A Sociological Story*. Toronto: Harcourt Brace & Co, Ltd., 1997.

Kirkwood, Catherine. *Leaving Abusive Partners*. London: Sage Publications Ltd., 1993.

Klein, Ethel, Jacqueline Campbell, Esta Soler and Marissa Ghez. *Ending Domestic Violence: Changing Public Perceptions / Halting the Epidemic*. Thousand Oaks: Sage Publications Ltd., 1997.

McLaughlin, Kathleen and Sylvia Church. *Cultivating Courage: The Needs and Concerns of Rural Women Who are Abused by Their Partners*. Woodstock: 1992.

McLeod, Linda. *Preventing Wife Battering; Towards a New Understanding*. Ottawa: Canadian Advisory Council on the Status of Women, 1989.

Robertson, Audrey L. *Violence Against Women in Rural Areas: A Search for Understanding*. Master Thesis submitted to the Sociology Department, University of Saskatchewan, 1998.

Turner, Jan. Saskatchewan Responds to Family Violence: The Victims of Domestic Violence Act, 1995. in Valverde, Mariana, Linda MacLeod and Kirsten Johnson (eds.) *Wife Assault and the Canadian Criminal Justice System: Issues and Policies*. Toronto: University of Toronto Centre of Criminology, 1995.

UNICEF. *Domestic Violence Against Women and Girls*. Florence: Innocenti Research Centre, 2000.

Wallace, Harvey. *Family Violence: Legal Medical and Social Perspectives*. Boston: Allyn and Bacon, 1999.

Weber, Martha. *She Stands Alone: A review of the recent literature on Women and Social Support*. Winnipeg: Prairie Women's Health Centre of Excellence, 1998.

## **APPENDIX 1**

### **DOMESTIC VIOLENCE AND THE EXPERIENCES OF RURAL WOMEN IN EAST CENTRAL SASKATCHEWAN**

#### **INTERVIEW QUESTIONS**

Would you describe the abuse you experienced?

What things did you do to cope with your abusive situation?

Who supported you at this time?

What triggered your decision to leave the relationship?

When did you first identify your situation as abusive?

How did you leave? (What process did you go through when leaving?)

What are some of the problems you ran in to when trying to leave?

Were there times when you had a greater need for support?

Did you know what services / supports were available for abused women?

Did you try to contact any services for women who are abused?

(Lawyers, police, mental health, social services, clergy, schools, hospitals, family doctors)

What services worked for you?

What services didn't work?

What services should you have had access to?

Did you know what services / supports were available for children from abusive situations?

Did you try to contact any services for your children?

What services worked for you and your children?

What services didn't work for you and your children?

What services should you and your children have had access to?

What services / supports / resources should be available to women and children in rural Saskatchewan?

Who should provide those services?

What problems do you anticipate in providing these services in rural areas?















